



Procedure for Developing and Reviewing University College of Osteopathy Policies / Procedures / Regulations



Core Documentation Cover Page					
Procedure for Developing and Reviewing University College of Osteopathy Policies / Procedures / Regulations					
Version number	Dates produced and approved (include committee)	Reason for production/ revision	Author	Location(s)	Proposed next review date and approval required
V1.0	Oct 2013 SMT	To ensure that School policies, procedures and regulations are developed, established, implemented and reviewed in an appropriate, consistent and timely manner.	Vice-Principal (Education)	All master versions will be held in: J:\0 Quality Team - Core Documentation Intranet	Oct 2015
V2.0	Aug 2014 PRAG Chair	Biennial Review Administrative Amendment to reflect correct committee titles.	Vice-Principal (Education)	All master versions will be held in: J:\0 Quality Team - Core Documentation Intranet	Aug 2016
V3.0	Nov 2016 PRAG Chair	Biennial Review Administrative Amendment to reflect current FirstClass conference nomenclature.	Vice-Principal (Education)	All master versions will be held in: J:\0 Quality Team - Core Documentation Intranet	Nov 2018
V4.0	Aug 2017 PRAG Chair	Administrative Amendments to update institution name change from British School of Osteopathy to University College of Osteopathy and to update committee titles.	Vice-Principal (Education)	All master versions will be held in: J:\0 Quality Team - Core Documentation Intranet	Nov 2018
V5.0	May 2018 PRAG Chair	Administrative Amendments to reflect title changes (i.e. from Principal to Vice-Chancellor, etc.)	Deputy Vice-Chancellor (Education)	All master versions will be held in: J:\0 Quality Team - Core Documentation Intranet	Nov 2018
V6.0	Jan 2019 SMT	Major Amendment to frequency of policy review and to reflect current practice.	Head of Quality	All master versions will be held in: J:\0 Quality Team - Core Documentation Website	Jan 2022

Equality Impact	
Positive equality impact (i.e. the policy/procedure/guideline significantly reduces inequalities)	
Neutral equality impact (i.e. no significant effect)	X
Negative equality impact (i.e. increasing inequalities)	
If you have any feedback or suggestions for enhancing this policy, please email your comments to: quality@uco.ac.uk	

PROCEDURE FOR DEVELOPING AND REVIEWING UNIVERSITY COLLEGE OF OSTEOPATHY POLICIES / PROCEDURES / REGULATIONS

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1. INTRODUCTION

- 1.1 The purpose of this procedure is to ensure that University College of Osteopathy (UCO) policies, procedures and regulations are developed, established, implemented and reviewed in an appropriate, consistent and timely manner.
- 1.2 This should be read in conjunction with the Core Documentation Policy & Version Control Policy.
- 1.3 All policies, procedures and regulations at the UCO are to be established and maintained in accordance with this procedure.

2. SECTION 1: POLICY, PROCEDURE AND REGULATION DEVELOPMENT

- 2.1 The UCO develops and maintains a set of policies, procedures and regulations which are logged in the Core Documentation Register. Alongside this register is the Policy, Procedure and Regulation Development and Review Schedule with a recommended date for review for all of these core documents. The Core Documentation Register is maintained by the Core Documentation Holder.
- 2.2 Issues that trigger a review or the development of a new policy, procedure or regulation include:
 - a) Recognition of a need (for example, legislative requirement);
 - b) Changes in strategic direction and plans of the UCO;
 - c) The Policy, Procedure and Regulation Review Schedule or an accumulation of issues logged with the Core Documentation Holder;
 - d) Identification of content gaps or overlaps across or between policies;
 - e) The normal review date.
- 2.3 All UCO Policies, Procedures and Regulations must:
 - a) Comply with relevant legislation, the Student Charter, the current regulations of the UCO and those of the awarding body if applicable.
 - b) Be consistent with the UCO's current committee structure.
 - c) Consider strategic implications, financial implications and risk.
 - d) Consider, data protection, freedom of information and IT implications.
 - e) Be equality screened.
 - f) Consider the impact on staff.
 - g) Consider the impact on students.
 - h) Be made available for consultation in draft to stakeholders.
 - i) Be feasible to implement.
 - j) Follow the template (Appendix 1) attached to this procedure.
 - k) Be reviewed at least every three years, but sooner if changes in legislation or other variables require review.

3. SECTION 2: INTRODUCTION OF NEW POLICIES, PROCEDURES AND REGULATIONS

- 3.1 The following process must be followed when developing a new policy, procedure or regulation:
- 3.2 The policy owner in the area concerned informs the Chair of the Policy and Regulations Audit Group (PRAG) that a policy is to be developed along with a timetable for completion and having consulted the Core Documentation Policy Register to ensure that the issue is not covered by any other policy/procedure or regulation.
- 3.3 The Chair of the PRAG identifies the committee sign off route for the final agreement of the policy/procedure/regulation and sets in place a task group selected from an appropriate mix of faculty, support staff and students to peer review the proposed policy/procedure/regulation as appropriate.
- 3.4 The policy owner prepares a draft in consultation with the task group. The draft will be made available to students and/or staff for comment as appropriate.
- 3.5 The UCO's legal advisors will be consulted where appropriate and necessary.
- 3.6 The policy owner will present the final version to the relevant sign-off committee. This should also include a completed checklist (Appendix 2) to ensure that all stages of development and consultation have occurred. The policy owner will develop a dissemination strategy and develop appropriate training or awareness raising material as appropriate.
- 3.7 The PRAG will approve in principle the policy/procedure/regulation and will recommend it to the Quality Assurance Committee who ensure that for all new policies, procedures and regulations the relevant senior committee, either Academic Council or Senior Management Team, approve the final proposal.
- 3.8 The Core Documentation Holder, upon confirmation from the relevant sign-off committee (normally the Academic Council and / or the Senior Management Team) enters the new policy/procedure/regulation onto the Core Documentation Register and records a review date.
- 3.9 The policy owner will ensure that the policy/procedure/regulation complies with the steps outlined in this section.

4. SECTION 3: AMENDMENTS TO EXISTING POLICIES, PROCEDURES AND REGULATIONS OUTSIDE OF THE REVIEW CYCLE

- 4.1 There are three levels of amendments that can be made to existing policies, procedures and regulations.

A) ADMINISTRATIVE AMENDMENT

- 4.2 Administrative amendments to policies, procedures and regulations can occur outside of the policy review cycle. Administrative amendments include things such as updating job titles, changes to committee names and are normally issues that are factual in nature. These can be made with the agreement of the Chair of the PRAG.

- 4.3 It is the responsibility of the policy/procedure/regulation owner to ensure that these changes are made on an annual basis to all policies/procedures/regulations they are responsible for.
- 4.4 The Chair of the PRAG will ensure that administrative amendments are recorded on the Core Documentation Cover Sheet, the Core Documentation Cover Page and are noted in the Core Documentation Register.
- 4.5 The policy/procedure/regulation owner will ensure that the Core Documentation Holder has the most up to date policy/procedure/regulation for dissemination.

B) MINOR AMENDMENT

- 4.6 Minor amendments to policies/procedures/regulations can occur outside of the policy review cycle. A minor amendment to policies/procedures/regulations is defined as a change of an insubstantial nature, not affecting the general meaning, intent or scope, such as a change to the name of a legal process used within the policy e.g. DBS and CRB or a typographical error requiring correction. In most cases, minor changes can be made without the need for broad consultation.
- 4.7 Minor amendments to policies/procedures/regulations may be made with the approval of the Senior Management Team for institutional policies/procedures/regulations and the Deputy Vice-Chancellor (Education) for academic policies/procedures/regulations.
- 4.8 The Chair of the PRAG will ensure that minor amendments are recorded on the Core Documentation Cover Sheet, the Core Documentation Cover Page and noted in the Core Documentation Register.
- 4.9 Upon approval by the Senior Management Team or the Deputy Vice-Chancellor (Education), all minor amendments to policies/procedures/regulations shall become operational.
- 4.10 Minor amendments to policies/procedures/regulations shall be reported annually to the QAC.
- 4.11 The policy/procedure/regulation owner will ensure that the Core Documentation Holder has the most up to date policy/procedure/regulation for dissemination.

C) MAJOR AMENDMENT

- 4.12 A major amendment to a policy or procedure is a change to the purpose, scope or significant changes to the content of a policy/procedure/regulation. For major amendments, the development process specified in Section 1 must be followed.
- 4.13 Major amendments to operational policies must be submitted to the relevant committee for endorsement and then to the Academic Council or Senior Management Team for approval as appropriate.
- 4.14 The Chair of the PRAG will ensure that major amendments are recorded on the Core Documentation Cover Sheet, the Core Documentation Cover Page and noted in the Core Documentation Register.
- 4.15 Major amendments to policies/procedures/regulations shall be reported annually to the QAC.

- 4.16 The policy/procedure/regulation owner will ensure that the Core Documentation Holder has the most up to date policy/procedure/regulation for dissemination.

5. SECTION 4: CONSULTATION ON MAJOR CHANGES OR NEW POLICIES, PROCEDURES AND REGULATIONS

- 5.1 As stated in Section 1, the process for the development or review of policies, procedures and regulations must allow relevant stakeholders the opportunity to be consulted at a sufficiently early stage. Consultation processes may vary, but will normally include some, or all, of the following:
- a) formative discussion, involving initial discussion of the policy, procedure or regulation by the relevant task group;
 - b) discussion with individuals and areas affected by implementation of the policy, procedure or regulation;
 - c) dissemination to a wider audience of stakeholders (this may be a particular group, or the wider UCO community) for broader consultation for a set period of time;
 - d) in the case of a new policy or major revisions these should normally be circulated by email as appropriate to the broader UCO community for a period of 10 working days.
- 5.2 The proposed Policy/Procedure/Regulation owner or if a Policy Sponsor, needs to resolve issues identified as the policy, procedure or regulation is developed or reviewed, such as its relationship to existing policies and procedures and risk and control measures and that these issues are captured and reflected in the final draft of the policy, procedure and regulation.

6. SECTION 5: REVIEW OF MAJOR CHANGES OR NEW POLICIES, PROCEDURES AND REGULATIONS

- 6.1 All new policies, procedures and regulations and any major amendments to policies, procedures and regulations, will normally be reviewed 12 months from the date the policy comes into effect. Thereafter, the default review period for all will be three years from the date of the last review, or from the date the policy, procedure or regulation came into effect, unless issues or a risk assessment requires an earlier date. However, policies, procedures and regulations can and should be amended as and when changes occur that affect the relevance and application of the policy, procedure or regulation.
- 6.2 A policy, procedure or regulation under review will not lapse until the revised policy has been approved and uploaded to the Core Documentation folder.

- 6.3 Feedback from stakeholders/users on the effectiveness of the policy or procedure and its use as part of the cyclical review process must include:
- a) any issues or concerns that have been identified during the use;
 - b) an evaluation of the level of compliance and evidence that the policy, procedure or regulation is having the intended effect;
 - c) whether the detail is current and remains consistent with any external or other regulatory requirements;
 - d) the effectiveness of any training and communication strategies

7. SECTION 6: REPORTING TO THE QUALITY ASSURANCE COMMITTEE ON POLICY, PROCEDURE AND REGULATION REVIEW AND DEVELOPMENT

- 7.1 The Quality Assurance Committee will be provided with a report by the Chair of PRAG at each meeting detailing:
- a) all policies, procedures, regulations presently under development or review;
 - b) all policies, procedures, regulations approved or repealed;
 - c) progress against the Policy, Procedure and Regulation Development and Review Schedule;
 - d) any issues of concern in relation to policy at the UCO.

8. DEFINITIONS

- 8.1 Administrative Amendment - Updates to issues that are factual in nature, such as job titles and changes to committee names.
- 8.2 Core Documentation Holder - The person responsible for maintaining final versions of core documents, disseminating final versions of core documents and maintaining the Core Documentation Register.
- 8.3 Core Documentation Register - The register of all core documentation in operation at the UCO. Alongside this sits the Policy, Procedure and Regulation Development and Review Schedule.
- 8.4 Dissemination Strategy - The plan for the communication, dissemination and implementation of a new or revised policy, procedure or regulation.
- 8.5 Major Amendment - Changes to the purpose, scope or significant changes to the content, responsibilities, limits, assignment of powers etc. of a policy, procedure or regulation.
- 8.6 Minor Amendment - A housekeeping change to a policy such as updating a section or job role, contact person or reference to legislation which does not alter the scope, purpose or intent of the document.
- 8.7 Policies - are concise formal statements of principles that indicate how the UCO will act in a particular aspect of its operation. In this way, policies regulate and direct actions and conduct. Policies are operationalised through procedures that provide instructions and set out processes to their implementation.

- 8.8 Policy Owner - The person responsible for the policy, procedure or regulation and who coordinates its implementation. The Policy Owner is also responsible for leading the review of the policy, procedure or regulation. The Policy Owner may delegate responsibility to another staff member or group.
- 8.9 Policy Sponsor - The Policy Sponsor is the Policy Owner for a policy or procedure or, when the Policy Owner is yet to be determined; the person or position responsible for advocating a policy or procedure and sponsoring its development and approval.
- 8.10 Policy, Procedure and Regulation Development and Review Schedule - The schedule outlining when policies, procedures and regulations are due to be developed and reviewed. This sits alongside the Core Documentation Register.
- 8.11 Procedures - these describe in detail the process to implement a policy. Procedures are written in sequential order at a relatively high level and assign responsibilities. Generally, a procedure refers to the process rather than the result.
- 8.12 Regulations - These create, limit, or constrain a right, create or limit a duty, or allocate a responsibility.



Name of Policy



Core Documentation Cover Page					
Policy Title					
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Equality Impact					
Positive equality impact (i.e. the policy/procedure/guideline significantly reduces inequalities)					
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Negative equality impact (i.e. increasing inequalities)					
<p>If you have any feedback or suggestions for enhancing this policy, please email your comments to: quality@uco.ac.uk</p>					

NAME OF POLICY

1. SCOPE (OF POLICY / PROCEDURE / REGULATION)

Enter text here.

2. DETAILS OF POLICY / PROCEDURE / REGULATION

Enter text here.

APPENDIX 2: POLICY / PROCEDURE / REGULATION DEVELOPMENT OR MAJOR AMENDMENT CHECKLIST

This checklist must be completed when new policies / procedures / regulations are developed and when major amendments to such documents are made to ensure that all stages of policy / procedure / regulation development and consultation have occurred as appropriate.

ALL SECTIONS of this checklist must be completed IN FULL by the Policy Owner:

Name of Policy / Procedure / Regulation:	
Policy Owner (Name & Job Title):	
Date of Production / Change:	
Intended Audience (Please Delete):	Students / Staff / Both Students & Staff / Patients
Type of Development (Please Delete):	New Policy / Major Change to Existing Policy
Reason for Development / Major Amendment:	
Committee of Final Approval:	
Stage of Development to Complete	Confirm with an "X" if completed and provide further details where indicated.
Does the policy / procedure / regulation comply with relevant legislation, the Student Charter, the current regulations of the UCO and those of the awarding body (if applicable)? (Provide details where appropriate.)	Relevant Legislation:
	Student Charter:
	UCO Regulations:
	Awarding Body Regulations:
Is the policy / procedure / regulation consistent with the UCOs current committee structure?	
Have strategic implications, financial implications and risk been considered? (Provide details as appropriate)	Strategic Implications:
	Financial Implications:
	Risk:

<p>Have data protection, freedom of information and IT implications been considered?</p> <p>(Provide details as appropriate.)</p>	Data Protection Implications:
	Freedom of Information Implications:
	IT Implications:
<p>Has the policy / procedure / regulation been equality screened?</p> <p>(Provide details of when, how & by whom.)</p>	
<p>Has the impact of the policy / procedure / regulation on staff been considered?</p>	
<p>Has the impact of the policy / procedure / regulation on students been considered?</p>	
<p>Has the policy / procedure / regulation been made available for consultation in draft to stakeholders?</p> <p>(Provide details of consultation events / activity.)</p>	Staff:
	Students:
<p>Is the policy / procedure / regulation feasible to implement?</p> <p>(Please delete and provide details if "No".)</p>	Yes / No
<p>Has the template (Appendix 1 of the Procedure for Developing and Reviewing UCO Policies / Procedures / Regulations) been used to produce the policy?</p>	
<p>Has a proposed review date for the policy / procedure / regulation been included as appropriate?</p>	
<p>Has a dissemination strategy been developed for this policy / procedure / regulation?</p> <p>(Please provide details of this.)</p>	Dissemination Strategy:
	Training:

Has appropriate training and / or awareness raising been developed for this policy / procedure / regulation?

(Please provide details of this.)

Awareness Raising: