

PROCEDURE DEVELOPMENT AND REVIEW POLICY

Approving authority	Governing Board
Purpose	This policy establishes a framework for defining, developing, reviewing and maintaining Institute procedures 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	Policy Development and Review Policy Compliance Policy and Procedure Governance Framework Quality Management Framework Risk Management Framework Strategic Internal Audit plan

1. PRINCIPLES

Procedures are required to facilitate the implementation of Ozford Institute of Higher Education (hereafter referred to as “the Institute”) policies.

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 procedures for the Institute.

3. DEFINITIONS

Delegated authority

Delegated Authority means the responsible person or body with delegated authority to approve.

Procedure

The Procedure sets out the detailed operational action (e.g. processes, templates, forms, etc.) required to support Institute policies. Each procedure must be linked to one or more relevant Act, statute, regulation or policy.

Responsible officer

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

The Responsible Officer for procedures (will normally be the same as for a policy) but will otherwise be assigned by the President and CEO:

- 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.

4. POLICY

4.1 All Institute procedures will be approved by the Executive Management Team under authority delegated from the Governing Board.

4.2 All Institute procedures:

- must be needed ie. the procedure is required if any of the following apply:
 - *Is there a new or substantially revised policy?*
 - *Is there a regulatory requirement (external or internal) that obligates the Institute to satisfy certain procedural steps?*
 - *Have you implemented a new or substantially revised business process?*
 - *Do you have a business process or area of operation that is not well understood by staff?;*
- 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 explicitly define the process by which the procedures are made, approved, implemented, amended and disestablished;
- 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 procedures will be saved in the Institute's policy file (R:\OIHE\Policies) and recorded in the Institute's policy register.

4.4 Institute procedures will be communicated to relevant members of the Institute community by email announcement.

- All procedures that are relevant to students and the Institute's community will be promoted on the Institute's website.
- Staff related procedures will be accessible internally by request from the Executive Management team.

4.5 All Institute procedures will be reviewed every 3 years or after changes in legislation, standards, requirements, a significant event, or critical incident.

4.6 All Institute procedures will take effect from the date of approval by the Executive Management Team.

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 or comments on this policy is 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
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		

Note:

GB = Governing Board

ATTACHMENT 1 : FORMAT FOR INSTITUTE PROCEDURES

xxx PROCEDURE

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

1. PRINCIPLES

xxx

xxx.

2. SCOPE

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

3. DEFINITIONS

Term

Explanation of term

4. PROCEDURE

4.1 xxx

4.2 xxx

5. QUALITY ASSURANCE

To ensure that this procedure is fit for purpose and meet the requirements of the HES Threshold Standards the procedure will be:

- 5.1. internally approved by the Executive Management Team on development or review
- 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 or comments on this procedure is welcomed by the listed Responsible officers of the Institute

7. ACKNOWLEDGEMENTS

This procedure was developed with reference to the following:

- List resources

8. VERSION CONTROL

Version	Date approved	Description	Approved by
1.0	Month Year	Initial issue	EMT
2.0	Month Year	Internal Review	EMT
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		

EMT = Executive Management team