

# GUIDELINES FOR POLICY DEVELOPMENT AND APPROVAL

### INTRODUCTION

The guidelines in this document have been developed to outline the policy development and approval process in the College of Pharmacy and Pharmaceutical Sciences, Institute of Public Health (CoPPS, IPH). All policies must be reviewed, and if warranted, approved through the policies described in these guidelines.

These guidelines establish the mechanisms and procedures for 1) developing and reviewing new policies, 2) updating and revising existing policies, 3) approving new and revised policies, and 4) disseminating all approved policies.

# RESPONSIBILITIES OF FACULTY, STAFF, AND ADMINISTRATION TO DEVELOP AND IMPLEMENT POLICIES

The CoPPS, IPH has a serious commitment to faculty engagement in policy governance of both academic and administrative matters and ensures that faculty exert a strong, consistent voice in all governance matters and take an active, meaningful role in policy administration and management.

Therefore, a collaboration between faculty, staff, and administration is required to achieve optimum impact and alignment of all proposed policies so that maximum institutional effectiveness is achieved.

## **DEFINITIONS**

- **Policy**. A policy is a predetermined course of action established as a guide toward the strategic objectives and priorities of an organization. They set the standards and expectations for the population. They are powerful tools because they identify roles and responsibilities and provide for accountability.
- **Procedure**. A procedure describes how to implement a policy and its directives.
- Rogue Policy. A rogue policy is any policy that is developed and/or disseminated without adhering to the governance parameters and process outlined in these guidelines. These policies cannot take effect due to

significant and unreasonable risks posed to the accuracy of content and reliability of due diligence measures undertaken prior to review and approval. Rogue policies shall be removed from any and all websites, handbooks, and other vessels of communication upon discovery.

- **Policy Sponsor.** A policy sponsor may be any member of the College of Pharmacy and Pharmaceutical Sciences, Institute of Public Health (CoPPS, IPH) which can include faculty, staff, administrators, or learners. In addition, it can consist of a standing committee of the College that is authorized to act by virtue of the bylaws.
- **Stakeholders.** Stakeholders are those individuals that are affected by a proposed policy and/or its related procedures. These include faculty, staff, administrators, and learners.
- Gatekeeper. A gatekeeper is a deliberative body composed of faculty and/or staff that is authorized to evaluate policy content and procedures, as well as the short and long-term effects of implementation. Gatekeepers are responsible for forwarding only those policies that meet well-defined policy standards through the various phases of the approval process. The Organizational Ethics and Policy Development Committee is the gatekeeper in the College.
- Institutional Risk Assessment. Policies must not have inherent content and/or design that would expose the College to undue burden, risk, or legal liability. For some policies, consultation with legal counsel is necessary to reduce litigation risk or regulatory compliance. Policies must not expose the College to legal or other appreciable risks.
- Policy Management. Policy management consists of communicating the policy to all stakeholders.

# POLICY DEVELOPMENT AND APPROVAL PROCESS

### 1. Development of a New Policy Proposal or Policy Revision

The policy sponsor identifies a need or issue that may require a new policy or policy revision. The policy sponsor must submit the new policy proposal or policy revision to the Chair of the Organizational Ethics and Policy Development Committee. The policy sponsor is responsible for ensuring all required content has been met and that the policy document is complete and accurate before submission. Policy revisions may be nonsubstantive or substantive.

Nonsubstantive changes are updates of telephone numbers, change of position title (if the position is the same position previously noted in the policy), and typographical/grammatical changes that do not affect meaning content or interpretation. The policy sponsor must provide the Chair of the Organizational Ethics and Policy Development committee with the "Policy and Procedure Development Form" indicating the recommended changes.

Substantive changes must go through the policy development process as if it were a new policy. Examples of substantive changes include deletion of parts of the policy, the addition of new sections, and changes to the objective or the scope of the policy.

### 2. Prescreening of the New Policy Proposal or Policy Revision by the Chair

Once the Chair of the Organizational Ethics and Policy Development committee receives the new policy proposal or revision from the policy sponsor, it is pre-screened to make sure that the form is complete. If complete, the form is indexed and assigned a pre-policy number, if applicable. It is then forwarded to the Organizational Ethics and Policy Development Committee for review and evaluation.

## 3. Policy Proposal Review by Organizational Ethics and Policy Development Committee

Once the Organizational Ethics and Policy Development committee receives the new policy proposal or policy revision, the committee will conduct research and do their due diligence on the draft. This step ensures that the policy is being evaluated in comparison to similar policies at peer institutions and satisfies appropriate accreditation standards and other regulatory impacts.

Appropriate subject-matter experts and/or legal counsel will be consulted as necessary to provide a thorough analysis of the proposal. This completes a formal policy review.

After reviewing a policy presented for approval, the Organizational Ethics and Policy Development committee may a) approve, b) approve with amendment), or c) reject with recommendations for sponsor refinement. A policy draft deemed inadequate may be revised, resubmitted, and reconsidered by the Organizational Ethics and Policy Development committee at a later date.

## 4. Presentation/Hearing by Faculty

The Executive Council will receive notification of the proposed policy and the Chair will request through the Dean's Assistant that the policy be placed on the next faculty meeting agenda for a vote. Once the proposal is placed on the faculty agenda, the Chair of Organizational Ethics and Policy Development committee will provide all completed proposal documentation to the Dean's Office to be distributed to all faculty before the faculty meeting.

During the meeting, the faculty will have a discussion on the merits of the new policy proposal or policy revision seeking faculty approval. If there are no changes to the policy as written, the faculty will proceed with the voting process. If there are changes, comments, and suggestions for the policy, this information will be recorded and returned to the Organizational Ethics and Policy Development Committee for review and revision. Once the revisions are made, the revised policy will be presented to the faculty for a vote.

### 5. Vote by Faculty

The proposed policy will be approved or rejected by a majority vote of the Voting Faculty. The Voting Faculty shall consist of those full-time members of the teaching, research, and/or public service faculty holding the rank of professor, associate professor, assistant professor, instructor librarian, assistant university librarian, associate university librarian, and university librarian, or instructor in one of the colleges, schools or other academic units of the University. Visiting faculty, or adjunct faculty, or those members of the Administrative or Professional (A&P) staff who are assigned to one of those ranks are not members of the Voting Faculty.

#### 6. Ratification by Faculty and Dean

When the faculty ratifies a policy, it becomes an authoritative version that is then finalized by the signature of the Dean and is now ready for management.

# 7. Emergency Policy Procedure

	ional Ethics and Policy Development committee has reviewed such policy. Voting faculty win vote either in person or electronically.
licy and Proce	dure Review and Revision History
4: D /	
eation Date: viewed Date:	
vised Date:	
proval Date:	
fective Date:	

If an emergency policy is needed, a faculty meeting will be called immediately for discussion, after the

**APPENDIX A: Policy and Procedure Development Form** 

New Policy/Procedure □



# POLICY AND PROCEDURE DEVELOPMENT FORM

Revised Policy/Procedure  $\Box$ 

Policy Title:				
Policy Sponsor:				
Policy Sponsor E-mail:				
Policy Sponsor Phone				
Number:				
Date:				
Summary of Due Diligence				
Purpose/Rationale of new/revised	(If a new policy, please provide a brief description of the policy and			
policy/procedure:	explain why it is necessary)			
	(If this is a revision to an existing policy, please describe the changes)			
What will be the major impact and				
the overall goal of the new/revised				
policy?				
Determine whether the new/revised				
policy will have a financial impact.				
Will new resources be required in				
order to implement the policy? Will				
there be any cost savings that result				
from the new/revised policy?				
Will the new/revised policy/procedure	☐ Legislation			
be impacted by or impact any of the	☐ Collective Agreements			
following?	☐ Existing Policy/Procedure			
	□ Not Applicable			
	Describe the impact:			
What are the risks of not				
establishing/revising the				
policy/procedure?				
Stakeholders impacted by this policy:	☐ Administration ☐ Faculty ☐ Staff ☐ Learners			

POLICY STATEMENT			
Please describe the new policy: (Present the applicability of the policy as well the mandated actions and			
steps to take for implementation. Attach supporting documents, as necessary.)			

FOR ORGANIZATIONAL ETHICS AND POLICY DEVELOPMENT CHAIR USE		
ONLY:		
Date Received:		
Date Reviewed:		
Date Approved:		
Policy Number:		
Summary of response to requesting sponsor:		