



## Policy Development Procedures

### 1. COMPLIANCE OBLIGATION SUPPORTED

[Curtin University Act 1966 \(WA\)](#)

[Higher Education Standards Framework \(Threshold Standards\) 2021 \(Cth\)](#)

[Compliance Policy](#)

[Curtin Corporate Governance Framework](#)

### 2. PROCEDURAL DETAILS

*Policy Development Procedures* include those for the design (section 2.1) and approval of creation and change (2.2) of policies and procedures.

#### 2.1. Design of policies and procedures

2.1.1. Policies and procedures will be concise, clear, consistent and compliant.

- (a) **Concise:** policies will state no more than is necessary to direct decision-making and clarify expected conduct.
- (b) **Clear:** policies and procedures will be written to avoid ambiguity and to be easily understood by the people affected.
- (c) **Consistent:** policies and procedures will encompass and be consistent with the University's strategic goals, values, risk appetite and template documents.
- (d) **Compliant:** policies and procedures will comply with all relevant compliance obligations and commitments and the University governance framework (see [Curtin Corporate Governance Statement](#)). Policies and procedures may refer to the Legislation, Statutes, Rules and By-laws but will not repeat them.

2.1.2. Unless specified otherwise, policies and procedures will apply across the University and apply to its operations globally.

#### 2.2. Approval of the creation, amendment or rescission of policies and procedures

##### 2.2.1. Development of new policies or procedures

The relevant Policy Manager must approve the development of a new policy or procedure covering new matters on the recommendation of the Director Risk, Compliance & Audit in consultation with the developing area. The recommendation will reference the need for a new policy or procedure in line with the [Compliance Policy](#) and [Compliance Procedures](#) and seek confirmation that a policy or procedure is the appropriate instrument.

##### 2.2.2. Approval of policies

- (a) New and amended policies or the rescission of existing policies will be approved by the relevant committee according to the committee constitutions, delegations, and matters reserved for the Council.
- (b) Prior to extensive stakeholder engagement and seeking approval of the relevant committee, new and changed policies will be reviewed by Risk, Compliance and Audit. Policies will be made available for comment by the University community on the [Draft Policy website](#) for a minimum consultation period of two weeks.
- (c) Policies will be rescinded by the same authority as the relevant approving body as at the time of rescission.
- (d) The committee paper seeking approval of the new or changed policy will contain a recommendation by the Director Risk, Compliance & Audit as to whether the new or changed policy fits within the existing compliance framework.

##### 2.2.3. Approval of procedures

- (a) New and amended:
  - a. procedures that support policies approved by the Senior Executive Team will be approved by the relevant Policy Manager;
  - b. procedures that support matters within the power of the Academic Board will be approved by the relevant Policy Manager;
  - c. procedures that support policies approved by Council will be approved by the Council, except those delegated to:
    - i. the Vice-Chancellor;
    - ii. the Finance Committee;
    - iii. the Honorary Awards and Appointments Committee; and
    - iv. the Chief Financial Officer.
- (b) Except for administrative changes (see section 2.2.4), the creation and change of all other procedures will be approved as per 2.2.3 (a).
- (c) Procedures will be rescinded by the same authority as the relevant approving body as at the time of rescission.
- (d) Prior to seeking or receiving approval, new and changed procedures will be reviewed by Risk, Compliance and Audit.
- (e) Prior to seeking or receiving approval, new and changed procedures may be made available for comment by the University community on the [Draft Policy website](#).
- (f) Director Risk, Compliance & Audit may refer to the Senior Executive Team or the Academic Board, as relevant, for approval of any procedures that support policies approved by that committee.

#### **2.2.4. Administrative changes to policies and procedures**

Administrative changes to policies and procedures, made without consultation or committee approval, may be approved by Director Risk, Compliance & Audit. Administrative changes are:

- (a) changes in references to the (i) Supporting Procedures, (ii) Compliance Obligation Supported, and (iii) Related Documents/links sections;
- (b) changes in the details of the Policy Compliance Officer or Policy Manager;
- (c) changes required by new or changed legislation or approved policy;
- (d) changes to give effect to resolutions of Council and its committees, the Senior Executive Team and Vice-Chancellor to address any inconsistencies and conflicts within the relevant policy or procedure.
- (e) Typographic errors or where the wording is ambiguous and requires clarification and does not change the intent of the document.

#### **2.3. Policies and procedures development review cycle**

- 2.3.1. Each policy will have a default review period of five years from its creation or last approval.
- 2.3.2. Each procedure will have a default review date within three years from its creation or last approval.
- 2.3.3. A partial review of a policy or procedure which focusses on only specific sections of the document will not result in a new review date.

### **3. RESPONSIBILITIES**

#### **3.1. Policy Manager**

The Policy Manager for a policy or procedure is an Executive Manager who is largely responsible for the area of work covered by the policy or procedure.

The Policy Manager is responsible for:

- (a) ensuring the review, maintenance and seeking approval for new and changed policies and procedures;
- (b) ensuring the monitoring and reporting breaches of compliance with policies and procedures. (see [Compliance Procedures](#))

### 3.2. Policy Compliance Officer

The Policy Compliance Officer is the staff member who is responsible for:

- (a) clarifying compliance with the policy or procedure, including the relevant decision-making principles and expected conduct; and
- (b) working with Risk, Compliance and Audit to ensure the draft policy or procedure and accompanying document that outlines the drivers for change, proposed changes and implementation issues are reviewed by Risk, Compliance and Audit before significant stakeholder engagement and submission to committees.

### 3.3 Policy/Procedure Developer

The policy/procedure developer is the staff member who is responsible for the development of the policy/procedure document and may or may not be the Policy Compliance Officer.

They are responsible for:

- (a) the development and drafting of the policy/procedure document in accordance with the [Curtin Governance Framework](#) and the [Compliance Policy](#); and
- (b) liaising with the Policy Compliance Officer to ensure the policy/procedure can be appropriately implemented, monitored and improved in accordance with the approved policy and procedures.

### 3.4 Director Risk, Compliance & Audit

Director Risk, Compliance & Audit is responsible for:

- (a) maintenance of the [Policy webpage](#), which is the sole repository for all University policies and procedures;
- (b) recommending to committees that a new or changed policy fits within the compliance framework;
- (c) referring matters to the Academic Board, Senior Executive Team or Council as required;
- (d) authorising administrative changes to policies and procedures;
- (e) approving standard definitions which will apply to policies and procedures; and
- (f) making amendments to the policy and procedure templates.

## 4. SCOPE OF PROCEDURES

These procedures apply to all employees employed by the University.

## 5. DEFINITIONS

*(Note: Commonly defined terms are located in the [Curtin Common Definitions](#). Any defined terms below are specific to this document)*

### Guidelines

Guidelines set out advice based on good practice. Guidelines should be followed unless there are justifiable alternative methods.

### Local Area Instruction

A Local Area instruction is a lawful and reasonable line management direction to support the implementation of applicable legislation, Statutes, Rules, Policies and Procedures (the Curtin Compliance Obligations). Where a partner entity is required to comply with the Curtin Compliance Obligation it may develop its own Local Area instructions to implement the obligation and Curtin may monitor the effectiveness of those Local Area instructions pursuant to the terms and conditions of any agreement with the partner entity. Any Local Area instruction will be consistent with the Curtin Compliance Obligations.

### Policy

A policy establishes the key principles that direct conduct and decision making.

### Procedures

Procedures are approved methods to be employed in implementing legislation, Statutes, Rules or policy.

## 6. SCHEDULES

[Schedule A](#): Policies and procedures approved by the Vice-Chancellor and Council Committees

## 7. RELATED DOCUMENTS/LINKS

[Curtin Corporate Governance Framework](#)

[Guidance Notes on Academic Policy Development](#)

[ISO37301:2021 Compliance Management Systems](#)

[University Policy webpage](#)

[Draft Policy website](#)

<b>Policy Compliance Officer</b>	<a href="#">Andrew Wait</a> , Director Risk, Compliance & Audit
<b>Policy Manager</b>	Chief Operating Officer
<b>Approval Authority</b>	Council
<b>Review Date</b>	1 <sup>st</sup> April 2024

## REVISION HISTORY

Version	Approved/ Amended/ Rescinded	Date	Committee / Board / Executive Manager	Approval / Resolution Number	Key Changes and Notes
New	Approved	14/03/2012	Council	C 30/12	Attachment 2 to Confidential Document No 00265/12 (this replaces the Policy and Procedures Development Framework Policy and Procedures)
	Amended	13/02/2013	Council	C 03/13	Attachment 4 to Confidential Document No 00089/13, effective 27 February 2013
	Amended	11/12/2013	Council	C 211/13	Attachment 1 to Document No 01360/13
	Administratively Updated	13/06/2014	Director, Legal and Compliance Services		Updated links
	Administratively Updated	25/11/2014	Director, Legal and Compliance Services		Updated section 2.2.2
	Administratively Updated	06/10/2015	Director, Legal and Compliance Services	EC 76/15	Executive Manager Title Changes
	Approved	07/12/2016	Council	C 189/16	Including name change from Policy Framework Procedures.
	Administratively Updated	02/02/2017	Director, Legal and Compliance Services		To give effect to C 188/16: approval of procedures by Honorary Awards and Appointments Committee
	Administratively Updated	02/11/2017	Director, Legal and Compliance Services		Amendment to Schedule A, ii
	Approved	17/09/2019	Planning and Management Committee	PMC 61/19	Fully reviewed and no changes required
	Approved	17/03/2021	Council	C 38/21	Attachment A to Item 8.1

## Schedule A

### **Policies and procedures approved by Vice Chancellor and Council Committees**

- i. the Vice-Chancellor: Compliance Procedures, Risk Management Procedures, Establishment and Change of Organisational Units Procedures, and Strategic Planning Procedures;
- ii. the Finance Committee: Investment and Treasury Management Procedures, Donations Acceptance and Solicitation Procedures, and Endowment Procedures;
- iii. the Honorary Awards and Appointments Committee: Alumni Achievement Awards Procedures, Appointment of Patrons Procedures, Curtin University Fellow Procedures, Honorary Doctorate Procedures, John Curtin Medal Procedures, Titles of Emeritus Professor and John Curtin Distinguished Emeritus Professor Procedures, Titles of John Curtin Distinguished Professor and John Curtin Distinguished Visiting Professor Procedures
- iv. the Chief Financial Officer: Borrowing Procedures, Banking Management Procedures, and Foreign Exchange Procedures