POLICY DOCUMENT DEVELOPMENT AND REVIEW

1 PURPOSE

This procedure establishes processes for developing, reviewing, submitting for approval, and publishing policy documents that perform an essential role in the University’s governance system.

This procedure assists the University to:

- meet its legislative and governance responsibilities, and achieve its organisational goals;
- ensure clarity, consistency, transparency and accountability in decision-making; and
- reduce the potential of risk.

2 SCOPE

This procedure applies to all University policy documents and staff involved in developing, reviewing, approving and publishing policy documents. This procedure does not apply to Train@ CQUniversity policy documents or staff.

3 EFFECTIVE DATE 21/05/2014

4 LEGISLATIVE AUTHORITY

Central Queensland University Act 1998 Qld

5 PARENT POLICY

This procedure has no parent policy.

6 PROCEDURE

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Policy document framework

6.1 The Central Queensland Act 1998 Qld (Act*) establishes the University, its functions and powers, and those of Council, the University’s governing body. The Act empowers the University Council to appoint the University staff, to manage and control the University's affairs and property, and to manage and control the University’s finances, including determining University policy. The University Council is also empowered to delegate this authority to other position holders, including the Vice-Chancellor and President and Academic Board.

6.2 The University’s policy framework is based on a hierarchy of policy documents, which is an essential part of the University’s governance system. If two policy documents in the hierarchy are inconsistent, the document higher in the hierarchy takes precedence. The adjoining diagram represents this hierarchy.

Developing new policy documents

6.3 New policy documents are developed to address an identified need. Consider amending an existing policy document or consolidating related policy documents before creating a new document.

6.4 When deciding what type of policy document is needed consider its purpose and whether adherence to the policy document’s provisions is required (non-discretionary) or recommended/advisory (discretionary). Policies and procedures are required to be followed, while guidelines are advisory. These terms are defined in the ‘Definitions’ section.

6.5 When developing or reviewing policy documents:
- ensure they are consistent with related legislative or regulatory requirements, government policy and University goals;
- ensure they are consistent with related University policy documents;
- ensure authorities and delegations, where specified, are consistent with the Financial Delegations and Authorities Schedules Policy;
- use the approved policy document templates;
- use titles of positions (generic titles where possible) and organisational units (i.e. avoid using personal names);
- write in plain English in a manner that is unambiguous, concise, inclusive, and direct; and
- refer to the University's Use of Inclusive Language Principles and Guidelines and Writing Style Guideline.

6.6 When developing a policy and a related procedure, use the Policy and Procedure Template, combining the policy and procedure into one document, where appropriate. This is the preferred template, as it offers easy access to the policy matter as a whole and a single point of reference, and encourages a comprehensive approach when read and reviewed. Use hyperlinks and tables of contents to help readers navigate the document and aid readability (e.g. if the document is lengthy or the scope refers to different groups).

Use the separate Policy Template or Procedure Template if only one or the other is required, or separating a parent policy from related procedures will improve readability (e.g. one policy with multiple related procedures; the scope refers to multiple groups with complex, dissimilar provisions).

When developing a guideline that offers advisory information to support policy/procedure implementation, create this as a separate document using the Guideline Template (i.e. separate mandated policy/procedure documents from advisory only documents to avoid confusion about their intended purpose).

6.7 A ‘policy framework’ is a specific type of policy document, which takes a holistic approach to a policy matter. It refers to a suite of policies, procedures and/or guidelines that together form the whole policy structure, although they may be combined in one document or are in separate documents. Use the approved templates as indicated in section 6.6.

6.8 Use the Committee Terms of Reference Template when establishing a committee and its terms of reference.
6.9 The Administrator or nominee is responsible for developing policy documents and ensuring the following is undertaken during this process:

- consultation with relevant stakeholders, including those with appropriate expertise;
- risks associated with the subject matter of the policy document/s are identified and addressed;
- responsibilities for compliance, monitoring and review; reporting; and records management are identified and addressed; and
- policy documents are in an approved format (i.e. relevant template).

**Reviewing policy documents**

6.10 Policy documents (i.e. policies, procedures, guidelines) must be reviewed at least every three years. Committee Terms of Reference must be reviewed at least every two years.

6.11 Changes to related legislation, government policy and/or University goals or operations are examples of circumstances that can trigger the need to review a policy document before its normal review date. The Administrator is responsible for the operations covered in the policy document and will identify if a policy document requires early review. The need for early review may also be identified by other processes (e.g. committee recommendation or stakeholder identification of the need for major amendment).

6.12 Each year, the Governance Officer will notify the Secretary of each Approval Authority (committee) of the policy documents due for review in that year for inclusion in the approval authority’s (committees) annual reporting schedule.

6.13 Committee Secretaries will notify Administrators of policy document review submission timelines.

6.14 When preparing to review a policy document, request the Governance Officer (policy@cqu.edu.au) to provide the Word version of the current published document for editing. All editing must be undertaken, and shown using ‘track changes’, on the version of the document provided by the Governance Officer (i.e. not on any other draft or copied versions). Tracking changes is essential to show commentators and decision-makers what changes are proposed.

6.15 When reviewing policy documents, sections 6.5 and 6.9 apply.

6.16 Where a major review of a policy document is required or major amendments are expected, the Administrator, Approval Authority or other committee responsible for considering the policy document may establish a working party to ensure broad input and consideration of the issues involved.

6.17 Where only minor amendments are required, the Administrator may authorise the Governance Officer to make and record the changes without the need for consultation or reference to the Approval Authority.

6.18 When a policy document reaches its review date and does not require any amendments, the Administrator must confirm that this is the case through appropriate consultation. If no amendments are required, the Administrator must notify the Approval Authority that the policy document has been reviewed and no amendments are required, and the Governance Officer records a new review date.

**Expanding policy documents**

6.19 When a policy document has been consolidated into another policy document or is no longer required, the existing policy document must be expired. The Approval Authority, on the Administrator’s advice, approves the expiration of the policy document.

6.20 The Approval Authority or nominee notifies the Governance Officer who will remove the expired policy document from the University’s policy portal and notify staff and students, where applicable.

**Developing and reviewing instructions**

6.21 Instructions (e.g. forms, templates or unit-specific administrative processes/work flows) are developed to support policy documents and operations. Instructions must be reviewed regularly to ensure currency and consistency with related policy documents. The term ‘instructions’ is defined in the ‘Definitions’ section.
6.22 Instructions are developed to address a variety of specific administrative needs and as such there is no prescribed template. As a minimum, instructions are to include the approved CQUUniversity logo and/or banner. Refer to the University’s Brand Guidelines. The Procedure Template can be adapted to develop text-based instructions prescribing processes/workflows. In this case, the type of document (in the header) must be renamed ‘Instruction’.

6.23 The Administrator or nominee is responsible for developing and reviewing instructions to meet an identified need, and for ensuring:

- alignment with related policy documents;
- appropriate consultation is undertaken; and
- the instructions meet their purpose.

6.24 When forms include a request for personal information, request only what is relevant for the form’s purpose. The form must include an appropriate Information Privacy notice specifying the purpose for which the personal information is being collected and whether the information may be used for any other purpose or provided to anyone else.

Narrating convention

6.25 Policy document titles must be a brief description of the subject matter. Where possible, the key identifying word should be the first word of the title (e.g. Assessment of Coursework Procedure).

Approval processes

6.26 Policy documents must be submitted for approval to the Approval Authority, which may require initial consideration by the relevant committee. Refer to the ‘Approval Authorities’ section below for details.

6.27 To ensure policy documents are presented in the relevant templates, refer draft policy documents to the Governance Officer (policy@cqu.edu.au) before submission to the relevant Approval Authority or relevant committee.

6.28 The Committee Secretary/Approval Authority will notify the Administrator and the Governance Officer when the policy document has been approved and forward the approved document, in Word format, to the Governance Officer for publication.

- If the policy document is not approved and changes are required, the Administrator will make the required changes in Word format with track changes showing, and re-submit the document to the Approval Authority.

- If the policy document is approved with changes required, the Administrator will make the required changes, in Word format with track changes showing, and forward the document to the Committee Secretary/Approval Authority and to the Governance Officer for publication (to confirm changes have been made).

Approval authorities

6.29 The University’s Financial Delegations and Authorities Schedules (FDAS) Policy specifies position holders and committees that have authority or delegated authority to approve policy and the different types of policy. The FDAS Policy also specifies the relevant committee with responsibility for considering proposed policy before submission for approval. Refer directly to the FDAS Policy and relevant committee terms of reference to identify the appropriate Approval Authority and relevant committee on new policy matters.

6.30 In regard to existing policy documents, refer to the ‘Approval and Review’ section of the document, which includes reference to the Approval Authority, the relevant committee and Administrator.

6.31 Appendix 1 is included as a general overview of the types of policy documents and the relevant level of authority required for approval. If there is any inconsistency between the information in Appendix 1 and the FDAS Policy and committee terms of reference, the latter documents are the authoritative sources of information and take precedence.
6.32 Unless the Approval Authority decides otherwise, the relevant Administrator may approve (within their scope of responsibility):

- minor amendments to any policy documents; and
- new guidelines and instructions or major amendments to these documents.

6.33 Approval Authorities for establishing committees and their terms of reference are as follows:

- University Council establishes governance sub-committees and Academic Board;
- Academic Board establishes academic governance sub-committees;
- The Vice-Chancellor and President establishes management committees (i.e. University-level committees); and
- The relevant Senior Executive establishes Division/Directorate/School-level committees.

6.34 Approval Authorities responsible for establishing a committee may also approve major amendments to that committee's terms of reference. Unless the Approval Authority decides otherwise, the relevant Administrator may approve minor amendments to terms of reference.

Publication

6.35 All policy documents, including instructions, are to be published on the University's policy portal—the central, online policy document repository.

6.36 Before publication, the Governance Officer checks documents for adherence to template requirements. Documents not meeting the template requirements will be referred to the Administrator for amendment.

6.37 All policy documents, except forms and templates, will be converted to pdf format before publication. The Governance Officer will retain on file the Word version of the approved policy document.

6.38 The Governance Officer will publish approved policy documents on the University’s policy portal, and notify the University community of the documents with a brief description of the new document or amendments using information provided by the Administrator. Staff are notified through the Staff Portal, and students are notified by broadcast email, where appropriate.

Communication and implementation

6.39 The Administrator or nominee is responsible for developing appropriate communication strategies and implementation processes for new policy documents and major revisions of existing documents (e.g. an email to relevant stakeholders about the new or changed policy document, its implications, how it will be implemented, and who to contact for queries; or, for new and revised policy documents with substantial operational impacts or a staged implementation, development of a detailed communication strategy and implementation plan in consultation with relevant stakeholders).

7 RESPONSIBILITIES

Compliance, Monitoring and Review

7.1 The Approval Authority is authorised to approve policy documents, and has a strategic responsibility for ensuring staff and processes comply with approved policy documents.

7.2 The Administrator has responsibility for the particular function covered by the policy documents and reviews these to ensure they are compliant with the University’s goals and are routinely updated to comply with legislation, government policy, University requirements and best practice. The Administrator may delegate the preparation or revision of a document, and may seek input from stakeholders and/or a working party.

7.3 The Governance Officer checks policy documents for compliance with this procedure and approved templates.
Reporting

7.4 The Administrator is responsible for reporting to the Approval Authority on issues of policy document implementation, compliance, monitoring and review.

7.5 The Governance Officer is responsible for reporting review dates to Secretaries of Approval Authorities and relevant Administrators to ensure reviews are included in reporting schedules.

Records Management

7.6 All records relevant to developing and approving policy documents must be maintained in a recognised University recordkeeping system. The Governance Directorate retains a master copy of all policy documents as permanent records in an accessible format for retrieval.

- **Academic policies**: Records relating to the formulation of policies about the core functions of an agency, including working papers and drafts, are sentenced as ‘permanent records’ under the General Retention and Disposal Schedule for Administrative Records v6 as per the ruling from the Queensland State Archives, 5 August 2011.

- **Administrative (non-academic) policies**: Records relating to the formulation of policies about the administrative activities of an agency, including working papers and drafts, are retained for ten years from ‘last action’ in accordance with the General Retention and Disposal Schedule for Administrative Records v6.

- **Operational procedures**: Records relating to the development of operational procedures for the administration of core functions are retained for three years from ‘last action’ in accordance with the General Retention and Disposal Schedule for Administrative Record v6.

7.7 For records management sentencing purposes, ‘last action’ is assessed as when the policy version is replaced or has been expired, unless there are other considerations.

7.8 All records relevant to this document must be maintained in a recognised University recordkeeping system.

8 DEFINITIONS

**Caution**: The University’s policy framework is undergoing review to adapt all of its policy documents to align with this procedure and definitions. Note that all University policy documents are not yet consistent with this procedure. If clarification is required on a policy matter, contact the relevant Administrator.

**Administrator**: the person with the delegated responsibility for the operations covered by the policy document and is identified as the policy document owner.

**Approval Authority**: a committee, position or individual with authority to approve policy documents. The Central Queensland University Act 1998 Qld empowers the University Council to approve policy documents and, with some exceptions, to delegate its authority to committees, position holders and individuals. The Council, Academic Board and the Vice-Chancellor and President are the University’s primary approval authorities. Authority to approve policy documents may be delegated through the University’s Financial Delegations and Authorities Schedules Policy.

**Charter and Code**: a policy by another name. Charters and codes tend to mandate a set of rules or obligations; may include terms of reference, duties, and standards of behaviour; and may be framed as statements of principle or procedures (e.g. Council Charter, Staff Code of Conduct).

**Guideline**: a document that is advisory, aimed at recommending best practice in a particular area of activity, and is discretionary. Guidelines are used to supplement policy and/or procedures (e.g. part of a framework or suite of policy documents) or serve as a good practice reference when no applicable policy or procedure exists.

**Instruction**: an administrative policy document to be followed to assist implementation, including forms, templates, and unit-specific processes/work flows. Forms and templates are commonly, but not always, related to policies and procedures.

**Major amendments**: changes to a policy document of a substantial nature; or is likely to alter its purpose, outcomes or scope; or impact on related policy documents or stakeholders to whom the policy document applies.
Minor amendments: changes to a policy document of an insubstantial, administrative or minor editorial nature, and does not alter its purpose or outcomes or impact on related policy documents or stakeholders to whom the policy document applies. Minor amendments include, but are not limited to, format and typographical improvements, updating the titles of positions and organisational units, and changes to the Administrator and review date.

Parent policy: a policy to which a procedure directly relates and which gives effect to the procedure.

Policy: a statement of principle/s that aligns with legislative, regulatory, or University organisational requirements and articulates the University’s position on an area of its activities. Policies are determined by the University Council, Academic Board, the Vice-Chancellor and President, or their delegate. Policies are developed to address legislative and/or government policy compliance, or to implement a strategic or operational goal, and are mandatory (non-discretionary). The scope of a policy may apply to all or parts of the University, its entities, or specific groups.

Policy document: a CQUniversity document, other than plans, which are used to govern and manage the University’s operations, e.g. policies, procedures, guidelines, instructions, committee terms of reference. Depending on its purpose, a policy document is either required to be implemented (non-discretionary) or advisory (discretionary).

Policy framework: an overarching policy with related policy documents, or a suite of policy documents that together establishes a holistic approach on a policy matter or area of activity.

Procedure: a statement that prescribes specific tasks, step-by-step processes and responsibilities to be followed to implement a policy and/or an organisational goal. The scope of a procedure is generally University-wide, but may be specific to a defined part of the University.

Terms of reference: a statement that establishes the functions and responsibilities, delegated authorities, membership and terms of office, and processes associated with committees, which are an essential part of the University’s governance system and structure. Committees are established at the corporate governance level (Council and sub-committees); academic governance level (Academic Board and sub-committees); University management level (Vice-Chancellor’s advisory and sub-committees); and the operational level (e.g. Division, Directorate or School committees). Refer to the University glossary for the definition of terms used in this policy and procedure.

9 RELATED LEGISLATION AND DOCUMENTS

Policy Document Suite

Policy and Procedure Template
Policy Template
Procedure Template
Guideline Template
Committee Terms of Reference

Legislation and Supporting Documents

Schedule of Authorities and Financial Delegations
Use of Inclusive Language Principles and Guidelines
Writing Style Guideline

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<th>Approval and Review</th>
<th>Details</th>
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<tr>
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<tr>
<td>Amendment Authority and Date</td>
<td>Vice-Chancellor and President 26 July 2011; University Secretary 2 March 2012; Vice-Chancellor and President 30 April 2014.</td>
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APPENDIX 1: Overview of policy document types and relevant Approval Authority

Figure 1: Approving a new policy and/or procedure and major amendments to these documents.

Figure 2: Approving a new guideline or instruction and major amendments to these documents.