

POLICY DEVELOPMENT AND REVIEW POLICY

Approving authority	Governing Board
Purpose	This policy establishes a framework for defining, developing, reviewing and maintaining Institute policies to ensure consistency and quality within a common standard that is relevant and easily understood.
Responsible Officer	Executive Management Team
Next scheduled review	September 2026
Document Location	http://www.ozford.edu.au/higher-education/policies-and-procedures/
Associated documents	Compliance Policy and Procedure Governance Framework Procedure Development and Review Policy Quality Management Framework Risk Management Framework Strategic Internal Audit plan

1. PRINCIPLES

Policies are required to facilitate the effective, efficient and equitable administration of the Ozford Institute of Higher Education (hereafter referred to as “the Institute”).

The Institute’s Policies and Procedures are developed to facilitate the effective, efficient and equitable administration of the Institute. While Policies and Procedures are an official position statement of the Institute and establish the key principles that govern decision making processes, they also support the Institute’s approach to quality and best practice and assist in compliance with relevant legislation and standards.

2. SCOPE

This policy applies to all staff and contractors involved in developing and updating policies for the Institute.

3. DEFINITIONS

Delegated authority

The Board, Academic Board or Executive Management Team (EMT) that has authority delegated from the Governing Board to approve policies.

Policy

A policy is a concise, formal and mandatory statement of rules that outline the Institute’s position on governance, academic or operational matters. The policy may be linked to one or more relevant Act, statute or regulation.

Responsible officer

The Position assigned responsibility for developing, reviewing and maintaining Institute policies to ensure consistency and quality within a common standard that is relevant and easily understood.

The Responsible Officer for a policy will normally be:

- President and CEO for all non-Academic matters not assigned to others.

- Academic Dean for all Academic matters where the associated policy is approved by the Academic board.
- Head of Student Experience and Marketing for non-Academic matters relating to students.
- Manager Accounts for accounting and finance related matters.
- Manager Information Services for Information and Communication Technology (ICT) related matters.

Substantive change

Substantive change to a policy is one or a collection of changes that change the impact of the policy on other policies of the Institute or change the nature of the risk or risk mitigation strategies of the Institute.

Whether a change is Substantive or not is determined by the Responsible officer and endorsed by the Executive Management team of the Institute. Any change of policy name is automatically regarded as a substantive change.

4. POLICY

- 4.1 All Institute policies will be approved by the Governing Board, or the Academic Board or other delegated authority as appropriate to their status. The approving body is indicated in the Policy.
- 4.2 All Institute policies:
- will be developed and reviewed in consultation with key stakeholders;
 - will be succinct using terms that have clear meaning;
 - will comply with established Institute format (see attachment 1) using uniform methodology to ensure clarity and consistency.
 - will be benchmarked to ensure that the policy reflects current industry practice;
 - will identify responsible staff to ensure due diligence and accountability;
 - will identify all related policies and procedure, align with and complement existing Institute policies and procedures.
- 4.3 All Institute policies will be saved in the Institute's policy file (R:\OIHE\Policies) and recorded in the Institute's policy register.
- 4.4 Institute policies will be communicated to relevant members of the Institute community by email announcement.
- All policies that are relevant to students and the Institute's community will be promoted on the Institute's website.
 - Staff related policies will be accessible internally by request from the Executive Management team.
- 4.5 All Institute policies will be reviewed every 3 years or after changes in legislation, standards, requirements, a significant event, or critical incident.
- 4.6 Where approved policies undergo a review and there are no substantive changes, the Governing Board, or the Academic Board or other Delegated authority delegate approval of the policy to the Executive Management team.

4.7 All Institute policies will take effect from the date the policy is approved or the agreed implementation date if it is not communicated on the approval date.

5. QUALITY ASSURANCE

To ensure that policies are fit for purpose and meet the requirements of the HES Threshold Standards all policies will:

- 5.1 internally endorsed by the Executive Management Team on development or review, prior to approval by Governing Board, or the Academic Board or other delegated authority;
- 5.2 externally reviewed as part of any independent review of the HES Threshold Standards approved by the Governing Board;
- 5.3 internally reviewed by the Responsible Officer every three years from the date of approval (if not earlier).
- 5.4 referenced to the applicable HES threshold Standard and/or other legislation/regulation.

6. FEEDBACK

Feedback and comments on this policy are welcomed by the listed Responsible officers of the Institute.

7. ACKNOWLEDGEMENT

This policy was developed based on the following:

- Victoria University, Policy Development Procedure, 2021. ([Policy - Procedure Development Procedure / Document / Victoria University Policy Library \(vu.edu.au\)](#))
- Australian Catholic University Policy on Policy Development, 2018 ([Policy Development and Review Policy - Policies - Australian Catholic University \(acu.edu.au\)](#))
- Monash University, Policy Framework Policy, 2021 ([Policy Framework Policy \(monash.edu\)](#))

8. VERSION CONTROL

Version	Date approved	Description	Approved by
1.0	June 2018	Initial issue	GB
1.1	November 2021	Minor amendments to position titles	GB
2.0	September 2023	Internal Review	GB
Related legislation/ regulation/standard	Tertiary Education Quality and Standards Act 2011 Higher Education Standards Framework (Threshold Standards) 2021		

Notes:

GB = Governing Board (for substantive changes)

EMT = Executive Management team

ATTACHMENT 1 : FORMAT FOR INSTUTUTE POLICIES

XXX POLICY

Approving authority	Academic Board/Governing Board/ Executive Management Team
Purpose	This policy xxx
Responsible Officer	xxx
Next scheduled review	MM/YYYY
Document Location	R:\OIHE\Policies.docx
Associated documents	Related procedure with identical name (if any) Related policy and procedure (<i>set out all related policies</i>)

1. PRINCIPLES

xxx

xxx.

2. SCOPE

This policy applies to all staff and XXX (*set out who this policy applies to*)

3. DEFINITIONS

Term

Explanation of term

4. Policy

4.1 Xxx

4.2 xxx

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5.2 externally reviewed as part of any independent review of the HES Threshold Standards approved by the Governing Board;

5.3 internally reviewed by the Responsible Officer every three years from the date of approval (if not earlier).

5.4 referenced to the applicable HES threshold Standard and/or other legislation/regulation.

6. FEEDBACK

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7. ACKNOWLEDGEMENT

This policy was developed based on the following:

- List resources

8. VERSION CONTROL

Version	Date approved	Description	Approved by
1.0	Month Year	Initial issue	GB
1.1	Month Year	Internal review, no substantive changes	EMT
2.0	Month Year	Internal Review	GB
Related legislation/ regulation/standard	Tertiary Education Quality and Standards Act 2011 Higher Education Standards Framework (Threshold Standards) 2021 Education Services for Overseas Students Act (ESOS) 2000 Education Services for Overseas Students Regulations 2019 The National Code of Practice for Providers of Education and Training to Overseas Students 2018 List legislation		

Notes:

GB = Governing Board

EMT = Executive Management team