Policy Document Framework

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Definitions

There are many different definitions in use throughout MacEwan University (the “University”) both within and outside policy; however, the definitions provided below are for the sole purposes of this Framework.

Board of Governors (“Board”) – The governing body of MacEwan University responsible for overseeing and providing stewardship to the University in accordance with its mandate and responsible for the review and final approval of proposed Administrative and Governance Policies in accordance with this Framework;

Comprehensive Revision – Any change to a Policy Document that is not a Minor Revision;

Executive Officer – The President, Vice Presidents and equivalent positions;

Framework – This MacEwan University Policy Document Framework;

General Faculties Council (“GFC”) – The academic governing body of MacEwan University responsible for academic standards, integrity, policies, and programs, as well as scholarship, research, and creative activity at the University, and responsible for the review and final approval of proposed Academic Policies in accordance with this Framework;

General Faculties Council Executive Committee (“GFC Executive Committee”) – The standing committee that, among other things, considers and reports on policy matters relating to the GFC and reviews final drafts of proposed Academic Policy Documents and makes recommendations to the GFC;

Guideline – A statement which provides guidance for the implementation of Policy and/or Procedures and is aimed at fostering decisions or streamlining a particular process;

Minor Revision – An inconsequential change to a Policy Document which does not affect the Policy Document’s rules, principles or intent (e.g. position or department title changes, change to University name, typographical errors such as punctuation or spelling, adding references to new Procedures or supporting documents, etc.);

Policy – Statements of intent or principle which regulate, direct and control University programs and operations;

Policy Advisory Group (“PAG”) – The standing committee of University administrators, faculty, staff and student representative(s) who review and provide advice regarding Policy Documents and who review drafts of Policy Documents in order to confirm adherence of the documents to Framework guidelines, standards and templates, all in accordance with the roles and responsibilities as specified in this Framework;

Policy Area – Specific policy types within each Policy Category;

Policy Category – Groups of policies, which include Academic, Administrative and Governance;

Policy Document – Documents subject to the terms of the University’s Policy Document Framework and which may be any one of following: Policy, Procedure, Standard, Protocol, Guideline, code of conduct, bylaw or foundational statements;
Policy Repository – The centralized repository of all University Policy Documents found on the University’s website, and retained in electronic format, which serves as the authoritative source for the University’s Policies and is maintained by the Office of General Counsel;

Policy Sponsor – The Executive Officer who is responsible for the endorsement, and to ensure the creation, implementation, communication, review and maintenance, of a University Policy Document that falls under the Policy Sponsor’s jurisdiction;

Policy Stakeholder – Individual or group identified through the policy development process who may be impacted by a policy document, whose University role or professional expertise relates to the subject of a policy document, or whose legal or organizational mandate includes Policy Document review, and who, therefore, must be consulted prior to approval of the Policy Document;

President’s Policy Committee (“PPC”) – The standing committee comprised of the Executive Officers responsible for appointing administrative members of PAG and for reviewing final drafts of proposed Administrative and Governance Policy Documents and making recommendations to the Board;

Procedure – A series of consecutive action steps related to a Policy that specifies how a particular process should be completed. Procedures include information on who, what, when, and where of the Policy;

Protocol – Prescribes interventions for undertaking specific investigations and/or activities in an identified situation;

Responsible Office – The employee, unit, committee, or area designated by the Policy Sponsor to develop and administer a Policy Document through all stages of the document life cycle (from initiation through to review);

Standard – Sets out the desired and achievable level of performance that establishes best practice as may be established by applicable authorities, and against which actual performance can be compared;

Unit – The functional area or program within the University’s organizational structure which is under the leadership of an Executive Officer.
Appendices

A  Hierarchy of Documents – Overview of Accountabilities and Responsibilities
B  Policy Document Development Process Chart
1.0 Introduction

MacEwan University (the “University”) is committed to teaching excellence and student success which is complemented and supported by the engagement of staff (includes administrators), faculty and students in its planning and governance processes. An effective integrated Policy Document Framework is an essential component in support of the mission to improve:

- the delivery of programs and services to students;
- support for faculty and staff who deliver programs and services; and
- the way the institution operates.

Policy Documents reflect an institution's position, principles, standards, and processes on key issues. The purpose of this Framework is to establish appropriate Policy Documents that provide direction to faculty, staff, students, volunteers, and others who act on behalf of the University, and to standardize the processes for developing and implementing clear, concise, well-written Policy Documents within the University. The Framework will assist members of the University community to understand and comply with legislative, regulatory, professional, and institutional requirements, expectations, and standards, both internal and external.

The Framework describes the Policy Document development process and defines the roles and responsibilities of all persons involved at every stage of the process. Policy Document development, approval and implementation involves collaboration among academic areas, operational areas, the Board, GFC, PPC, GFC Executive Committee, Policy Sponsors, Responsible Offices, the PAG, stakeholders and the Office of General Counsel as owner of the Framework.

The Framework describes each element in the document cycle. These elements provide direction and guidance for complying with legislative and legal requirements, promoting best practices, mitigating risk, upholding academic values and integrity, and supporting industry and professional standards. More importantly, the elements ensure that engagement with all appropriate areas and stakeholders takes place in order to identify resources, infrastructure, communication, procedural change, and education necessary to support the development and implementation of Policy Documents and impact the direction of the University as a whole.

2.0 Policy Categories and Areas

The following three Policy Categories and more specific Policy Areas exist in the University:

A. Administrative Policy Documents

Policy Areas:

- Ancillary Services;
- Employment;
- External Relations, Marketing and Communications;
- Finance;
- Fund Development and Alumni;
• General Operations;
• Information and Technology Management;
• Infrastructure;
• Legal, Risk and Controls; and
• Student Non-Academic Conduct and Administration;

(collectively, “Administrative Policy Documents”).

B. Academic Policy Documents

Policy Areas:

• Academic Credentials, Schedule and Calendar;
• Admissions, Transfer and Registration;
• Curricular – Credit and Non-Credit;
• External Education Opportunities;
• Faculty and Scholars;
• Recognition;
• Research and Scholarly Activity; and
• Student Academic Conduct, Services and Resources;

(collectively, “Academic Policy Documents”).

C. Governance Policy Documents

• Bylaws; and
• University Governance and Organization;

(collectively, “Governance Policy Documents”).

Any historical policy categories and groupings have been reviewed, considered and incorporated as necessary into the policy categories and areas contained in this Framework.

3.0 Policy Document Hierarchy

The University adopts a Policy Document hierarchy that supports its governance and operational needs, and which provides adaptability and flexibility in the face of new and changing internal and external influences. Those influences include: (1) engagement with staff, faculty, students and others who are impacted by the requirements of a Policy Document; (2) audit reviews; (3) the University’s vision, mission, and values and core documents such as the strategic direction, strategic plan, including comprehensive institutional plans; (4) accrediting bodies; (5) academic program reviews; (6) research and other grant agreements and standards; (7) government direction; and (8) laws, acts and regulations.

While the term “policy” is often used generically to describe the type of document that provides direction and sets out the ground rules for operations, the complexity of the University dictates that a broad range of specific documents are necessary. The University’s Policy Document structure ensures:
• a hierarchy is established and allows a variety of document options that best support the needs of faculty, staff, senior leaders, students and the institution in general;
• document approvals that reflect the appropriate authority;
• the level and type of document which will result in the most successful outcome for identified issues;
• dependent on the specific need, documents within the hierarchy can be developed independently of one another, or as a suite of documents; and
• there is a consistent approach across all programs and units.

The following sections describe each Policy Document within the structure, the placement within the hierarchy, accountability, responsibility, approval authority, scope of application, and the review period. A complete description of the accountabilities and responsibilities is provided in Section 4.0 below.

Appendix “A” contextualizes components of the University’s Policy Framework within the hierarchy of Policy Documents, approval authorities and responsibilities.

1. Foundational Statements

Foundational Statements are high level statements on overarching governance, and operational issues that reflect the University’s mandate, mission, vision, values, pillars and strategic plan. They support the strategic direction and establish the subject matter groups for Policy Document suites (e.g., Policies, Procedures, Standards, and Guidelines). Each Policy Document adopted throughout the University must be consistent with the Foundational Statements.

2. Codes of Conduct

The Employees’ Code of Conduct, Student Code of Conduct (anticipated spring 2020), and Board of Governors Code of Conduct outline the values, principles, and standards of conduct that guide employees’, students’ and Board members’ actions and interactions. The codes are principles-based and anchor the rules by which we govern ourselves, which rules include Policies, Procedures and Guidelines.

3. Bylaws

The Board and GFC approved Bylaws which provide guidance and structure in fulfilling their respective obligations and duties in accordance with the Post-Secondary Learning Act.

4. Policy

Policies are statements of intent or principle which regulate, direct and control University programs and operations. Policies set out requirements that are fundamental or significant to the mandate and the overall institutional goals of the University. Each Policy sets out the institution's position on a specific subject. It provides a common frame of reference and direction by establishing minimum requirements and expectations. Requirements in a Policy may be further expanded upon through other Policy Documents such as Procedures, Standards, Protocols, or Guidelines.

Policies may apply to the institution as a whole or to a specific unit, program or department. As such, Policies may meet a University-wide requirement, an identified need for operational requirements on a
specific subject matter for two or more programs or units, or can be limited to addressing the day-to-day operations or issues specific to a single program or unit.

5. Procedure

Procedures are documents that provide detailed step-by-step information necessary to fulfill requirements set out in, or to implement, a Policy. Procedures are associated with, and support, a higher-level Policy.

A Procedure may be applicable across the University or specific to one or more programs, units or operational areas.

Procedures will proceed through the same development process as Policies, however rather than proceeding to the Board or GFC for approval, they will be approved by the PPC and the GFC Executive Committee (as appropriate).

6. Standard

Standards set out the desired and achievable level of performance that establishes best practice as may be established by applicable authorities, and against which actual performance can be compared.

Standards may be applicable across the University or specific to one or more programs, units or operational areas.

Standards will proceed through the same development process as Policies, however they will not be reviewed by the PAG and, rather than proceeding to the Board or GFC for approval, they will be approved by the PPC and the GFC Executive Committee (as appropriate).

7. Guideline and Protocol

A Guideline is a statement which provides guidance for the implementation of Policy, Procedures and/or Standards and is aimed at fostering decisions or streamlining a particular process. It allows the opportunity to expand on the requirements set out in a higher level of Policy Document, government direction, legislation, accreditation, recommendation, or other similar influence, to meet the operational needs and provide direction. Guidelines establish a recommended course of action that aligns with best practice, but individuals are afforded a reasonable amount of professional judgment in complying with the provisions.

A Protocol prescribes interventions for undertaking specific investigations and/or activities in an identified situation.

A Guideline or Protocol may be applicable across the University or specific to one or more programs, units or operational area.

Guidelines and Protocols will proceed through the same development process as Policies, however they will not be reviewed by the PAG and, rather than proceeding to the Board or GFC for approval, they will be approved by the PPC and the GFC Executive Committee (as appropriate).
4.0 ACCOUNTABILITIES AND RESPONSIBILITIES

The accountability for Policy Documents is shared among the Board, GFC, Executive Officers, senior leaders, management and the individual employee. Each individual is accountable to the people of Alberta and to one another to ensure we comply with the requirements of the Policy Documents and support the University’s mandate, mission, pillars, and values.

Responsibility for Policy Documents spans across the institution. The Board is responsible for ensuring that the appropriate governance, leadership, and administrative structures are in place. Executive Officers and management are responsible for ensuring the effective operation of those structures, and for informing individuals of the existence of these structures. The GFC is responsible for academic, standards, integrity, policies, and programs, as well as scholarship, research, and creative activity at the University. The University relies on individual accountability and the integrity of the individuals who provide services on its behalf to have an awareness of the structures, programs and Policy Documents, and to exercise sound judgment in the performance of their roles and responsibilities.

The Framework fully embraces the concept that Policy Document development and implementation are done in close alignment and collaboration with, and active participation of, faculty, staff, the PPC, the GFC Executive Committee, the PAG, Policy Sponsors, Responsible Offices, and stakeholders at each stage of the Policy Document’s life cycle as a cornerstone of engagement to fully embrace the University’s values.

The following section provides an overview of key participants and the role each plays in the Policy Document life cycle. Appendix “A” sets out an overview of accountabilities and responsibilities for the Policy Documents.

GFC

The GFC is the academic governing body of MacEwan University which is responsible for academic standards, integrity, Policies, and programs, as well as scholarship, research, and creative activity at the University. The GFC is responsible for the review and final approval of proposed Academic Policies in accordance with this Framework.

Board of Governors

The Board of Governors is the governing body of MacEwan University which is responsible for overseeing and providing stewardship to the University in accordance with its mandate. The Board of Governors is responsible for the review and final approval of proposed Administrative and Governance Policies in accordance with this Framework.

Office of General Counsel

The Office of General Counsel is the University office charged with stewardship of the Policy Document development process and of this Framework and maintaining an up to date and accurate central repository of University Policy Documents, both current and archived. This responsibility includes the management of standardized methods and processes as described in this Framework and tracking periodic reviews of Policy Documents.
President’s Policy Committee (“PPC”)

The PPC is a standing committee comprised of Executive Officers which is responsible for review of Administrative and Governance Policies in accordance with this Framework and making recommendations to the Board in relation to same.

GFC Executive Committee

The GFC Executive Committee is the standing committee which, among other things, considers and reports on Policy matters relating to the GFC, reviews final drafts of proposed Academic Policies and makes recommendations to the GFC in relation to same, and is responsible for the review and final approval of proposed Academic Procedures in accordance with this Framework.

Policy Advisory Group (“PAG”)

The PAG is a standing committee of University administrators, faculty, student(s) and staff appointed by the PPC with respect to administrative and staff members and Deans’ Council with respect to academic members and the Dean member, which is authorized to work in partnership with University-wide Responsible Offices to review Policy Document proposals, drafts and changes, and to make recommendations for action to the PPC and the GFC Executive Committee. The PAG is comprised of the Chair (the Vice-President and General Counsel or designate), one (1) Dean, four (4) faculty members, four (4) administrative members, one (1) staff member, and one (1) student member identified through the Students’ Association of MacEwan University, and is neither a committee of the Board nor of the GFC. The PAG manages processes for the development of Policy Documents. The PAG is responsible for determining the overall organizational Policy Document strategies and processes to undertake to address issues for each Policy Area. This responsibility includes the recommendation of Policy Stakeholders to be consulted for each Policy Document. Policy Documents receive rigorous review by the PAG to ensure adherence to Framework guidelines and standards, however the PAG does not approve Policy Document content.

The PAG is responsible for:

- overseeing and guiding the Policy Document cycle processes, including determining the most appropriate Policy Document to address an issue;
- establishing Policy Document criteria for prioritization;
- contributing to the development of specific Policy Documents;
- assisting the Responsible Office in determining the appropriate Policy Stakeholders for a particular Policy Document;
- reviewing the consultation process undertaken by the Responsible Office for a particular Policy Document;
- maintaining the policies website, including posting draft Policies, Procedures and proposed rescissions for general consultation with the University community and providing feedback received to Responsible Offices for their consideration;
- ensuring appropriate endorsement and approvals are in place;
- working with the Responsible Office to finalize a communication plan; and
- assisting the Responsible Office in undertaking general publication and internal communication of new Policies and Procedures and Policy and Procedure changes.
In keeping with its oversight role, the PAG will maintain accurate listings of Policies and Procedures: 1) under development; 2) approved (current); and 3) rescinded.

**Policy Sponsor**

The Policy Sponsor is the Executive Officer who has accountability for the subject matter addressed in a Policy Document. In certain circumstances where Executive Officers share accountability for the subject matter, there may be more than one Policy Sponsor for a particular Policy Document. The Policy Sponsor designates the Responsible Office for each Policy Document being brought forward in their area of responsibility and commits to ensuring that the infrastructure and resources necessary to support the requirements of a Policy Document, including resources related to education and changes in practice, and a communication plan with respect to promulgation, will be in place as necessary. In the case where the Responsible Office is a committee, the Policy Sponsor may designate certain committee members to carry out the duties of the Responsible Office.

It is of critical importance to address issues at the outset of developing a Policy Document to ensure the requirements do not impose an administrative or financial burden on any one unit, program, or operational area without allowing for an opportunity to influence the outcome and seek equitable resolution. The Policy Sponsor is responsible for the proper handling of these issues in the event of an impasse or dispute during the Policy Document process. The Policy Sponsor must approve a Policy Document before it is submitted to the PAG for initial discussion.

**Responsible Office**

The Responsible Office is accountable to the relevant Policy Sponsor. Responsibility for development of Policy Documents is shared with the PAG and the Responsible Office (as described further within this Framework) who are the primary content experts during a Policy Document’s development. The Responsible Office may be an individual, unit, area, program or committee, including an GFC standing committee. Dependent upon the type of Policy Document, it may be necessary for more than one program, unit, committee or area to act as the Responsible Office.

The Responsible Office may delegate to a lead or may work directly with the PAG in preparing drafts for review and consultation, coordinating consultative feedback, in communicating and educating, and in planning the implementation and evaluation strategies. A Responsible Office does not "own" the Policy Document as these are the records of the University. However, the Responsible Office is responsible for the development, content, and management of the Policy Document. With support from the PAG, the Responsible Office will identify related legislation and University policy, evaluate potential risks and costs and any identify any implications for Policies already in existence or under development.

The Responsible Office is responsible for managing the processes for evaluation and makes arrangements for the operational activities associated with the evaluation of the Policy Document as identified during the development and consultation stages. If a significant issue related to the content is identified, the Responsible Office, under the direction of the Policy Sponsor, is responsible for taking remedial steps, including revision.
Stakeholders play a crucial role in the development and review of Policy Documents. As a normal practice, Policy Stakeholders are requested to act as the spokespersons for those programs, units and/or areas which are most significantly affected by the content of a Policy Document in terms of resources and/or compliance with various requirements. It is critical that the stakeholders engage with the constituencies that they are representing to obtain as broad a range of viewpoints as possible. Prior to approval of a document, Policy Stakeholders are asked to provide feedback on the contents on a targeted basis as a measure of good governance to ensure the document adequately addresses the issue and establishes sound, practical, and achievable requirements. Moreover, the feedback identifies:

- any potential gaps or issues that must be addressed before implementation; and
- areas of concentration for communication, education, and practice change strategies.

The PAG will assist the Responsible Office in identifying all Policy Stakeholders.

5.0 POLICY DOCUMENT CYCLE ELEMENTS

The distinction among the various types of Policy Documents is an important consideration, not only when deciding how best to address an issue, but also in determining accountability, assigning responsibility, and allocating resources. Regardless of the type of Policy Document selected, there are several essential elements in the cycle, the key component of which is the engagement and participation of faculty, staff and other stakeholders.

The Policy Document cycle elements ensure all types and levels of Policy Documents provide direction and guidance to staff, faculty and students in order to uphold legislative and legal requirements, promote best practices, manage risk, and support industry and professional standards. As well, the cycle elements result in Policy Documents which are clear, unambiguous, relevant, practical, and achievable. Generally, the elements apply to each type of Policy Document, but the level of involvement of sponsors and stakeholders varies depending on the specific type of Policy Document and the matter being addressed. Appendix "A" sets out the roles and responsibilities for the individuals involved in the process for each specific type of Policy Document for every element of the cycle.

The following is a brief description of the elements. It is important to note that although presented in a staged format, or "steps", the cycle elements require continuous consultation and collaboration that may require repeating one or more steps in the process.

1. Initiation (Identification of Policy Requirements)

An issue or idea can arise at any level or from any area or individual within or external to the institution. Once identified, issues/ideas are typically presented to the Policy Sponsor to determine appropriate resolution. If, after consideration of the issue, the Policy Sponsor is of the opinion that a Policy Document may be required, they appoint the Responsible Office, who contacts the PAG to clearly identify the issue and need for a Policy Document.

This element requires the identification of: 1) Current Policy which needs to be reviewed, updated or rescinded; 2) Policy under development which requires review or feedback from Policy Stakeholders; 3)
Policy gaps where no current or approved Policy Document exists and where a Policy Document is required; 4) Any related Procedures to be revised or developed.

It is highly recommended that Procedures be developed and revised at the same time as the applicable Policy(ies). The PAG will take into consideration whether a related Procedure should be developed or revised, as the case may be, when making recommendations.

2. Development

The development process is a collaborative and iterative activity among faculty, staff, students, and Policy Stakeholders (if appropriate) who have the content knowledge and expertise, the Responsible Office, the PPC, the GFC Executive Committee, and the PAG. The Responsible Office provides content subject expertise to inform the subject content of the Policy Document; and the PAG provides policy expertise to maintain the integrity of the Policy Document, ensuring consistent language, standardized format, and maintaining the processes in accordance with the provisions of the Framework; Policy Stakeholders provide feedback into the content of the Policy Document, ensuring alignment with applicable legislation, bylaws, professional standards, industry standards, and other requirements.

This stage may include developing new Policies, reviewing existing Policies scheduled for review, or revising Policies to address identified “gaps”.

The development process involves several elements and tasks. Under the lead of the Responsible Office with support and direction from the PAG, development includes an assessment of the issue to establish the overall plan for Policy Document preparation, benchmarking, consultation, the identification of resources, infrastructure, Policy Stakeholders, and drafting of the Policy Document. Key elements of the development process are described below:

(a) Identification of Responsible Office(s)

The Responsible Office acts as the primary content expert for the life of the Policy Document in recognition of their expertise and responsibility for the subject matter addressed in the Policy Document. The Policy Sponsor will identify the Responsible Office for every Policy Document to be developed. The PAG can provide advice and direction where clarification regarding the identification of the appropriate Responsible Office is required.

Once identified, the Responsible Office works in collaboration with the PAG to establish a preliminary plan for development, including identification of potential Policy Stakeholders to develop the document, expected consultation process, timelines, and possible resource implications. The Responsible Office must have sufficient resources (i.e. experience and time) to conduct or coordinate the policy development process.

(b) Benchmarking

Benchmarking provides an opportunity to examine a range of policy alternatives and best practices and apply lessons learned by other institutions. The Responsible Office and the PAG undertake benchmarking and environmental scans to ensure compliance, consistency, and alignment with relevant internal and external influences.
Identification of Policy Stakeholders

With the assistance of the PAG, the Responsible Office will identify Policy Stakeholders to engage as a part of the consultation process.

Consultation

Genuine and comprehensive consultation is fundamental to the University Policy Document development cycle and underpins successful policy implementation. This is accomplished by bringing together Policy Stakeholders from an array of units, programs, and disciplines who have the subject matter expertise and knowledge to guide and inform a particular Policy Document and to have in place an approval structure that ensures resources fully support the successful implementation of a Policy Document.

Targeted consultation with Policy Stakeholders and, if required, external stakeholders ensures that broad organizational issues related to the Policy Document are identified early to minimize anticipated operational risks or problems associated with implementation. Policy Stakeholder consultation also assists in achieving acceptance and compliance with the Policy Document once implemented. Engagement and consultation is an iterative process. The level of engagement is guided by several factors, including subject, impact on employees, resources, and infrastructure.

With the assistance of PAG, draft Policies, Procedures, and proposed rescissions are posted for twenty (20) business days to the University policy website for general consultation with the University community. During this period, individuals with a MacEwan network credential will be permitted to submit feedback on draft Policies, Procedures, and proposed rescissions, which will be provided to the Responsible Office for consideration prior to proceeding for endorsement and approval.

External consultation may be required on the proposed contents of a draft Policy Document. Comments may be sought from students, external institutions, and/or members of the public depending on the topic and relevance to the nature of the Policy Document.

Drafting and Revising

The Official Policy and Procedure Templates, found on the University Policy Website, provide the basis for drafting Policy Documents.

Draft Policy Documents may be revised, as appropriate, to reflect outcomes from the consultation processes prior to proceeding for endorsement and approval.

3. Endorsement and Approval

A Policy Document may be “endorsed” prior to submission for formal “approval”. Endorsement is the agreement of the relevant leadership teams or committees, and senior leaders identified during development, consultation, and engagement to secure support for the requirements set out in a Policy Document, and is guided by the subject matter and type of Policy Document.

Approval demonstrates the institution's commitment to uphold the requirements set out in a Policy Document. The authority for approval varies based on the type of Policy Document. The approval
process will include revoking outdated or superseded policy versions (if any) and concurrent approval of new or updated policy in accordance with approval authorities outlined in this Framework.

The endorsement and approval levels for Policy Documents are defined in Appendix “A”. Comprehensive Revisions to an approved Policy Document require the same level of approval as the previously approved Policy Document.

Where a Procedure is approved in advance of its associated Policy, the approval of the Procedure will be contingent upon approval of the associated Policy and will take effect no earlier than the effective date of the associated Policy.

In some circumstances, policies may require approval from both governing bodies. This dual approval requirement will be identified by the PAG through the Policy Document review and consultation process.

4. Effective Date

A Policy comes into full force and effect immediately upon approval by the Board or the GFC, as appropriate, unless the approving body approves an alternate effective date.

A Procedure comes into full force and effect upon approval by the PPC or GFC Executive, as appropriate, where the associated Policy has been approved and is in force. However, where a Procedure is approved in advance of the effective date of the associated Policy, the Procedure will take effect no earlier than the effective date of the associated Policy.

5. Implementation

Implementation of Policy Documents includes circulation to relevant organizational units/areas, University-wide communication (including inclusion in the Policy Repository), education, training, and practice change support. It is a complex undertaking that requires commitment, work, and resources. The Responsible Office is responsible for managing the implementation process, including resource management, communication and educational and practice change activities identified during the development and consultation stages.

(a) Communication

The Responsible Office works with the Office of Marketing and Communications to undertake any extended communication (for example, inclusion in student, staff and faculty news bulletins and briefings) and oversee educational and practice change activities identified during the development and consultation stages. Management and Unit leaders who receive the information regarding new or revised Policy Documents are responsible to ensure that others in the Unit also receive the information. The Responsible Office disseminates the information using a variety of available resources. The Office of General Counsel will upload approved Policy Documents on the official Policy Repository. Responsible Offices will upload links to approved Policy Documents to their respective websites (if any). Policy Documents are communicated and published through approved avenues within the University.
(b) **Education and Training**

Education and training on new or revised Policy Documents may involve: (1) presentations to committees, staff meetings or student groups, (2) conduct of information sessions, training programs and/or discussion groups; (3) presentations at the annual Policies Forum hosted by the PAG; and/or (4) conduct of professional development initiatives focused on implementation of relevant requirements.

(c) **Practice Change**

The Responsible Office and all other applicable areas or units are responsible for initiating and overseeing any required practice or procedural change resulting from a new or revised Policy Document.

6. **Evaluation**

Evaluation is an important component to assess:

- success in achieving the desired outcomes identified during initiation and development; and
- compliance with the requirements.

It is a quality improvement step. At predetermined periods of time following implementation (generally a minimum 3 - 6 months), and immediately prior to the periodic review period, the Responsible Office and relevant stakeholders evaluate compliance with the requirements, the appropriateness, efficiency and effectiveness of the Policy Document to determine if the issue has been adequately addressed, whether the processes undertaken during the Policy Document’s development were effective, and whether the desired outcomes have been achieved.

Policy implementation and compliance will be monitored by the Responsible Office to guide continuous improvement. Evaluation outcomes should be used to inform the formal review process.

7. **Review (periodic and ad hoc) and Revision**

The purpose of a review is to take an in depth look at existing Policy Documents to: 1) determine if a Policy Document is still needed or if it should be combined with another Policy Document or rescinded; 2) determine whether the purpose and goal of the Policy Document is still being met; 3) determine if changes are required to improve the effectiveness or clarity of the Policy Document; and 4) to ensure that appropriate education, monitoring and ongoing review of the Policy Document is occurring.

Periodic reviews provide a regular opportunity for careful consideration of existing Policy Documents. An ad hoc review may occur when changes are made to procedures, legislation, law, industry, standards, guidelines, or other areas.

The periodic review period is defined for each Policy Document in Appendix “A”, or otherwise as directed by the Policy Sponsor. When a Policy is undergoing a periodic review, all associated Procedures must be also reviewed. Upcoming periodic reviews will be monitored by the Office of General Counsel and Policy Sponsors will be notified of those reviews one year in advance.

In addition to the scheduled periodic review, any Policy Document may be reviewed at any time, as necessary. If an ad hoc review results in Comprehensive Revisions to a Policy Document, that Policy
Document’s next periodic review date will be amended to take into account the date those Comprehensive Revisions were made.

The Office of General Counsel maintains a tracking system for periodic reviews and sends notification to the Policy Sponsor regarding the need for review for continued applicability or to address change. The Responsible Office and relevant Policy Stakeholders participate in the review to ensure the Policy Document remains relevant, current, and supports compliance.

The reviews will be undertaken through collaboration with the Responsible Office, Policy Sponsor, and the PAG. Recommendations will be shared with the PPC and the GFC Executive Committee.

Where significant gaps or deficiencies are identified during the periodic or ad hoc review process either by the Responsible Office, the Policy Document is initially revised by the Responsible Office and sent to the PAG for initial review with the appropriate PAG form. Once a recommendation has been provided by PAG, the Responsible Office consults with Policy Stakeholders on the changes, as appropriate, and updates the Policy Document draft if required. The Responsible Office then completes the appropriate PAG form, and submits the form and revised Policy Document to the PAG by email at policyadvisorygroup@macewan.ca.

The PAG reviews the submission and makes a recommendation to the PPC or the GFC Executive Committee, as the case may be. Board or GFC approval is required for all Comprehensive Revisions to policy. For minor revisions the Responsible Office will complete the appropriate PAG form, and the PAG is responsible to recommend approval by the appropriate Policy Sponsor.

6.0 POLICY DEVELOPMENT PROCESS SUMMARY

The requirement for a Policy Document may be initiated either internally or externally. The Policy Sponsor and the Responsible Office determine whether a new Policy Document is required.

The PAG reviews proposals for, and recommends the advancement of, new Policy Documents and revisions to and rescissions of existing Policy Documents. Once the proposed new or revised Policy Document moves forward, the Responsible Office will draft the full Policy Document, consulting with identified Policy Stakeholders.

All draft Policies, Procedures, and proposed rescissions must be posted on the policies webpage for 20 business days for general feedback. The Responsible Office will provide the PAG, through the PAG email, with a final draft of the Policy or Procedure for posting on the University’s policies webpage for general feedback with the University community.

Fully drafted Policies and Procedures are reviewed by the PAG for adherence to Framework guidelines and standards. Once the review is complete and any necessary revisions are made, Policies and Procedures are sent to the PPC or the GFC Executive Committee, as appropriate, for consideration. The PPC and/or the GFC Executive Committee reviews Policies and Procedures and makes recommendations to the Board and/or the GFC (as appropriate) that the Policy be approved or that it not proceed, and provides final approval of Procedures. The Board and/or the GFC may also approve an alternate effective date for a particular Policy. The PPC or GFC Executive Committee may send a Policy or
Procedure back for further revision and/or consultation. Following final approval by the appropriate person or body, Policy Documents proceed to promulgation to the University community.

Guides for each specific process relating to Policy and Procedure development, review, revision and rescission have been developed and are posted on the University’s policies webpage for reference by Responsible Offices. For a visual representation of the policy development process, refer to the Policy Document Development Process Chart attached as Appendix “B”.

7.0 RESOURCES

The University’s Policies webpage has been developed to assist and support the Responsible Office in the Policy Document development process. The policies webpage includes documents, guides, and other information to be used in developing, reviewing, revising, or rescinding Policy Documents. The policies webpage also houses the official Policy and Procedure templates and all current PAG forms. All Responsible Offices are expected to consult the University’s Policies webpage in advance, and during, the Policy Document development process for guidance as necessary, and to ensure the most current forms and templates are being used.

8.0 CONTACTS

For further information regarding this Framework, please contact:

- Policy Advisory Group: policyadvisorygroup@macewan.ca; or
- Vice-President and General Counsel
### APPENDIX A

**MACEWAN UNIVERSITY HIERARCHY OF DOCUMENTS - Overview of Accountabilities and Responsibilities**

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<td>President’s Office with Stakeholder Feedback</td>
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<td>Provost &amp; Vice President Academic</td>
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<td>EC, Board and GFC</td>
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