Policy Procedure

Procedures provide practical step by step guidance to describe processes and actions required to enable the implementation of a policy or guideline. They can also be developed to ensure compliance with legislative or policy requirements by members, staff or delegates of the Council

Document type	TRIM reference	Number
Procedure	DD17/56196	PROQL001

Date of endorsement	Endorsed by	Publication date	Review date
3rd October 2017	Medical Council NSW	10th October 2017	3rd October 2022

Summary

To provide step by step guidance on the processes and actions required for the development and management of the organisation's policy documents.

Applies to (scope)

Medical Council Staff who are responsible for policy development and management, Council Committees in relation to policy consultation and procedure adoption, amendment and rescission and the Medical Council in relation to the adoption, amendment and rescission of policies.

Document owner	Functional group/subgroup
Principal Quality	Quality Management

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Policy Procedure

1. Purpose

This procedure outlines the steps required throughout the policy lifecycle including processes that need to be followed during policy development, adoption & publication, implementation, review & monitoring, amendment and rescission.

2. Compliance context

This procedure should be read in conjunction with the Corporate Policy. Policy Owners and others involved in policy development and management are expected to comply with the processes outlined in this procedure.

3. Responsibilities

Parties responsible (Positions/Groups/Bodies)	Key responsibilities
Assistant Director Medical/ Executive Officer	Responsible for approving policy document proposals and authorising minor amendments.
Council Committees	o Can recommend policy document proposals and provide feedback and advice relating to draft policy documents specific to their sphere of responsibility. o Can endorse and rescind Medical Council Procedures o Corporate Governance Committee can rescind Policies and Guidelines.
Medical Council	Responsible for: o Authorising the adoption of policies and guidelines o Authorising amendment of policies and guidelines o Authorising the rescission of policies and guidelines. o Can authorise procedures in this way when a Policy and Procedure are presented as a suite of documents. Can recommend policy document proposals and provide feedback and advice relating to draft policy documents.

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Parties responsible (Positions/Groups/Bodies)	Key responsibilities
Policy Owners	Responsible for policy document management and development for the key policies that they own. This includes but is not limited to: o The assessment of risks vs. benefits in the development phase o Development of policy proposals, o Policy writing, consultation, distribution and notification, reviewing and monitoring, amendment and rescission
Quality Team	Owners of the Medical Council Policy Framework: o Responsible for the provision of key policy and process advice relating to policy creation, consultation, approval, amendment, rescission and review processes. o Responsible for general policy administration including version control and ensuring that approvals are obtained and recorded.

4. Procedure for developing and managing policy

The Medical Council of NSW develops a range of policy documentation. Policies guide members, hearing members, staff and medical practitioners of NSW. It is therefore imperative that policies are relevant, up to date and accessible in order to maintain efficient and effective guidance.

4.1 What are policy documents?

Policy documents include policies, guidelines, procedures, and processes (see definitions). Policies, Guidelines and Procedures are published on Council's website. Processes are written for an internal audience and not relevant to the public, they are not subject to the same requirements as other policy documents and they do not have to be formally endorsed.

DEVELOPMENT

4.2 How are policies initiated?

Policy proposals evolve for a range of different reasons. They could be developed in response to legislative changes, directives, inquiry

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findings, to protect public health and safety, for operational purposes and other ad hoc reasons. In some circumstances the Medical Council or a Council Committee might propose that a policy be developed.

Policy proposals are to be approved by Director Medical/Executive Officer.

4.3 Who are Policy Owners?

Policy Owners are either the initiators of policy or will be allocated to a policy after a policy concept has been recommended. Policy Owners are responsible for the development and management of policies for their area of operation in the Medical Council. The following position titles/levels can be policy owners: Assistant Director Medical/ Executive Officer, Medical Director & Deputies, Principal Officers and Team Leaders.

Policy Owners are responsible for submitting policy proposals for Policies, Guidelines and Procedures, to Director Medical/ Executive Officer once key factors have been considered. See **Attachment A** - **Policy Proposal Template**, which may assist Policy Owners when devising a proposal.

Please note that this does not preclude staff who are not Policy Owners from initiating policy. Any staff member can raise an issue to propose a policy but the Policy Owner is the person who needs to officially submit the Policy Proposal for approval.

4.4 What needs to be considered before creating a policy document?

Policy Owners are required to take a number of considerations into account before proceeding to the drafting stage. Advice can be sought from the Quality Team, should Policy Owners require any assistance during their considerations.

4.4.1 Key considerations

Key considerations need to be measured for Policies, Guidelines and Procedures.

Attachment B - **Policy Issues Prompt** contains a list of prompts for considerations that need to be measured before developing a policy. The list isn't exhaustive and Policy Owners may also identify other considerations that are specific to the policy that they are developing.

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4.4.2 Stakeholders

Key stakeholders need to be identified. Consultation and communication requirements should be considered and addressed in policy proposals. Stakeholders, at a minimum, should be given the opportunity to provide comments/ edits on the draft policy document (see 4.4.2.1 below) however the Policy Owner has the discretion to seek additional feedback by other means such via workshops, discussion groups, questionnaires etc

4.4.2.1   Internal comments & edit process

The Policy Owner is to submit the draft policy to all staff members directly affected by the policy either individually or via email, or as a group at TMM, for feedback.

The Policy Owner may choose to allow staff reviewing the draft policy to make comments using Track Changes on a draft version of the document or they may decide that another approach is more appropriate depending on the volume of feedback anticipated.

Whichever approach is taken, the Policy Owner is responsible for recording any feedback received, incorporating any relevant changes to the draft policy and resubmitting the draft to stakeholders for further feedback as required.

4.4.3 Policy type

It is imperative that the correct policy type is selected in accordance with the definitions outlined in 4.1. Policy Owners are encouraged to contact the Quality Team should the policy type be unclear.

4.4.4 Timeline for adoption/implementation

It is important that Policy Owners plan a timeline for consultation, adoption and implementation of the policy.

4.5   Drafting documents

4.5.1 Templates

The Medical Council has an approved set of templates that must be used by Policy writers when drafting policies. The templates are located in **TRIM at P11/016.**

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4.5.2 Writing style

Policy writers have the important task of reaching the intended audience. It is imperative that policies are clear, easy to read, and provide the right level of information. Policy document templates provide further guidance on writing style and policy formatting requirements.

4.5.3 TRIM

All policy documents are contained in the **TRIM Superclip 17-72.** Under this clip policies are grouped into team areas. Under each team there is a container for each policy type containing the following subfolders:

- Team Name – ACTIVE Policies – Current
- Team Name – SUPERSEDED Policies – Past
- Team Name – OBSOLETE Policies – Discarded
- Team Name – PENDING Policies – Working Folder

Only the Quality Team has administrative rights to make changes in the Active, Superseded and Obsolete policy folders for Policies, Guidelines and Procedures. Policy Owners will be able to work on drafts and store historical or background materials in the Pending Policies folder.

4.5.3.1   Storage of drafts and working documents

During the development phase of policy documents, all working documents and drafts are to be stored in TRIM in subfolders titled Team Name – PENDING Policies – Working Folder.

This folder can include historical documentation such as directives, letters, emails etc as well as the draft document. When registering documents into this folder Policy Owners must ensure the draft title that the policy relates to is contained in the title of the document and that titling accords with record titling standards. Examples include:

- Email - to smith, John- re DRAFT POLICY - 15 March 2017
- Report - from HPCA - re Need for DRAFT POLICY - 12 April 2016

Draft policies are to be kept in this folder and labelled:

Draft - [POLICY TITLE] – date

 Or for amendments

Draft amendment- [POLICY TITLE] - date.

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4.5.3.2 Process

Council processes have the same set up in TRIM as the policy documents above. The main distinction is that Process Owners have access and control of all subfolders and are responsible for the maintenance of them.

ADOPTION & PUBLICATION REQUIREMENTS

4.6 What are the Policy approval requirements?

Before seeking the adoption of a policy document there are a number of consultative steps that must be undertaken, in addition to seeking feedback from key stakeholders (see 4.4.2 above). This process varies according to document type.

4.6.1 Policy and guideline approvals

Once the owner of a policy has consulted relevant stakeholders (at a minimum Assistant Director Medical/ Executive Officer, Medical Director and Deputies, Principals, Team Leaders and legal, as appropriate) and drafted a Council policy and guideline, the document must be submitted to the following bodies:

| **TMM** |
| For approval to proceed to the Executive Committee |

⬇

| **EXECUTIVE COMMITTEE ⇒ PROGRAM STREAM COMMITTEE** |
| For approval to proceed to Council |

⬇

| **COUNCIL** |
| For endorsement |

Diagram 1

The Council is the authorising body for policies and guidelines. Before endorsement the Policy Owner is required to present the draft policy to TMM and the Council's Executive Committee for approval, then to the full Council for endorsement. If the Executive Committee considers

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further input is required, it will refer the draft policy to the relevant Committee with specific instruction to resolve any issues or questions. Once approved the Committee should then refer the draft policy to the full Council for endorsement.

4.6.2 Procedure approvals

Once the owner of a procedure has consulted relevant stakeholders (at a minimum relevant Assistant Director Medical/ Executive Officer, Medical Director and Deputies, Principals, Team Leaders and legal, as appropriate) and drafted the procedure the document must be submitted to the following bodies:

| **TMM** |
| For approval to proceed to a Committee |

⬇

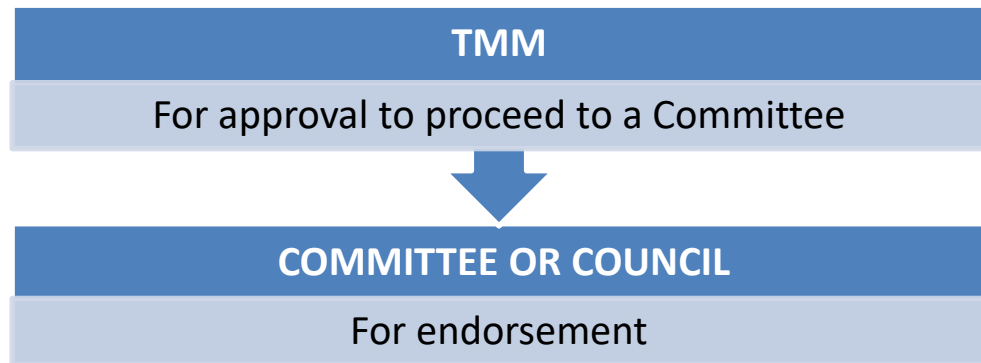| **COMMITTEE OR COUNCIL** |
| For endorsement |

Diagram 2

Most procedures will be endorsed by committees i.e. The Executive Committee, Conduct Committee, Performance Committee, Corporate Governance Committee or Research Committee, dependent on the content of the procedure. Some procedures will be endorsed by Council, if they are accompanying a policy document.

4.6.3 Process approvals

For significant processes i.e. processes that impact health and safety, impact business operations, have financial/resources implications, have legal implications or processes that impact more than one team across Council, the process owner must submit the process to TMM for approval. Process Owners can determine whether prior consultation with stakeholders is necessary.

Minor processes or those that are team specific can be approved in team meetings.

4.7   Agenda requirements for policy documents

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In order for a policy, guideline or procedure to be approved the draft policy and an accompanying report needs to be submitted to each consultative and approval body. The Policy Owner is required to prepare the item for the agenda of the relevant meeting. The Policy Owner is encouraged to attend the meeting if possible.

When submitting a draft policy to a meeting agenda, the policy is to be included at the beginning of the agenda to allow appropriate time for consideration.

4.8   Content of brief for approval body

For policies, guidelines and procedures, briefs seeking approval and/or endorsement should contain the following information:

- A summary of background/historical material.
- A brief outline of the contents of the document.
- A reference to why the Policy type was chosen.
- An outline of the consultative process undertaken – including a table responding to stakeholder feedback if a significant amount of feedback has been received or if feedback received has not been taken on board (reasons why it hasn't will need to be outlined in the table).
- Recommendations for approval (including a recommendation on whether the document is appropriate for the public domain and can be published on Council's website).
- Review date recommendation (if the review date is to fall prior to or after the 5 year default period)

Policy Owners can consult the Quality Team if they require assistance with the preparation of the Approval/Adoption brief.

4.9   Post meeting requirements

Following the meeting, the Policy Owner is to liaise with the secretary of that meeting to confirm the outcome of the meeting. This can include:

- Whether the draft policy requires any changes and if so, whether the draft policy needs to be re-submitted for approval
- Whether the authorising body approves the draft policy

If the outcome of the relevant meeting is to amend, resubmit to the same group or submit to another authorising body, it is Policy Owner's responsibility to incorporate any changes and report back to relevant bodies as required until the policy is approved.

4.10 Publication requirements

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Once a policy, guideline or procedure has been adopted, the Policy Owner must refer it to the Quality Team together with a copy of the minutes from the approval body on the day it was adopted. The Quality Team will allocate a policy number, register the policy into the appropriate container in TRIM and publish the document on the Council's website.

The Quality Team will also ensure the adoption and publication dates are inserted into the document. The adoption date denotes the day the document was endorsed by Council and the publication date denotes the date the document was published on Council's website.

IMPLEMENTATION

4.11 Notification & distribution

Once supplied with the relevant documentation as outlined in clause 4.8, the Quality Team will ensure that policies, guidelines, and procedures are published on Council's website and accessible in TRIM.

Policy Owners are responsible for the following:

- Stakeholder notification - Policy Owners are responsible for ensuring stakeholders and persons responsible for implementation of policies are notified and supplied with a copy of the policy, where possible.
- Staff training - Policy Owners are also responsible for training staff, where required, to ensure that the policy content is understood and implemented in accordance with its intent.
- Updating handbooks and manuals and other corporate documents - Policy Owners must ensure that relevant handbooks, manuals or other corporate documentation are updated to reflect new or updated policy content.
- Council newsletters - Policy Owners can, where appropriate, use Council newsletters to inform stakeholders of the existence of a new policy or amendment/rescission of an old policy document
- Council website – Policy Owners can, where appropriate, feature information about policies on the Councils website homepage.
- Email/mail distribution – Policies are to be distributed via email or mail to key stakeholders where possible.
- Updating Boardbooks – Appropriate policies should be uploaded to Boardbooks for access during meetings.

Where a new/amended policy is likely to have a high impact on the wider community or practitioners, Policy Owners should approach the Communications Team on implementation of communication strategy.

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REVIEW & MONITORING

4.12 Who is responsible for policy review?

Policy Owners are to review policies before the review date. Policy Owners are required to consider any policies due for review in the following financial year during annual planning processes for individual performance plans. Resources should be allocated so that reviews can be prioritised in work schedules and completed prior to their due date.

4.13 How often are policies reviewed?

Policies are to be reviewed within a default period of 5 years unless otherwise prescribed, recommended by the Council/approval body or there are changes in circumstances that impact the content or intent of the policy.

4.14 Questions to ask when reviewing Policy documents

Policy Owners should consider a range of factors when reviewing policy content. In addition to other considerations that Policy Owners deem relevant, a list of policy review prompts that can assist Policy Owners during the review process, are contained in **Attachment C – Review Considerations Prompt**.

4.14.1 Review Outcomes Brief

A review will not necessarily result in an amendment to the policy. If amendment is required then owners will need to follow amendment procedures outlined in 4.16 below.

If the document needs to be rescinded, then rescission procedures outlined in 4.17 below should be followed.

If the policy does not need to be amended then a brief should be submitted to the approval body and a copy of the minutes of the meeting it was submitted to must be forwarded to the Quality Team so that the review date can be amended.

4.15 Monitoring policies outside of the review period

Policy Owners must continuously monitor the policies that they own regardless of whether or not they are due to be reviewed.

Where a policy becomes inappropriate to the operations of Council or non compliant due legislative/regulatory changes, the policy must be amended as soon as practicable.

4.16 Amendment

All amendments to Policy documents follow the same processes as a new policy would, as outlined in the above clauses i.e. issues need to be

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considered, stakeholders consulted, relevant parties notified and publication processes followed.

It is imperative that the Quality Team are notified when amendments are initiated and again once they have been adopted so that version control can be maintained in TRIM and on Council's website. Previous versions of documents will be contained in TRIM folders labelled (Team Name) – Superseded Policies – Past.

Policy Owners are responsible for version control for policies appearing on the Boardbooks application.

4.16.1   Policy and Guideline amendment

All amendments to policies and guidelines, with the exception of minor amendments, outlined below, must be approved by formal resolution of Council.

4.16.2   Procedure amendment

All amendments to procedures, with the exception of minor amendments, outlined below, must be approved by formal resolution of the Committee or Council.

4.16.3   Process amendment

All amendments to minor processes are at the discretion of the process owner. At a minimum, all users of the process must be consulted and informed about amendments.

Significant process amendments must be approved by TMM.

4.16.4   Minor amendments

Minor amendments to policies and guidelines can be approved by the Assistant Director Medical /Executive Officer.

Minor amendments include the following:

- Format changes.
- Changes to the policy number or name.
- Changes to the policy logo or template
- Changes to the Policy Owner or those responsible for implementing the policy as a result of an organisational restructure.
- Correction of errors to punctuation and grammar.

Minor amendments to policies can be approved by Assistant Director Medical/Executive Officer in the following circumstances:

- If the amendment does not change the intent of the policy
- If there is no impact on the health and safety of the public

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- If it does not result in a conflict with any existing policy

- If it does not have any legal or financial implications

Council are to be informed as soon as practicable of any minor amendments to policies approved in this way.

Minor amendments to processes that are administrative in nature and do not impact the process steps can be made by the process owner for both minor and significant processes.

4.17 Rescission

4.17.1 Rescission of Policy documents

A Policy and Guideline can only be rescinded by formal resolution of Council or the Corporate Governance Committee. Procedures can only be rescinded by formal resolution of the Committee or Council.

Policy document owners are to submit a report to the appropriate approval body outlining the key justifications for rescission. Stakeholders should be consulted and notified of rescissions where possible. Policy Owners can seek guidance from the Medical Council's Quality Team to assist with preparation of rescission reports.

It is imperative that the Quality Team are notified of any rescission and provided with a copy of the document DD number and minutes of the meeting where the document was rescinded. The Quality Team will then remove the rescinded Policy document from the Current folders in TRIM and from the public domain on the Council's website. Policy Owners will be responsible for removing rescinded policies from the Boardbooks application.

All rescinded policies will remain in TRIM so that they can be accessed by staff when required. They will appear in folders labelled (Team Name) – Obsolete Policies – Discarded.

4.17.2 Rescission of processes

Minor process owners can rescind processes as required. The process owner must inform their colleagues in a team meeting that a process is now obsolete.

Significant process rescission requires TMM approval.

4.17.2.1 TRIM requirements for rescinded processes

Process owners are responsible for ensuring that rescinded processes are reflected as such in TRIM and are transferred to subfolders labelled (Team Name) – Obsolete Policies – Discarded.

4.18 Conflicting policy

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In circumstances where two Medical Council policies contain conflicting content, the later policy will in most circumstances prevail. When a conflict is identified, advice must be sought from the Legal Team.

In circumstances where a Medical Council policy conflicts with NSW Health or HPCA policy, these policies will prevail.

5. Legislation and references

List specific provisions within legislation/regulations where appropriate and reference other documents in accordance with standard referencing practice.

6. Related policies

➢ Medical Council Policy
➢ Enterprise Wide Risk Management Policy & Framework NSW Health 13 October 2015
➢ NSW Health Policy Directives and other Policy Documents
➢ HPCA Policy Management Framework

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7. Definitions & abbreviations

7.1   Definitions

Word	Meaning
Approval Body	The approval body is a body empowered to endorse categories of policies. This includes: • Council for Policies and Guidelines • Committees or Council for Procedures • TMM or Teams Meetings for Processes
Council members	Includes the office holders and members of the individual Health Professional Councils and their associated Committees.
Guidelines	A guideline establishes best practice in relation to implementing policy or legislation for members, staff or delegates of the Council and/or registered medical practitioners in NSW. Whilst mandatory compliance is not strictly required, the intended audience must have sound reasons for not following a guideline.
Boardbooks	Board Management Software which hosts agendas, documents, annotations and discussions of meetings in a secure portal.
Health Professional Councils Authority (HPCA)	Includes the individual health professional Councils and the support functions and business units. The HPCA is an administrative unit of the Health Administration Corporation.
Health Professional Councils/Councils	Councils established under section 41B of the Health Practitioner Regulation National Law (NSW) No 86a.
Health practitioners	Includes identified groups of health practitioners practising in New South Wales whose health, performance and conduct are regulated by a Health Professional Council.
Policy documents	Medical Council Policies, Guidelines and Procedures that are adopted by formal resolution of the Medical Council of NSW.

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Word	Meaning
Policy	A policy outlines legislative principles and can also reflect the values/philosophies of the Medical Council. It directs conduct and decision making and **must** be complied with and implemented by members and staff or delegates of the Council and/or Medical Practitioners practising in NSW. It is an overarching document supported by procedures and guidelines, as appropriate
Policy Owners	The individual responsible for policy development and management over policies that they own. The following position titles/levels can be Policy Owners: Assistant Director Medical/ Executive Officer, Medical Director & Deputies, Principal Officers and Team Leaders.
Procedure	Procedures provide practical step by step guidance to describe processes and actions required to enable the implementation of a policy or guideline. They can also be developed to ensure compliance with legislative or policy requirements by members, staff or delegates of the Council and/or Medical Practitioners practising in NSW. They can be appended to a policy or guideline to inform the targeted audience of the processes that support implementation of the higher level document.
Process	Processes and process maps are step by step instructions created by individual business units to assist staff in carrying out routine tasks. They may apply to the team that develops them, however in some circumstances they can relate to the whole organization. Significant processes include: processes that impact health and safety, impact business operations, have legal implications or processes that impact more than one team across Council. Minor processes – are team specific and can be approved in team meetings.
Staff	Includes permanent, temporary, casual, contractors or consultants, working in a full-time or part-time capacity, at all levels of the HPCA.
Tuesday Morning Meeting	The Tuesday Morning Meeting is a meeting of the Medical Council's senior staff to discuss business operations, current projects and to exchange information.

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Word	Meaning
TRIM	Council's electronic document management system.

7.2   Abbreviations

Abbreviation	Term
HPCA	Health Professional Councils Authority
TRIM	Total Records & Information Management
TMM	Tuesday Morning Meeting

8. Revision history

Version	Approved By	Amendment notes
[Insert – Endorsement date: Rescission date: TRIM Doc No:]	[Insert	[Provide a brief summary of amendments made].
Add to the table or delete rows as required.		

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Attachment A

Policy Proposal

To be completed by the Policy Owner (the Quality Team can assist).

Name of policy:	
Policy owner:	
Proposed policy type:	
Summary of proposed content:	
Key issues considered:	Yes/No (attach Policy Issues Prompt if significant issues have arisen)
Key stakeholders (list) :	
Proposed consultative method:	List: i.e. Internal Comment & Edit, workshops, questionnaire etc

Proposed timeline for adoption (High Level Phases):	
Phase	**Completion date (identify month/year)**
Research	
Drafting	
Stakeholder engagement	
Report preparation	
Adoption	
Notification/ distribution to stakeholders	

Approval by Assistant Director Medical/Executive Officer:	
Date:	

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Attachment B

Policy Issues Prompt

To be completed by the Policy Owner (The Quality Team can assist).

Considerations	Yes/ No	Notes/ Action Required in response (Expand if Necessary)
Are there any legal factors that need to be considered? Does the Legal Team need to be consulted?		
Is the policy concept within the Medical Council's sphere of influence/ jurisdiction?		
Is there likely to be a financial or resource impact? Have budget considerations been taken into account?		
What are the key risks associated with developing this policy? What are risks of not developing the policy? (see The *Enterprise Wide Risk Management Policy & Framework NSW Health* if a comprehensive risk assessment is required)		
Will this policy conflict with any other Council, HPCA or NSW Health Policy?		
Are there any industrial or workplace implications that need to be considered?		
Could the policy attract bad publicity for the Medical Council? Is it controversial? Does Principal Communications & Information Management need to be consulted?		
What is the potential impact on medical practitioners, complainants, those subject to a complaint or patients in general?		
Will this policy impact other Councils?		
Will this policy impact other teams within Council?		
What internal documents might be impacted by the policy? i.e. handbooks and manuals. Will they need to be amended as a result of this policy? Who owns this document?		

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Attachment C

Review Considerations Prompt

To be completed by the Policy Owner (the Quality Team can assist)

Considerations	Yes/ No	Notes/ action required in response (expand if necessary)
Is the policy still relevant? Should it be rescinded? Consider reasons why.		
Are my stakeholders still the same or are there any additional groups/ individuals who now need to be consulted?		
Have there been any legal/regulatory changes that might now impact the policy?		
Have there been any structural changes that have impacted the policy i.e. Am I still the most appropriate owner? Are there any other teams that might now be impacted that weren't previously?		
Is there any other policy document that has been created that could now be consolidated with this policy?		
Is the type of policy document chosen still suitable?		
Is there any need to create a supporting policy document to further clarify the content? i.e. Does this policy now need an accompanying procedure?		
Are there any ongoing resource implications that now need to be considered?		

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