Policy Governance Manual

Introduction

The Policy Governance Manual (the ‘Manual’) assists policy owners, policy authors, teams and business units in the review, revision, development and implementation of policies, procedures and associated mandatory resources relevant to their areas of business.

The Manual is for all RMIT University and controlled entity staff including RMIT University Vietnam, RMIT Europe, RMIT Training, and RMIT Online.

The Manual is a mandatory resource issued by the University Policy Manager which is comprised of the Policy Governance Procedure and the detailed instructions and guidance provided in this document.

The Manual must be used when seeking to propose, develop, implement and/or review policy documents that form part of RMIT’s Policy Governance Framework (the ‘Framework’).

For any queries about the Framework or this manual, email policy@rmit.edu.au or contact the Governance and Compliance team in the Internal Audit, Compliance Risk and Regulation Group (‘Policy Advisory’) on 9925 2901.

You can also contact your organisational group policy representative who is a member of the Policy Governance Working Group.

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1. Overview of the Framework

1.1. Aligning to the principles of the Framework

RMIT delivers tertiary education in multiple regions and countries including Spain, Vietnam and Australia, and so we operate in an international regulatory environment. RMIT is also subject to requirements related to traditional business functions including finance, information technology, human resources and general regulatory affairs. As a university, a high standard of social responsibility and commitment to sustainability is expected. Therefore, our Code of Conduct (including the Student Charter) sits above all other policies under the Framework.

Suitably developed and implemented policies, procedures and resources provide RMIT staff, students, researchers and affiliates with the information required to understand their roles and responsibilities, and are designed to support the RMIT Group’s regulatory and strategic objectives, values, and operational requirements.

RMIT policies aim to minimise risks and maximise opportunities associated with strategic and operational activities in a consistent, quality-focused approach to how we operate.

The Framework is designed to enable identification, development and implementation, review and revision of policy documents across all functions. When proposing policy documents, these core considerations must frame your objectives, principles and rules for implementation.

1.2. Key stages of policy development under the Framework

*Annual attestation is a requirement under RMIT’s Compliance Management Policy
2. Process and guidance

2.1. When and how the Framework applies

The Framework places responsibility for developing policies, procedures and resources on the area of the business with operational control and responsibility for the overall administration of a business function.

While the Framework does not mandate how the need for a new policy is identified, business areas must ask themselves:

- Is the proposed need or justification consistent with the Code of Conduct?
- Is a new policy required or will a procedure or resource meet the intended objective?
- Has development been informed by:
  - any key university plans, including the Reconciliation Action Plan
  - changes in legislation, strategic direction, regulatory or operational environments
  - recommendations in documents such as audit and risk related reports
- Have all relevant stakeholders been identified and consulted and have potential impacts on business functions been identified?
- Have the potential impacts on existing policy been considered? For example, will any existing policy documents need to be rescinded or amended?

Where there is confidence in the need for and/or benefit of a policy, teams and business units may develop a policy proposal for review and approval.

The University Policy Manager will also apply these points of reference in reviewing proposals and draft policy documents.

2.2. Understanding the Framework hierarchy

The hierarchy allows for the following policy documents under the Code of Conduct:

- group policy
- divisional policy
- procedure
- resource

Where in the policy hierarchy would my policy document fit?

Sometimes, it will be very clear what kind of policy document is required. For example, the high-level statements that set RMIT’s position on the enrolment of students in an RMIT award program will require a group policy, as the same systems, processes, rights and responsibilities will apply to all enrolled students, colleges and entities regardless of mode of study or location. Enrolment may be managed differently in practice, which can be documented in separate procedures; for example, RMIT University Vietnam may have its own procedure setting out the operational activities required to demonstrate compliance with the policy.

In some cases, a needs or impact assessment will be required to determine the kind of document you are proposing. You will need to consider the purpose, stakeholders who will be affected, and who will need to know or implement the objectives it seeks to achieve (inputs and outputs).
What are the key points of distinction between a group and divisional policy?

<table>
<thead>
<tr>
<th>Group</th>
<th>Divisional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applies to everyone in the RMIT Group (e.g. Health, Safety and Wellbeing)</td>
<td>Must exist under a headlining group policy (e.g. Financial Management Policy) and applies only to persons within a division or entity of RMIT.</td>
</tr>
<tr>
<td>Needs to be communicated across all business functions, divisions, entities, stakeholders</td>
<td>Needs to be communicated to selected divisions and/or entities (e.g. Financial Services)</td>
</tr>
<tr>
<td>All RMIT stakeholders (staff, students, contractors etc.) need to abide by the principles, standards of behavior and obligations set out in the policy</td>
<td>Selected stakeholders need to abide by principles, standards of behavior and obligations (e.g. taxation management)</td>
</tr>
<tr>
<td>Directly respond to the objects and purposes of the RMIT Act, its Statute and Regulations (e.g. ownership of intellectual property)</td>
<td>May deal with a specific contractual obligation or license held by the University</td>
</tr>
</tbody>
</table>

Divisional and group policies are subject to the same processes of proposal, development, endorsement and approval.

If you are not sure which headlining policy would guide your divisional policy, contact Policy Advisory.

Who can own a policy document?

The Framework assigns ownership of policies to the policy owner – the VCE Member with whom the policy matter most clearly resides, having regard to the organisational structure and the prescribed purpose and scope of the policy document.

The policy owner has overarching responsibility and accountability for policy documents. The policy owner can delegate custodianship of procedures and resources to senior subject matter experts, who are referred to as policy authors. Refer to rules 6.2 and 6.3 in the procedure on how the policy owner may delegate procedures and resources in line with cl.7.2(c) of the Framework.

The Framework is designed to ensure responsibility for policy documents to reside at an appropriate level to support implementation and compliance management. As such, a level of flexibility exists for policy owners to self-identify policy authors while preserving the hierarchy of approval.

Some examples of policy owner include:

<table>
<thead>
<tr>
<th>Category</th>
<th>Policy</th>
<th>Divisional Policy</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governance</td>
<td>Vice-Chancellor</td>
<td>Not applicable</td>
<td>Policy author e.g. Chief Audit &amp; Risk Officer</td>
</tr>
<tr>
<td>Talent and Culture</td>
<td>Chief Operating Officer/ Chief Financial Officer</td>
<td>e.g. CEO, RMIT Training/Executive Director, Human Resources</td>
<td>Policy author e.g. Executive Director, HR</td>
</tr>
<tr>
<td>Academic</td>
<td>Deputy Vice-Chancellor Research &amp; Innovation/Deputy Vice-Chancellor Education</td>
<td>e.g. Associate DVC Research Training and Development</td>
<td>Policy author e.g. Academic Registrar</td>
</tr>
<tr>
<td>Operational Effectiveness</td>
<td>Chief Financial Officer / Chief Operating Officer</td>
<td>e.g. Chief Marketing Officer</td>
<td>Policy author e.g. Director, Financial Services</td>
</tr>
</tbody>
</table>

For the latest version of this document please go to [http://www.rmit.edu.au/policies](http://www.rmit.edu.au/policies)
Are resources mandatory?

The Framework allows for both mandatory and non-mandatory resources. The distinction is necessary to ensure their status is clear under Framework.

Usually, mandatory resources will be referred to in the policy or procedure and will be called work instructions, user manuals, and standards. You may elect to combine your procedure and guidance in a single mandatory resource. Schedules to policies are binding.

Non-mandatory resources include guidelines, FAQs or other case study scenarios, process flows or any documents that supplement a policy or procedure.

Can I use Promapp for any of my policy documents?

Promapp is a process management software tool being rolled out by the University. It can be a useful tool to map the processes you may require to support a policy, and can be used to inform a needs/impact assessment.

Generally, any Promapp process will be a resource when applying the policy hierarchy, and are locally managed.

If you have or are planning to have process documents in Promapp, they will not be captured under the Framework unless you have:

- expressly referred to the process documents in actions described under a procedure; and
- advised the University Policy Manager that you would like to give visibility to your Promapp documents as resources.

3. Stages of policy development

3.1. Stage 1 – Identify and propose

Policy proposals are normally initiated by the business area that has oversight of the relevant function with the support of the nominated policy owner.

The policy development process may be delegated to a policy author once the proposal is endorsed.

How do I develop a proposal?

The policy proposer is responsible for coordinating all activities required to action the documentary requirements of the Framework.

A clear policy proposal will ensure the rationale for the further development of new policies and procedures and streamlines the development and approval processes. It helps to confirm the:

- type/s of policy documents that best action the identified requirement(s)
- scope of stakeholders potentially impacted by the proposed changes, including Indigenous and diverse groups
- relevance and accuracy of information to be included in any draft policy
- policies, procedures and supporting resources in scope of the proposal

Policy proposals must be submitted where:

- you intend to undertake extensive revision, re-scoping or rescinding of an existing policy suite
- an internal or external audit or review recommends the development of new policy documents
- an approved response to an identified risk or issue mandates the development of a new policy or procedure
changes to legislation or regulations impact on current practices within the scope of existing policies and procedures

If you require advice on whether your proposal provides a clear and justifiable legal, academic, research or business need, contact the Policy Advisory or your portfolio representative.

Do I always need to complete a policy proposal?

You do not need to submit a policy proposal in the following scenarios:

- Policy Advisory is informed that the requirement is part of a risk or compliance action treatment plan.
- You are the policy owner and are recommending amendments as an outcome of policy review.
- You are the delegate identified in an existing policy as responsible for developing a procedure.
- You are the policy author developing a resource to an existing policy or procedure.

You must still notify Policy Advisory of your intention to develop a policy document if you intend to have it formally registered.

What do I do once I have met the requirements of a policy proposal?

| Task: Complete the Policy Proposal Form and submit to the University Policy Manager |

You must attach any information to support the proposal such as:

- high level process mapping and analysis of needs assessment
- review or risk assessment documents instigating policy change
- any proposed documents at a high level
- details of systems in scope of the proposed change
- list of existing stakeholders in scope and any preliminary consultation or consultation plan

Policy Advisory will advise you on the relevant in-principle endorsement authority (see Schedule 1 of the Procedure) and advise you of the outcome. Outcomes will be one of:

- advice to proceed with policy development
- revision of the proposal in line with any appropriate advice
- decision to decline the policy proposal

3.2. Stage 2 – Develop and consult

When do I develop policies and/or procedures?

Policy development occurs only where you have been advised by Policy Advisory that you have in-principle endorsement to proceed.

This is to minimise the administrative burden of policy development on business areas and ensure maximum value for those activities conducted in support of policy development.

| Task: Draft policy documents using the prescribed templates and consult with identified stakeholders and impacted areas |

When developing policies and procedures, ask yourself whether they are:

- fit for purpose
- appropriate to the intended audience
• consistent with RMIT’s Policy Governance Framework
• compliant with relevant regulatory requirements and strategic objectives

What is involved in the development of policies and/or procedures?

The policy development process should be supported by:

• Benchmarking with sector or industry standards
• Consideration of the legislative and regulatory landscape (including RMIT regulations)
• RMIT needs analysis – through targeted and broad stakeholder consultation
• Alignment to Indigenous engagement principles
• Directional comment from approval authorities.

Transparency is a core feature of good administrative practice. A robust development process will support you when it comes to implementing and communicating your approved policy documents.

The implementation and communication plan must:

• identify systems and processes required to support new policies and procedures
• identify potential training requirements to facilitate policy implementation
• recognise costs and timeframes for policy implementation
• consider academic calendar cycles and major strategic planning timeframes.

The development process must satisfy the University Policy Manager and the approval authority of fitness for purpose and alignment to RMIT’s regulatory and strategic objectives, values, and operational requirements. Drafts may pass through as many (or as few) iterations as required.

How do I write a policy?

You must use the prescribed Policy template and refer to the RMIT Writing Style Guide.

A policy sets out the principles - high level statements of the commitments, standards of behaviour, obligations and expectations of RMIT across all areas of the general topic that the policy covers. Principles can directly respond to a regulatory mandate (RMIT will provide a child-safe environment); it covers ‘why’ we need the policy, and ‘what’ it means for RMIT and members of the RMIT community.

A policy:

• is drafted in a way that is inclusive and has regard to diverse stakeholder groups
• identifies the high-level components of any framework that will give effect to the policy
• identifies core roles and responsibilities at a high level
• provides any definitions – you must only define terms where the plain English meaning needs clarifying, or if the topic depends on clarity of the term or abbreviation
• Note: you must always check that a definition does not already exist – check the Policy Glossary.
• provides any explicit reference to custodians of procedures if required (referred to in the Manual as policy authors).
• highlights any standards against which the policy will be reviewed.

How do I write a procedure?

You must use the prescribed Procedure template. When writing a procedure, apply the following rules:
• A procedure details the actions and series of steps required to operationalise all or parts of the policy – i.e. the ‘how to’ and who does it.

• Procedures should not be overly prescriptive. Unless timelines are mandated by regulations or service level KPIs (e.g. 24-hour turnaround), this information should be captured in task level resources such as work instructions that can be more readily updated.

• Position titles should be used to describe who is responsible for the action.

• Include reference to any systems that will support/record the actions.

How do I write a resource?

You have much more flexibility in how you can write a resource, depending on its purpose. If you intend your resource to be mandatory/binding, please refer to the Resource template as a starting point.

Examples of how resources may be structured:

• instructions will generally be very specific and provide greater detail at each step of the process outlined in a procedure

• FAQs may be written using inclusive language to address common queries received in relation to a policy

Non-mandatory resources are managed at a local level and can be updated as often as required.

3.3. Stage 3 – Approve and implement

Who approves policy documents?

The Policy Governance Procedure sets out the approval authority according to policy category and document hierarchy (see Schedule 1). If you are not sure which category your policy belongs to, consider who the nominated policy owner is in the proposal or contact Policy Advisory.

A CEO of a controlled entity may endorse a policy, but they cannot approve a policy. For example, a divisional policy developed by a controlled entity is approved by the appropriate member/s of the Vice-Chancellor’s Executive on the recommendation from the CEO (see Schedule 1).

However, the policy owner may nominate the CEO as the custodian of procedures or resources under a policy.

My policy is ready for approval, what happens next?

The University Policy Manager is responsible for ensuring consistent implementation of the Framework. All policies must come through to the University Policy Manager for review prior to submission to the approval authority. It is recommended that you seek advice on upcoming committee dates to help you prepare for approval.

Before submitting for approval, consider:

• whether you have an implementation and communication plan; you need to have one prior to the nominated effective date.

• whether any existing policy documents need to be rescinded? This must be covered off in your proposal and is also requested at the time you submit the Approval and registration form.
When do I need to submit my policy document to the University Policy Manager?

<table>
<thead>
<tr>
<th>Status</th>
<th>Policy</th>
<th>Procedure</th>
<th>Resource</th>
</tr>
</thead>
<tbody>
<tr>
<td>New</td>
<td>Before submission to the approval authority</td>
<td>Before submission to the approval authority</td>
<td>After the policy owner has approved the new document</td>
</tr>
<tr>
<td>Amendment (e.g. major review)</td>
<td>Before submission to the approval authority</td>
<td>After the policy owner has approved the amendment</td>
<td>After the policy owner has approved the amendment</td>
</tr>
<tr>
<td>Minor amendment</td>
<td>After the policy owner has approved the amendment</td>
<td>After the policy owner has approved the amendment</td>
<td>After the policy owner has approved the amendment</td>
</tr>
</tbody>
</table>

Policy Advisory will review and advise the policy owner/author whether the developed policy or procedure is suitable to be submitted to the approval authority (or registered), or if any revision is required.

The approval authority will advise the University Policy Manager as to whether the developed policies and procedures are approved and suitable for implementation or require revision.

What happens after my policy document has been approved?

Approved policy documents must be registered by Policy Advisory to take effect.

Policy Advisory will register the policy document within 28 days of its approval, so your nominated effective date must take this into account. You must submit your document for registration in accordance with the Approval and registration form.

**Task: Submit policy documents for registration and publication using the Approval and Registration Form**

Once registered, the policy documents will be ready to be published by Policy Advisory in accordance with the implementation and communication plan. We will coordinate publication of policies, procedures, and mandatory resources. All mandatory policy documents are located in the Policy Register.

Resources that are housed outside of the Register are not formally mandated but may support local processes and requirements. If your Resource is not mandatory, you can self-publish and provide a link to Policy Advisory.

Policy Advisory will not publish any forms associated with policies, procedures or resources. These will need to be managed locally.

What if I need to implement my policy suite in stages?

Your implementation and communication plan must deal with any staged implementation, particularly if multiple policy authors are responsible for different procedures, and you are dealing with complex stakeholder groups. A policy can only become practically effective if there are procedures and resources to direct the activities under the policy.

Ideally, the proposal and development stages must have identified all policy documents required and accounted for appropriate development of all policy documents under a headlining policy.

If you have a policy and are still developing procedures, then you will need to nominate ‘effective dates’ that will consider the timelines for completion of all policy documents. The approval authority must have a clear sense of the plan for implementation to support an informed decision.
The Framework expects that policies will be in a state to be implemented when submitted for registration. If this is not the case, speak with the Policy Advisory team.

**What is required to support policy implementation?**

An implementation and communication plan must be in place prior to registration of the policy document by Policy Advisory. The following roles are responsible for implementation activities:

- policy owner or delegated subject matter expert
- policy author (procedures and resources)

The plan should cover:

- targeted communication of changes to policy documents associated systems and processes
- implementation of any professional development identified and endorsed by the approval authority
- implementation of any systems and/or process changes identified and endorsed by the approval authority
- execution of any contracts and agreements for in scope services identified and endorsed by the approval authority

**Who approves my implementation and communication plan?**

<table>
<thead>
<tr>
<th>Policy document</th>
<th>Plan approver</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group policy</td>
<td>Executive Director, University Communications or business partner</td>
</tr>
<tr>
<td>Divisional policy</td>
<td>University Policy Manager</td>
</tr>
<tr>
<td>Procedure</td>
<td>Policy owner/author</td>
</tr>
<tr>
<td>Resource</td>
<td>Policy owner/author</td>
</tr>
</tbody>
</table>

**Task: Execute implementation and communication plan**

3.4. **Stage 4 – Review and revise**

**What is a review?**

The purpose of review is to test the effectiveness of the policy documents and their implementation and inform continuous improvement.

**Who can initiate a review of policy documents?**

Review can be initiated in a number of ways under the Framework:

- through the formal cycle by Policy Advisory as per the Policy Assurance Plan as required, by the policy owner or delegated policy author
- as requested by the approval authority – Council, Academic Board or VCE
- as part of an audit cycle.

The Framework requires all policy documents to be reviewed at least every three years from the date of first approval or last major review. Some policies will be reviewed more regularly as mandated by the policy document or depending on business needs.
The formal policy assurance process alerts policy owners and policy authors that their policy documents have not been reviewed since the date of first approval or date of last major review. This will usually occur 6-12 months prior to the scheduled review date (or prior to the effective end date if one has been nominated).

Policy owners/authors must provide advice to the Policy Advisory team on the timeframes for review to inform scheduling, reporting and maintenance of the Policy Register. Reviews must commence within 6 months of their end/review date.

Policy owners/authors may liaise with Internal Audit and/or Compliance to include their policies and procedures in a future audit or compliance plans.

**What must a review consider?**

<table>
<thead>
<tr>
<th>Core questions</th>
<th>Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Does the policy document comply with the Framework?</td>
<td>This is of relevance to any policies that need to be transitioned</td>
</tr>
<tr>
<td>2 Is the nominated policy owner correct?</td>
<td>This may need consideration of the policy document hierarchy and category</td>
</tr>
<tr>
<td>3 Is the content of the policy document valid and current?</td>
<td>For example, has there been a change to the internal environment i.e. people, systems, processes, or the external environment i.e. incoming regulation, changes to contractual obligations Also consider if the language is still relevant.</td>
</tr>
<tr>
<td>4 Has the policy been robustly implemented?</td>
<td>Consider:</td>
</tr>
<tr>
<td></td>
<td>• Communication and awareness</td>
</tr>
<tr>
<td></td>
<td>• Training</td>
</tr>
<tr>
<td></td>
<td>• Systems changes</td>
</tr>
<tr>
<td></td>
<td>• Stakeholder feedback</td>
</tr>
<tr>
<td></td>
<td>• Organisation/business unit structures</td>
</tr>
<tr>
<td>5 Have there been any compliance issues/non-conformity to the policy or procedure?</td>
<td>Conduct an internal compliance review or audit of policies and procedures on a sample of outputs or processes to ascertain compliance trends and the adequacy of controls. Consider what the issues are and what changes, support or resources can improve compliance.</td>
</tr>
</tbody>
</table>

Review outcomes must be documented to inform any revisions to policy documents.

**Task:** Nominate timelines for review and notify Policy Advisory. Report on progress and completion for monitoring purposes and anticipated amendments.
Amending policy documents

Amendments may occur periodically because of changes in legislation or regulation identified and communicated to the Policy Owner, changes in the organisational structure including reporting lines associated with particular business functions or be identified as necessary as an output of the Review process or other internal or external audit and review activities.

Amendments can vary in nature from major amendments requiring significant and substantive changes to existing documentation, to minor amendments to reflect changes in language, organisational structure or minor legislative or regulatory change.

Who can initiate an amendment?

- The policy owner or policy author
- The University Policy Manager

All amendments must be reported to Policy Advisory.

<table>
<thead>
<tr>
<th>Type of amendment</th>
<th>Policy document type</th>
<th>Stage/s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review outcome</td>
<td>Policy</td>
<td>Go to Stage 1</td>
</tr>
<tr>
<td></td>
<td>Procedure</td>
<td>Go to Stage 2</td>
</tr>
<tr>
<td></td>
<td>Resource</td>
<td>Go to Stage 3</td>
</tr>
<tr>
<td>Minor amendment</td>
<td>Policy</td>
<td>Go to Stage 3</td>
</tr>
<tr>
<td></td>
<td>Procedure</td>
<td>Go to Stage 3</td>
</tr>
<tr>
<td></td>
<td>Resource</td>
<td>Go to Stage 3</td>
</tr>
</tbody>
</table>

Task: Proceed through the relevant policy life-cycle stage

I want to rescind/replace my policy documents, what do I do?

You will need to consult with Policy Advisory in accordance with Stage 1.

If you are transitioning policy documents under this Framework, you will also need to consider any transition impacts that may require sunset clauses to be approved as part of rescission of old and approval of new policy documents (this will be used in exceptional cases).

A sunset clause is used to specify the when the policy document will cease to have effect. For example:

Student cohorts may be impacted by changes to use of Weighted Average Mark under a procedure. You may need to apply an end date that considers completion of those specific cohorts, and so the relevant part of the former procedure may remain effective under the sunset clause end date.

Document history

<table>
<thead>
<tr>
<th>Version</th>
<th>Last updated</th>
<th>Authority</th>
<th>Author</th>
<th>Register reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>29 October 2018</td>
<td>Policy Governance Framework</td>
<td>Chief Audit and Risk Officer</td>
<td>POL/2018/00077</td>
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