



Policy Development Policy and Procedure

Purpose

1. The Australian International Institute of Higher Education ('the Institute') is committed to attending to governance functions and processes diligently and effectively, including by defining roles and delegating authority as is necessary for effective policy development and management, and monitoring the implementation of those delegations.
2. This Policy outlines the authority, responsibilities, and processes for the development, implementation, review, and improvement of the Institute's policies and supporting documentation.

Scope

3. This Policy applies to:
 - a) all staff with responsibilities under this Policy
 - b) members of Governing Bodies
 - c) all policy and framework documents.

Definitions

4. For the purposes of this Policy:
 - a) **Policy** is a formal statement by the Institute of the approach, position or principles adopted to deal with particular circumstances, governance matters, or areas of operation. As shown in the hierarchy table below, Government legislation lays the foundation for policies. To the extent that policies and procedures contradict legislation, legislative provisions will prevail. Similarly, to the extent that Level 5 documents are inconsistent with policies and procedures, policy provisions will prevail. The Institute has chosen to include procedural and work instructions in policies for ease of reference by students and staff.

Document Hierarchy	Document Type
<u>Level 1</u>	Legislation <ul style="list-style-type: none">• Corporations Act 2001• Tertiary Education Quality and Standards Agency Act 2011<ul style="list-style-type: none">⇒ Higher Education Standards Framework (Threshold Standards) 2021• Education Services for Overseas Students Act 2000<ul style="list-style-type: none">⇒ National Code of Practice for Providers of Education and Training to Overseas Students 2018
<u>Level 2</u>	Constitution
<u>Level 3</u>	AIIHE Governance Framework



Document Hierarchy	Document Type
Level 4	AIiHE policies and procedures
Level 5	Guidelines, handbooks, forms, AIiHE official letters, registers

- b) **Framework** is a formal statement of how the Institute coordinates policies, plans, processes, roles, and other institutional elements to manage an area of operation or achieve an outcome that is central to its operation. Unless otherwise specified in this document, 'policy' includes frameworks.

Policy

Principles

5. The Institute will administer policies in accordance with the following principles:
- authorities and responsibilities for the management of policies are clearly defined and complied with
 - policies have adequate coverage, are current and relevant to the operations of the Institute
 - policies are designed to promote and protect the best interests of students and staff
 - policies reflect the Institute's strategic goals and values, federal and state legislative and regulatory requirements, sector best practices, and community expectations
 - policies are readily and easily accessible to stakeholders
 - all policies must be developed using the approved template attached as Appendix One to this Policy
 - policies are communicated, understood, and applied within the Institute
 - institute staff members are trained to implement policies
 - compliance with policies is monitored and corrective action is taken as required
 - policies are regularly reviewed for effectiveness and improvement based on relevant evidence and stakeholder feedback.

Roles

6. The key roles for the governance of the Institute's policies are:
- Approving body:** the body accountable for the outcomes of the policy and which authorises the policy taking, or ceasing to have, effect – the approving body is either the Governing Council or the Academic Board (the former having delegated authority on academic matters to the latter)
 - Delegate:** the responsible officer for minor consequential amendments to approved policies or procedures that do not represent a material impact on the Institute's compliance or practices as approved by the approving body. This responsibility is assigned by default to the Compliance Officer, but the approving body may delegate it to other staff members as needed.
 - Policy owner:** role responsible for the development, implementation, and review of the policy – the policy owner must be a member of the Executive Management Team
 - Policy contact:** role responsible for answering questions on the policy – the policy contact



may be different from the policy owner (as nominated by the policy owner) and must be an individual

- e) Policy developer: role responsible for researching, drafting, and consultation on a new policy – the policy developer may be an individual or group
- f) Policy reviewer: role responsible for researching, drafting, and consultation on a policy to be reviewed – the policy reviewer may be an individual or group.

Procedure

Policy cycle

7. Institute policies are managed according to the following cycle:

- a) development
- b) approval
- c) implementation
- d) monitoring
- e) review.

Development

- 8. Recommendations for a new policy or amendments to existing policies may flow from the regular reviews conducted by the Institute's governing bodies or may be identified at any time by another stakeholder, such as staff, students or alumni. The following conditions may commonly require a new policy or policy amendments:
 - a) changes to higher education regulatory requirements
 - b) changes to other regulatory requirements or legislation
 - c) changes to the external operating environment
 - d) changes to internal operating procedures
 - e) a change of policy instigated by the Institute; or
 - f) a combination of the above.
- 9. Both corporate and academic policies will be developed by the committee or individuals nominated by the policy owner ('the policy developer'). The policy owner is the officer responsible for implementing the policy. Where there is any doubt on policy ownership, the Governing Council will be the final arbiter.
- 10. Formal development of a policy must be approved by a member of the Executive Management Team (usually, the expected policy owner).
- 11. During the policy development process, the policy developer will consider:
 - a) relevant government policy, legislation, and regulation
 - b) existing policies of the Institute to ensure that there is no policy overlap or inconsistency
 - c) relevant documents and policies from external organisations
 - d) the application of the policy in practice in the context of other policies and processes
 - e) the applicability of the policy to differing circumstances
 - f) student or staff feedback
 - g) any other relevant data.
- 12. The policy developer will consult with relevant stakeholders during the development process.



13. Draft policy documents and templates and forms will be presented to the policy owner for consideration. The policy owner may:
 - a) recommend the policy for approval by the relevant approving body without amendment
 - b) recommend the policy for approval by the relevant approving body with specific amendments
 - c) refer the policy back to the developers for further work specifying the areas in which the policy requires refinement; or
 - d) reject the policy.

Approval

14. All policies must be approved by the Governing Council or the Academic Board. Depending on whether the subject matter of the policy is academic or non-academic, the policy will be submitted for approval by the policy owner to the Academic Board or Governing Council, respectively. The Governing Council must be notified of any policy approved by the Academic Board and may request to consider and approve any policy as it sees fit.
15. Approval of a policy must be formally recorded in the minutes of the relevant meeting of the approving body. Once the policy is approved, it will be entered into the Policy Register and referred to the policy owner for implementation.
16. Based on the advice of a policy owner in response to a review of the policy or otherwise, an approving body may rescind a policy as it sees fit. Rescission of a policy will be recorded in the Policy Register and communicated to all impacted stakeholders. The policy owner is responsible for all processes relating to the rescission of a policy, including ensuring that all copies of the policy are retired and destroyed as appropriate.
17. Policies remain effective until formally approved or rescinded.

Implementation

18. The policy owner must ascertain organisational readiness prior to implementing the policy. At a minimum, it must be established that staff responsible for implementation are appropriately trained and that impacted stakeholders are aware of the changes brought about by the new or revised policy.
19. Depending on the scope and other requirements of the policy, the policy owner may need to develop and submit appropriate communication and implementation plans to the Governing Council, Academic Board, and/or the Executive Management Team.
20. Current versions of all policies will be easily accessible to all relevant stakeholders. Relevant stakeholders will also be advised when an existing policy is revised, or a new policy is developed. Open policies and restricted policies will be identified in the Policy Register so that various categories of stakeholders, including staff, students, clients, and community members have appropriate and relevant access.
21. Policies, templates, and forms will be maintained on the Institute's website and made public unless the policy is for a restricted purpose or audience.
22. The Executive Management Team assists policy owners with implementation and dissemination. Students and staff will be familiarised with current policies and where to access them through staff induction and student orientation. The policy owner will ensure that all new or reviewed policies are published on the internet as soon as practicable and that all relevant stakeholders are advised by email of the new/revised document. The email will include a hyperlink to the internet location of the new/revised document and a contact for any questions arising from



policy amendments.

23. The policy owner should conduct a post-implementation review and report on the findings to the Executive Management Team and other governing bodies as appropriate.

Monitoring

24. The policy owner is responsible for monitoring compliance with the policy and for embedding reporting mechanisms in the Institute's processes.
25. Monitoring of compliance, including breach handling, must be conducted in accordance with the Institute's *Compliance Policy and Procedure* and *Risk Management Plan*.
26. The policy contact officer is responsible for providing support and advice on the implementation of the policy and its applicability. Student Services are responsible for providing advocacy services to students relating to matters covered in Institute policies.

Policy review

27. The Institute's policies will be reviewed on a regular basis in accordance with the policy document approval schedule included in the Policy Register. The review cycle may vary depending on the nature of the policy and its scope. A two (2) year review is standard but all policies must be reviewed within three (3) years of policy development or a prior policy review.
28. A review date will be set for each policy allowing adequate time for the revision and approval process. All related procedural documents and forms will be reviewed concurrently with the policy and updated to reflect any policy changes. The review date for each policy will be stated in each policy and recorded in the Policy Register. The policy owner is responsible for initiating the policy review and actioning policy amendments. The policy owner may choose to delegate the review to an appropriate body or individual(s) (the 'policy reviewer').
29. During the policy review process, the policy reviewer will consider whether the policy:
- a) is still consistent with best practice
 - b) requires amendment due to changes in government policy, legislation, or regulation
 - c) continues to meet stakeholders' needs
 - d) works in practice
 - e) reflects current organisational roles and positions including delegations
 - f) conflicts or is inconsistent with any other policy; and
 - g) leads to any related policies requiring amendment.
30. Following the policy review a draft revised policy and related procedures and forms will be presented to the policy owner for consideration along with a report detailing any changes made.
31. The policy owner may:
- a) recommend the policy for approval by the relevant approving body without amendment
 - b) recommend the policy for approval by the relevant approving body with specific amendments; or
 - c) refer the revised policy back to the policy reviewer for further work specifying the areas in which the policy requires refinement.
32. Once a revised policy is approved, the Policy Register is updated, and the revised policy is referred to the policy owner for implementation and dissemination.
33. If the policy reviewer considers that no revision is required, a recommendation will be made to the policy owner that the existing policy should stand and be next reviewed according to the standard review cycle. The approving body will be notified of the completion of the review.



Minor amendments and updates

34. Consequential amendments to policies may be required from time to time. These amendments may be approved by the Chief Executive Officer (CEO) as delegate under the AIIHE Governance Framework and must be noted at the next meeting of the relevant approval body. Such changes can be categorised as:
- a) formatting of policies that are required to align the policy with the approved format as set out in Appendix One to this document
 - b) updating of position descriptions or delegations arising from changes to governance or workforce roles in line with AIIHE's approved frameworks
 - c) any update necessary to reflect government advice or external regulatory or accreditation requirements.
35. Minor editorial updates that do not affect the title or substance of the policy can be approved by the delegate and do not need to be noted by the approving body. These typically will include the correction of typographical errors or changes to the title of external government departments or stakeholders.

Records

36. All policies are version-controlled in the version format 'n.n'. Where a policy is amended and requires approval by the policy owner, the first digit will increase by an increment of 1. Where minor amendments are made that do not require approval by the policy owner the second digit will increase by an increment of 1.
37. During the development of a new policy the version number for the first draft will be '0.1'. The decimal portion of the version number will increase by an increment of 1 for each subsequent version of the draft policy. When a policy is first approved, it will become version '1.0'.
38. The Policy Register will record at a minimum:
- a) the title of the policy and associated documentation
 - b) the current version number of each document
 - c) the policy owner
 - d) the next review date
 - e) relevant stakeholders (for dissemination purposes).
39. The CEO is accountable to the Governing Council for the currency of the Policy Register.



Associated information

Approving body	Governing Council
Date approved	23 October 2020
Date of effect	Commencement of operation
Next scheduled review	Two years from when policy commences
Current version approval date	10/10/2024
Next review date	10/10/2026
Policy owner	Chief Executive Officer
Policy contact	Chief Executive Officer
Related AIIHE Documents	AIIHE Governance Framework Authority Delegation Policy External Referencing and Benchmarking Policy and Procedure Compliance Policy and Procedure Quality Assurance Framework Record Management Policy and Procedure Risk Management Plan
Higher Education Standards Framework (Threshold Standards) 2021 (Cth)	Standard 6.1, ss 3 Standard 6.2, ss 1 Standard 6.3, ss 1-2
Other related external instruments/documents	Related Legislation <ul style="list-style-type: none">• Tertiary Education Quality and Standards Agency Act 2011 (Cth)• Education Services for Overseas Students Act 2000 (Cth)• National Code of Practice for Providers of Education and Training to Overseas Students 2018 (Cth) Good Practice Documents <ul style="list-style-type: none">• TEQSA Guidance Note: Academic Quality Assurance, Version 2.2• ISO 21001:2018 — Educational organizations — Management systems for educational organizations

Document history

Version	Author	Changes	Approval Date
1.0	Not applicable	Original version	23 October 2020
1.1	Compliance Officer	Updated footer, reviewed to align with the HESF 2021.	15 November 2023
1.2	Compliance Officer	The roles to the key delegations were updated by adding the role of the Compliance Officer, the Policy Register is updated to meet all the conditions mentioned in this policy, and the alignment with the HESF 2021 was reviewed again.	10 October 2024

N.B. The document is uncontrolled when printed! The current version of this document is maintained on the AIIHE website at www.aiihe.edu.au.



Appendix One: Formatting Template

Title (style = Title)

Purpose (style = Heading 1)

1. Main clause (style = Main clause)
 - a) sub-clause (style = Sub-Clause)
 - b) sub-clause
 - c) sub-clause
 - i. list item (style = List Item)

Scope

2. This Policy applies to:
 - a) to whom
 - b) to what

Definitions

3. For the purposes of this Policy:
 - a) X means

Policy

Principles (Heading level 2)

4. The Institute will XXX according to the following principles
 - a) Sub-clause
 - b) Sub-clause

Sub-heading (style = Heading 2)

5. In assuring XX the Institute will:
 - a)

Procedure

Level 2 Sub-heading (style = Heading 2)

6.

Level 3 Sub-heading (style = Heading 3)

7.

Level 4 Heading (style = Heading 4) (NB not in styles)

8.



Records

9.

Responsibilities

10.

Associated information

Approving body	Governing Council/Academic Board
Date approved	
Date of effect	
Scheduled review	
Current version approval date	
Next review date	
Policy owner	
Policy contact	
Related AIIHE Documents	
Higher Education Standards Framework (Threshold Standards) 2021 (Cth)	
Other related external instruments/documents	

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