

# POLICY FORMULATION AND MANAGEMENT POLICY



## THE MICO UNIVERSITY COLLEGE

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<b>Office of Accountability:</b>	VP, Administration
<b>Office of Administrative Responsibility:</b>	
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	VP Administration
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	Chairman of the Sub-Committee
<b>Version</b>	01

**Draft**

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## **A. POLICY**

### **1. INTRODUCTION**

The University College is committed to effective governance and to this end is committed to have clear, concise policies, to direct its operations in a manner consistent with applicable laws, ethical norms and accepted best practices. In keeping with an aim for inclusion, the University College will ensure that stakeholders from the community have an input in policy development and that all policies are easily understood, and accessible. Policies connect the University College's mission with individual conduct, clarify institutional expectations, support compliance with laws and regulations, mitigate institutional risk and enhance productivity, effectiveness and efficiency in the University College's operations.

### **2. PURPOSE**

The purpose of this policy is to promote University College-wide consistency, clarity and understanding of the steps by which the University College's policies are developed, circulated and reviewed. Through a reliable policy process and format, the University College can best ensure that their policies are:

- consistent with the mission of the University College as an institution of higher education
- formulated to guide the activities of academic and administrative sectors of the institution
- properly developed and regularly updated to remain relevant, fit for purpose and compliant with the laws
- easy to find, read and understand and
- promote:
  - excellence in work
  - respect and responsiveness to the academic environment
  - operational efficiencies and best practices across the University College
  - compliance with applicable laws and regulations
  - compliance with generally accepted reporting standards

For the policies to be effective, the institution must have its policies reviewed, updated, and made available to the University College Community to promote compliance and accountability.

### **3. SCOPE**

This policy shall apply to all persons who, through employment, enrolment, contractual or other formal association or agreement, are under the authority of the University College's policies.

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#### 4. DEFINITIONS

**Policy** Written principles put in place to govern the University College’s processes, activities and/or functions. These principles require compliance to ensure the support of the teaching, research and public service mission of the University College, to strengthen internal controls and to reduce the risks of improper transactions. Policies state what should be done, under what authority and the sanctions for contravention of stated principles. Policies require formal approval.

**Regulation** Rules governing conduct, sanctions for breaches of conduct and avenues of appeal for persons seeking redress. A regulation may be used to prescribe or proscribe i.e. it creates limits, or constrains a right.

**Procedure** A step-by-step sequence of activities or course of action (with definite start and end points) that must be followed in the same order to correctly perform a task or to implement the established policy. It also designates and explains staff duties and responsibilities.

##### **Policy and Procedures processes**

**New:** Developing a policy that was not hitherto used by the University College.

**Revision:** Making substantive changes or augmenting the original meaning, instruction or directive of the policy.

**Update:** Making minor non-substantive changes to a current policy such as title changes, spelling and grammar, update or changes by the Board of Directors.

**Rescission:** Removing a policy because it was no longer applicable.

**Policy Library** Official repository for the University College’s Policies and Procedures.

**Compliance** Adhering to the requirement of all relevant laws, licences, professional and industry codes and standards that govern the University College’s daily operations.

**Governance** The process by which the University College is directed, controlled and held to account. It encompasses authority, accountability, stewardship, leadership direction and control exercised in the institution.

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## 5. RESPONSIBILITIES

### 5.1 The Board of Directors

The Board of Directors shall:

- i) ensure its commitment to the policies drafted and implemented by the institution by supporting the plans aligned to institutional objectives and resource allocation.
- ii) through its Governance Committee, review all policies. The Governance Committee shall recommend approval as it sees to the Board of Directors.
- iii) approve the policies as it sees fit.

### 5.2 The President

The President shall

- i) be the Chairman for the Academic Board and The Executive Management Committee and as Chairman ensure that policies, procedures and regulations tabled at the Academic Board and the Executive Management Committee are fully discussed and that the feedback given is incorporated in all updates and revisions.
- ii) on acceptance, sign off on the policy.
- iii) promote the development of a culture that fosters compliance by:
  - providing the requisite environment that encourages compliance through management
  - encouraging ownership of compliance obligations

### 5.3 Academic Board

The Academic Board shall:

- i) review all Academic Policies, and shall provide feedback and make recommendations as it sees fit.
- ii) accept the policies once the feedback has been incorporated.
- iii) ensure proactive and accountable management to encourage compliance.

### 5.4 Executive Management

The Executive Management Committee shall:

- i) review all Administrative Policies, and shall provide feedback and make recommendations as it sees fit.
- ii) accept the policies once the feedback has been incorporated.
- iii) ensure the appropriate training for its employees, to become cognizant of the requisite laws, policies, regulations and procedures.
- iv) provide clear policy statements that assist staff with compliance and encourage a culture and behaviour practice of compliance.
- v) ensure proactive and accountable management to encourage compliance.

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#### 5.5 Secretary to Academic Board and Executive Management Committee (Registrar)

The Registrar, who is the secretary to the Academic Board and Executive Management Committee, shall:

- i) manage the process for presenting policies to the Academic Board / Executive Management Committee by:
  - assigning numbers to new policies.
  - providing editorial assistance.
  - disseminating draft policies for comments by University College community.
- ii) once the policy is accepted, disseminate to relevant parties the approved version of the policy.
- iii) ensure that copies are sent to the Library for archiving and posted on the University College website.

#### 5.6 The Vice President, Academic Affairs

The VP of Academic Affairs shall:

- i) oversee initial development, as well as, periodic review and revision of policies related to area of responsibility to ensure that policies are updated as necessary for relevance and currency.
- ii) see to the implementation of the academic policies.

#### 5.7 The Vice President, Administration

The VP of Administration shall:

- i) oversee initial development, as well as, periodic review and revision of policies related to area of responsibility to ensure that policies are updated as necessary for relevance and currency.
- ii) see to the implementation of the administrative policies.

#### 5.8 The Director of Human Resources

The HR Director shall:

- i) oversee initial development, as well as, periodic review and revision of policies related to area of responsibility to ensure that policies are updated as necessary for relevance and currency.
- ii) see to the implementation of the human resources policies.
- iii) organize for the appropriate training of employees to become cognizant with the requisite laws, policies, procedures and regulations especially in their areas of responsibility and with respect to compliance.
- iv) ensure job descriptions are appropriately updated to reflect responsibilities that relate to compliance activity.
- v) scheduling of internal HR audit and other compliance checks and responding to identified non-compliance.

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- vi) encourage staff to support compliance among their colleagues, including notifying supervisor when non-compliant activity is observed.

#### 5.9 The Academic Deans / Administrative Managers

The Academic Deans / Administrative Managers shall:

- i) see to the implementation of the Academic / Administrative policies within their Faculties / Departments.
- ii) ensure compliance with the respective policies and procedures.
- iii) suggest to VP Academic Affairs/Administration areas for review of current policies and or need for new policies.
- iv) make periodic reports to the Academic Board / Executive Management regarding the status of compliance/non-compliance with the policies and procedures and suggest strategies for improvement.

#### 5.10 The Policy Writer

The Policy writer shall ensure that:

- i) adequate research is done before writing of policy.
- ii) adequate consultations is done with relevant constituents.
- iii) policies are appropriately cross-referenced and in harmony

#### 5.11 Policy Review Committee

For each policy, a Policy Review Committee (PRC) shall be convened at the beginning of the policy review cycle which shall comprise of at least three (3) persons as outlined in the appended Policy Review Process.

The Policy Review Committee shall:

- i) determine the policy review areas to be addressed
- ii) ensure that each policy, along with its procedures, uses the prescribed common format
- iii) ensure the policy is easily understandable to all who must comply with it, and is practicable and applicable.
- iv) ensure that the policies comply with the Laws of Jamaica and any applicable professional regulations or standards in effect in the country and that it is aligned with established and current policies and procedures of The Mico University College.

#### 5.12 The Auditor

The Auditor shall:

- i) conduct audit examinations of the Faculties / Departments to ensure compliance with the policies, procedures, regulations.

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- ii) report the findings to the Academic Board, the Executive Management Committee, the President and/or the Audit Committee of the Board depending on the state of compliance.

### 5.13 The Office of Quality Assurance (OQA)

The OQA shall:

- i) monitor and evaluate compliance in the Faculties/Departments with the policies, procedures and regulations.
- ii) liaise with staff in the monitoring and evaluation processes.
- iii) report the findings to the Academic Board, the Executive Management Committee and the President on the state of compliance.
- iv) recommend strategies for improved compliance.
- v) establish a channel to receive suggestions and recommendations from the stakeholder community and forward these to the respective PRC for policy review.

## **6. GUIDELINES**

### 6.1 Policy proposals: Determining the need for a policy document

Policy proposals constitute the first stage in the policy process. Issues that need to be addressed through the University College policy process shall share a number of characteristics that include but are not limited to:

- i) having broad application throughout the University College
- ii) ensuring compliance with applicable laws and regulations
- iii) promoting operational efficiencies
- iv) enhancing the University College's mission and/or reducing institutional risks
- v) mandating actions or constraints containing specific procedures for compliance, and articulating desired outcomes.

### 6.2 Pre-development

#### a) Identification of the Issue

Policies shall be written after adequate research has been conducted to determine whether:

- i) there are mandates nationally, or within the field, that require a policy change or a new policy to be written.
- ii) changes have occurred in recommended/best practices, customer needs, University College culture or social trends to suggest policy changes or the need for a new policy.
- iii) the issues cannot be integrated with or addressed by other policies, regulations or documents.

The OQA shall be included in all such institutional research on the need for the policy.



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- b) Identification of Policy Writer
  - i) The policy writer shall be responsible for the content and accuracy of the policy. However different offices may contribute to the development of the policy.
- c) Identification of Policy Writing Team (PWT)
  - i) The policy writer shall identify a team of individuals with topical knowledge, expertise, policy users and others to assist as deemed necessary. The policy writer shall be Team Leader and is the responsible officer on the PWT, accountable to the head of the OQA.

### 6.3 Development

Draft Policy:

All policies are developed through a consultative process.

- a) Consultation
 

During each stage of the review process, the document is discussed and reviewed. Relevant comments / feedback are integrated into the document in preparation for submission to the Academic Board/Executive Management Committee.
- b) Drafting
 

The policy is drafted based on the information gleaned from the research and from consultations. The prescribed common format shall be used as outlined below in Section B: PROCEDURES. Upon completion of drafting, the policy shall be submitted to the Registrar for editorial purposes and for the assigning of a policy number.
- c) Submission for review
 

The Registrar shall, on behalf of the team, submit the Draft Policy to the Academic Board / Executive Management Committee for review and endorsement. Once accepted, the President shall sign off on the policy document registering his/her agreement / acceptance.
- d) Dissemination
 

Once the policy has been endorsed by the Academic Board / Executive Management Committee, the policy shall be communicated and disseminated, by the Registrar, to the relevant parties.
- e) Approval
 

The Governance Committee of the Board of Directors shall review the policy with respect to appropriate legislation and external input if required. The Governance Committee of the Board shall recommend approval to the Board of Directors, who shall review and approve as it sees fit.

If there are any changes following review by the Board of Directors, these shall be incorporated into the policy and re-sent to relevant parties. Copies of the final

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document with relevant signatures shall be held in the Library and also posted on the institution's website.

**Policies become final and official after approval by the Board of Directors.**

Procedures and Guidelines

The PWT shall be responsible for the development of procedures and guidelines. The development of procedures and guidelines shall follow the same steps as the development of a policy, and may occur concurrently with the policy development.

All procedures and regulations affecting student operations shall be included in the next edition / version of the student handbook, whether undergraduate or graduate.

6.4 Implementation

Once the policy has been approved, the VP Academic Affairs/VP Administration/HR Director shall ensure that steps are taken to train relevant staff in the implementation of the policy. Compliance monitoring of the policies shall be conducted as per the stipulations in Section 7: COMPLIANCE AND MONITORING.

6.5 Review of Policies

All policies shall be reviewed at least every five years to ensure currency and relevance.

During the process of review, the policy may be updated, revised or rescinded.

- Updating involves changes in style, format, grammar and/or correction of error.
- Revision involves substantial content change.
- Rescinding involves withdrawal of the policy from circulation.

All superseded policies (updated, revised or rescinded) shall be presented to the Academic Board and/or Executive Management and the President shall sign off on agreed changes. Previous policies shall be maintained in the Library in a suitable archival fashion, and shall also be stored as required by the Record Management Policy.

6.6 Naming Convention

The title of all policy documents must be a brief description of the subject matter. Wherever possible the key identifying word should be the first word in the policy. The document type must be at the end of the title e.g. Performance Evaluation Policy, Procurement Procedures.

All policies, procedures and forms shall be given a document number indicating whether the document is academic or administrative; whether the document is a

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policy, procedure or form and the year and number. The Registrar shall assign numbers to these documents.

## **7. COMPLIANCE AND MONITORING**

The Mico University College is committed to being fully compliant with all relevant laws, licences, professional and industry codes and standards that govern its daily operations as a University College. The University College recognizes that compliance is fundamental to the achievement of the University College's strategic goals, to its financial stability and to its reputation as a leading educational institution. An effective compliance regime is a prerequisite for sound governance and an essential element in The Mico's overall risk management framework. The compliance regime should include developing a culture of awareness of policies and procedures, observance of the policies and procedures, the tracking of compliance in relation to the policies and procedures and the implementation of corrective action where required.

All The Mico's staff and students have a responsibility to ensure that their activities on behalf of the University College comply with applicable laws and related University College policies and procedures. Deans, Department Heads and Administrative Managers have a duty to uphold and monitor compliance within their areas of responsibility.

### **7.1. Reporting Responsibilities**

Each Dean, Department Head or Administrative Manager shall be required to report to the Academic Board / Executive Management Committee details regarding:

- i) mandatory audit requirements
- ii) training and instruction requirements for staff to ensure that staff is kept up-to-date with the relevant policy requirements.
- iii) noncompliance that impacts the Faculty / Department.
- iv) continual improvement to be undertaken with any reporting of non-compliance matters.

### **7.2. Breach Reporting and Management**

The University College encourages the proactive reporting of potential compliance breaches, issues, incidents and complaints. Compliance breaches must be managed. Staff who knowingly and recklessly breach the University College's compliance obligations may be subject to applicable legislative penalties and/or disciplinary action. There shall be no blame attached to accidental breaches or those identifying process errors.

Any staff member who notices a breach or potential breach shall immediately report it to a supervisor or anonymously. The supervisor shall take immediate action to contain the breach

taking every precaution not to compromise evidence that may be valuable in determining the cause or to allow for corrective action. As soon as practicable the breach shall be assessed in accordance with the University College’s Risk Management Framework and the reporting escalated as indicated below. If necessary, an investigation should be conducted to determine – i) the root cause; ii) whether it was a systemic breach, an isolated incident or a deliberate act; iii) the actions required to prevent the breach recurring or escalating. The investigation shall be done in a timely manner and reported appropriately. Where the breaches involve criminal activity, this should be referred to the appropriate law enforcement agencies or authorities for investigation. A record of the breaches and actions taken shall be maintained. Should any party to the complaint remain dissatisfied with the outcome of the investigation, they may lodge an appeal with the relevant University College body.

There shall be an implementation plan for any recommended corrective and/or preventative actions indicating responsible persons and timelines; or for any review of policy, procedures or regulations.

Reporting shall use the Breach Assessment Criteria. The level to which breaches are to be reported is detailed below:

Reporting Requirements	Breach Rating				
	Very High	High	Medium	Low	Very Low
Audit Committee of the Board	✓	✓			
President	✓	✓	✓		
Executive Management/ Academic Board	✓	✓	✓	✓	Inform

Very High / High Risk Breach:

A breach with the potential to have a serious impact on the University College, including: loss of reputation, loss of accreditation; substantial fines or other sanctions; injunctions; damages; prosecution; imprisonment; dismissal from office or a potential impact to business processes or continuity.

7.3. Monitoring

In general, each staff member has the responsibility to monitor compliance with the University College’s policies and procedures and where named in policy, the specific officer and/or department has the responsibility to monitor the particular policy or procedure. However, the Auditor and/or OQA, shall develop a formal schedule to institute a programme of monitoring

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compliance to policies, procedures and regulations within the Faculties/Departments; and shall co-opt staff members as is required to assist in the process. A report shall be made to the Executive Management/Academic Board on the compliance status.

#### 7.4. External Reporting Requirements

Where applicable, the responsible officer shall make the requisite reports for the compliance requirements or obligations which fall under their area of responsibility, by the required date, to the required authority with the appropriate level of internal approval; e.g. Statutory compliances to the relevant agencies, Procurement Reports to the Office of the Contractor General and Changes with regards to programmes and courses to the University Council of Jamaica. In all cases a report shall be made to the Executive Management on the compliance status.

## **B. PROCEDURES**

All persons responsible for writing, updating and distributing the policies of the University College, shall comply with the conditions and procedures that are outlined in this document, which:

- defines a university policy
- explains the policy format
- outlines the steps for formulating, approving, issuing and revising policies and procedures

#### Policy Format

All Policy documents shall have a cover page with the **NAME** and **LOGO OF THE INSTITUTION**, as well as the **NAME OF THE POLICY**. The cover page shall bear a table as indicated below with the appropriate information:

Office of Accountability:	
Office of Administrative Responsibility:	
Document Number:	
Effective Date of Policy:	
Date of any Policy Revision:	
Policy Prepared by:	
Date Policy Created:	
Date Accepted by Executive Management Committee / Academic Board:	
Authorized by :	
Date Approved by the Board of Directors:	
Authorized by:	
Version:	

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In general the policy should be so constructed that each area provides specific information on the policy. The areas are indicated as follows:

INTRODUCTION:	Gives the overview of the policy
PURPOSE:	Explains why the policy is needed
SCOPE:	Indicates the staff, processes and areas to which the policy applies
DEFINITIONS:	Gives the meanings of the specific terms used in the policy
RESPONSIBILITY:	Lists the duty, tasks and roles of staff and governance entities with respect to the policy
POLICY STATEMENT:	Makes a clear and concise declaration of what is expected or intended by the policy
GUIDELINES:	Provides the principles directing the course of action for the policy
REFERENCES:	Lists external laws, regulations, standards and guidelines as well as internal policies, procedures and regulations to which the policy is linked

Policies may have additional categories as is warranted.

## **C. REFERENCES**

- Risk Management Policy (The Mico University College)
- Records Management Policy (The Mico University College)
- Quality Assurance Framework Policy (The Mico University College)

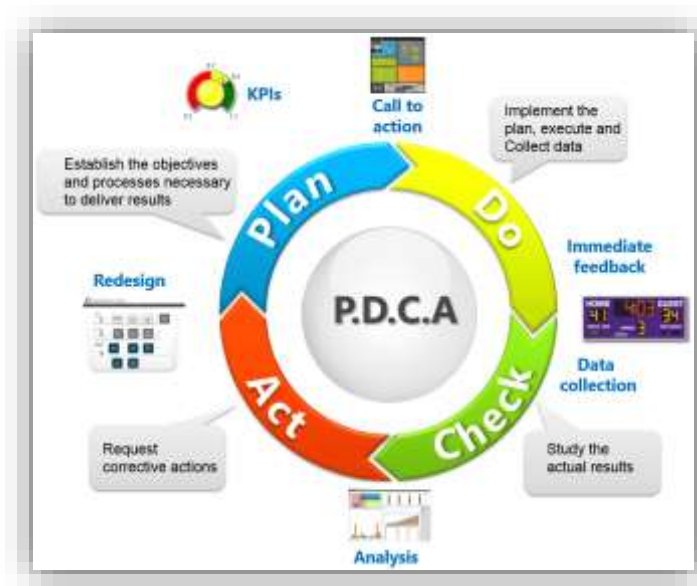
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## APPENDIX I – Policy Review Procedure

### POLICY REVIEW PROCEDURE

#### PREAMBLE

The Continuous Improvement Cycle adopted by the OQA is the PDCA model: Plan → Do → Check → Act (Fig. 1). The model includes a process of review and redesign that completes the cycle by connecting Act to Plan. The elements of review include feedback, monitoring, data collection and analysis that inform the nature, extent and outcome of the review.



**Figure 1.** *PDCA model of the Continuous Improvement Cycle*

Source: <http://www.gameffective.com/gamification-continuous-process-improvement/>

Quality Assurance mechanisms in higher education establish periodic reviews of policies and, more frequently, the attendant regulations and procedures. These are often synchronized with accreditation cycles. Reviews may also be stimulated by policy gaps identified through consultation with governance units or stakeholders, both internal and external.

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## PURPOSE

The policies of an institution provide for consistency, transparency and equity in its operations. Informed by national legislation, requirements of the professions for which students are being prepared, standards of accrediting bodies and the institution's mission, vision and core values, policies indicate the institution's position and operations. The policies guide decisions and daily activities through regulatory and procedural documents that define the 'what', 'who' 'how to' and 'to whom' of the institution's operations, with appropriate flexibility for exceptional cases.

Policy reviews are to ensure that the policies address existing and emerging legislative needs of the institution as it grows, develops and responds to the needs of its stakeholders in achieving its vision and accomplishing its mission. Primarily, reviews consider the following:

<b>Relevance/Purpose</b>	Are the University College's strategic direction in achievement of the Mission and the inculcation of the Core Values reflected?
<b>Currency</b>	Is the present situation/needs of the institution and its stakeholders addressed? Is the policy still needed?
<b>Clarity</b>	Are all users and stakeholders consistently interpreting its content in similar ways? Does it unambiguously communicate that which the writer(s) intended? Does it articulate the institution's position in a manner that facilitates the development of regulations and procedures?
<b>Compliance</b>	What was the overall level of compliance with the policy since implementation/previous review? Where compliance was low, was this impacted by the way the policy is written?
<b>Adequacy and Scope</b>	Are all instances and all stakeholders addressed, with sufficient provision for extraordinary cases? How should the policy be amended to address concerns that have arisen since its implementation/previous review?
<b>Consistency</b>	Does the policy comply with the Laws of Jamaica and any applicable professional regulation or standard? Is it aligned with established and current policies and procedures of the University College?
<b>Redundancy</b>	Does this policy need to stand alone, or should it be combined with another policy? Are these areas already covered in other policies?



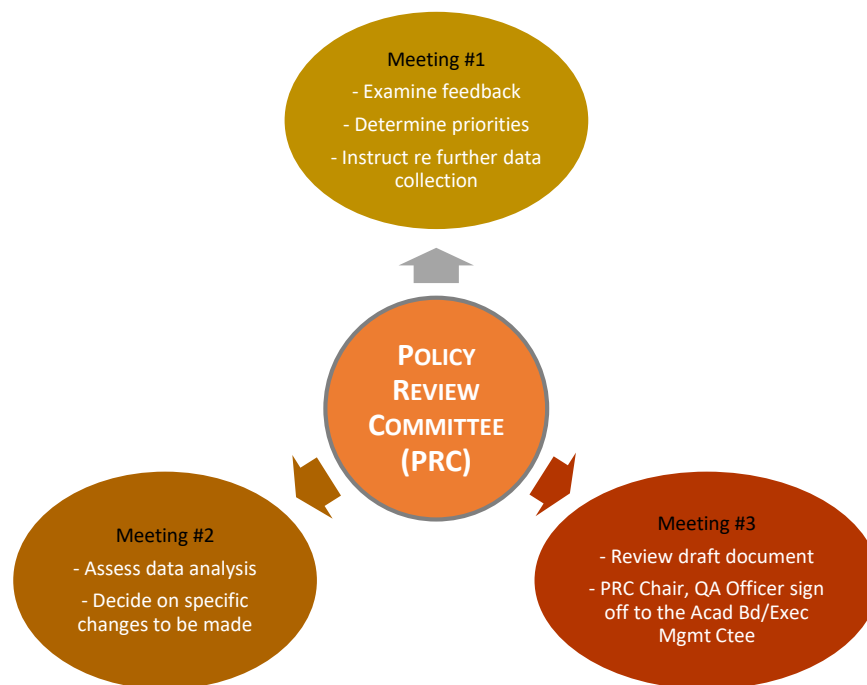
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## PERSONNEL

A Policy Review Committee (PRC) constituted for the purpose of review of an existing policy shall include at least three (3) members:

- i) **Accountable Officer** as stated on the policy (the policy custodian and committee chair)
- ii) **Quality Assurance (QA) Officer** with portfolio responsibility for the policy and/or the **OQA Research Assistant**, and
- iii) **Internal or External Consultant(s)** with expert knowledge of the policy subject matter or of the implications of its implementation.

Additional persons may include administrators whose portfolios are directly impacted by or most needful of the review and primary stakeholder representatives, such as lecturers and students. For each policy review, the PRC will meet at least three times (Fig. 2). Each PRC may review up to three policies at a time.



**Figure 2.** *Role of the Policy Review Committee (PRC) in the review process*

## PROCESS

Feedback (Fig. 1) on a policy is channeled to the OQA from users, primarily through the designated email address or the members of the OQA Team. Copies of all documentation related to the

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regulations, processes and procedures emanating from the policy are provided to the OQA by the relevant departments and offices.

Formal monitoring of a new policy, i.e. being officially implemented for the first time, begins twelve months after the effective date of the policy, with various aspects scheduled in accordance with the relevant activities in the institution. For policies that have already been reviewed, the periodic reviews occur in five-year cycles. The formal review commences with the convening of the relevant PRC to examine the feedback received from stakeholders and prioritise the areas to be investigated.

The OQA, primarily through its Research Assistant, is responsible for developing, or outsourcing the development of, appropriate instruments and methodologies for:

- determining whether the most current regulations and procedural documents are those in use by the institution;
- assessing the institution's knowledge of the policy and/or procedures derived therefrom;
- measuring the effectiveness of the policy implementation, i.e. compliance; and
- identifying inadequacies or redundancies in the policy and/or procedures derived therefrom

Data from these investigations are analysed by the OQA Research Assistant, in conjunction with the QA officer on the relevant PRC, to categorise the findings. After final data collection, the PRC meets for the second time and, on the basis of the evidence and bearing other policies in mind, instructs on the specific material to be added, deleted or rephrased. Amendments are done by the PRC Chair in a Word version of the policy, using Track Changes and a footer added to indicate the date of the draft, then sent by email to the QA officer. The QA Officer accepts or rejects the changes, producing the first draft of the review within two weeks of receipt. This first draft of the review is circulated to members of the PRC, the head of the OQA and primary stakeholders no later than six months following the beginning of the formal monitoring process.

Stakeholders have two (2) weeks in which to submit feedback. Feedback is collated by the QA officer of that PRC, noting the number of persons (proportion of stakeholder population?) that responded with meaningful comments, questions and suggestions (i.e. more than typographical, grammatical or syntax errors). Six (6) weeks after dissemination to the stakeholders, the PRC receives the updated/reviewed policy and the PRC Chair and QA Officer sign off on the review as an indication of its recommendation of the reviewed policy to the Academic Board/Executive Management Committee. Any resultant amendments to regulations and procedures, including forms and other documents, are made by the PRC and provided to relevant departments and offices so that they will be ready for the implementation of the reviewed policy. The reviewed policy is then presented to the Academic Board/Executive Management Committee for approval,

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with indications of the attendant amendments that have been to the regulations, processes and procedures.

The approved policy is dated appropriately as a revision or update and the policy submitted to the Board of Directors for ratification, following which it is posted on The Mico's official website. Bound hard copies of the policy are prepared for the Library, President, Vice Presidents, Deans, and the OQA. The community is advised through the Mico email system that the policy has been reviewed and is invited to view same on the website.

## **PRODUCT**

During the process of review, the policy may be updated, revised or rescinded.

- Updating involves changes in style, format, grammar and/or correction of error.
- Revision involves substantial content change.
- Rescinding involves withdrawal of the policy from circulation.

### Minor Revision and Updates

A minor revision does not affect a policy's rules, principles, or intent and is referred to as a policy update. A policy update does not require the formalized process a substantive revision does; however, it must follow a detailed submission and approval process.

Changes to a policy which would be considered minor and classify as a policy update include:

- adding definitions to increase understanding of the terms of the policy statement
- making corrections such as punctuation or spelling
- clarifying a point of the initial policy
- rearranging information for a better flow
- making changes to an attached procedure or attaching a new procedure to aid in the policy statement's implementation process
- adding guidelines

### Substantive Revision

A substantive revision of a University College policy brings considerable and significant changes which affect the rules, principles or intent.

Changes to a policy involving one or more of the following, is considered substantive:

- changes in related laws and regulations
- change that alters the initial policy intent or objective
- modification or addition to the initial policy requirements
- procedures for implementing the policy change significantly

If it is determined to be a substantive revision, the revision must go through **the same process** as a new policy.



**Figure 3.** Summary of the Policy Review Procedure