

Last Modified	April 2017
Review Date	June 2018
Approval Authority	University Registrar
Contact Officer	Senior Policy Advisor – Vice-Chancellor's Office

Introduction

This Metapolicy – otherwise known as a ‘policy on policies’ – provides a framework that sets out to define the University’s range of compliance documents (e.g., regulations, policies, procedures, protocols) and establish a classification system which groups them (e.g., academic, financial, information technology). In addition, it identifies and describes the processes by which the compliance documents are developed, reviewed and made available to the University community.

Definitions

Approval Authority – the person within the University who has the delegated authority to approve

- the development of a new compliance document,
- a major review of an existing compliance document, and/or
- amendments to an existing compliance document’s content that changes its original intent.

Codes (e.g., Code of Practice, Code of Conduct, Code of Ethics) – these set out minimum expectations and best practice guidelines that it is expected will be adhered to.

Compliance Category – the type of document or the audience the document relates to. It is used as a keyword search tool and can include one or more of the following:

- Academic
- Finance
- Health & Safety

- Human Resources
- Information and Technology Services
- International
- Library
- Regulations
- Research
- Student Services
- University Management

Compliance Document – a collective term that refers to any document that is accessed through the UCPL that the University requires staff, students and visitors to comply with.

Compliance documents may be:

- Codes of Conduct or Practice
- Forms
- Frameworks
- Guidelines
- Instructions
- Plans
- Policies
- Principles
- Procedures
- Regulations
- Statutes
- Strategies

Contact Officer – the person within the University who is responsible for a document when it is due for a major review or when it requires an operational amendment to give effect to the objectives of the document.

Document History and Version Control Table – records details of minor and major amendments (reviews) to University documentation over time. It allows anyone accessing the document to know if it is the most current version, when it was last amended, what was changed from the previous version, and who approved the document (including any amendments made to it).

Guidelines/Procedures – standard, step-by-step, methods of operating in line with best practice or safe practice. They generally relate back to a policy statement and may offer advice or set expectations about how a policy or regulation should be implemented or how

an activity is carried out. Compliance is expected, and where a decision is taken to depart from the guidelines, actions may need to be explained and/or justified.

Major review – revision of a compliance document which substantially alters the substance and/or intent of the document.

Minor review – revision of a compliance document which does not majorly impact the substance or intent of the document.

Policy – formal expectations of staff and students on specified University matters. Policies are formally documented and approved by Council or delegate. Boundaries are defined and a framework provided within which operating procedures may be developed. Compliance is expected and non-compliance may result in censure, penalties or disciplinary action.

Policy Unit – a unit within the Vice-Chancellor’s Office responsible for the University’s official repository of compliance documents.

Regulations – University Council is legally conferred the power under s194 of the [Education Act 1989 \(New Zealand Legislation website\)](#) to enact statutes for the University, including provisions for penalties for contravening or failing to comply with such statutes. The University refers to these in most instances as regulations. Regulations cover

- the standards for each qualification offered by the University, such as [General Course and Examination Regulation L: Theses \(University Regulations website\)](#) and [Academic Awards Regulations \(University Regulations website\)](#); and
- the formal expectations of the University with regard to other general matters pertaining to its function, e.g., [Discipline Regulations \(University Regulations website\)](#).

Review date – a date (month and year) agreed upon by the Policy Unit and Contact Officer for when the document should next be reviewed. The standard review periods will be between one to three years. The nominated review date does not prohibit updates more regularly, as required.

Senior Management Team (SMT) – the University committee that advises the Vice-Chancellor on the strategic direction, management, and operation of the University.

UCPL engine room – the backend SharePoint platform that supports the University’s Policy Library and is accessed by Contact Officers, Approval Authorities and the Policy Unit.

UC Policy Library (UCPL) – a central electronic repository on the University’s website accessed via a quick link on the University’s homepage. It houses all University-wide compliance documents.

UC web – all websites, internal and external, belonging to the University of Canterbury.

Version number – version numbering consists of a number followed by a period then two more numbers, i.e., x.xx. The number to the left of the period describes the number of major reviews (including both scheduled and unscheduled) from the date of original issue. The numbers to the right of the period describe the number of minor reviews or

amendments from the time of issue, or the last major review.

Policy Framework

Overview

The components of the UC Policy Library (UCPL) are outlined below, followed by a breakdown of each step involved in the lifecycle of a compliance document, including the periodic review cycle.

UC Policy Library Engine Room

The UCPL was established in 2004 as an electronic repository for all official University compliance documents. It has since been migrated into a purpose-built 2010 SharePoint platform that is used not only to house all the compliance documents within the UCPL, but also retains all drafts of compliance documents and final versions of documents as displayed through the UCPL on the UC web.

All metadata and reviews for each document are controlled from the UCPL engine room.

This document repository has been developed in accordance with the [Public Records Act 2005 \(New Zealand Legislation website\)](#), the [NZ Universities' General Disposal Authority \(University Information Records Management website\)](#), and Archives NZ's suggested best practice for document retention and storage.

UC Policy Library Website

Compliance documents may be accessed via the [UC Policy Library \(University Policy Library website\)](#), the section of the UC Web linked to the UCPL backend SharePoint site outlined above. Users may search for particular policy documents via the search function; access 'How to' documents, FAQs and other supporting documentation; and see which documents are new, due for review, have recently been reviewed, rescinded, or merged.

Documents published in the UCPL can be viewed and printed as PDFs. While it is possible to save a copy to a personal computer, users are discouraged from doing so as reviews may occur at any time and once printed, or downloaded and saved or uploaded outside of the UCPL, a document is considered to be an uncontrolled version and may be out of date. PDF copies of UCPL documents should not be uploaded onto web pages outside of the UCPL; instead, hyperlinks should be inserted linking to the official electronic version of the document on the UCPL. If it is necessary to print a compliance document because, for example, it is to be included in agenda papers for a committee, then it is recommended that prior to any meeting, a check be made of the version number at the bottom of the page to ensure it aligns with the electronic, controlled version in the UCPL.

Note: The UCPL is not the sole repository for official University compliance documents. Documents pertaining to Human Resources and Health and Safety may be found in the

[HR Toolkit \(Human Resources intranet\) \(Staff Only\)](#) and the [Health & Safety Toolkit \(Health & Safety intranet\) \(Staff Only\)](#) respectively.

Application of UC Policy Library Compliance Documents

The compliance documents in the UCPL are held separately to departmental compliance documents, by virtue of having University-wide application.

Where there are inconsistencies between departmental/school or college level compliance documents and UCPL compliance documents, UCPL documents will always be the authoritative source. Documents held at the departmental/school or college level are meant to add specificity to University-wide compliance documents or address issues that only concern the department/school/college.

Compliance with documents housed in the UCPL is expected from staff, students and visitors. For staff and students, this expectation is encapsulated in employment and enrolment contracts. For visitors, University signage sets expectations.

These documents are compliant with New Zealand's legislation and in many instances, provide the University application or interpretation of legislation. A good example is the [Privacy Policy \(PDF, 565KB\)](#) which was developed to ensure the University's compliance with the [Privacy Act 1993 \(New Zealand Legislation website\)](#).

University compliance documents may also be informed by national and international standards published by [Standards New Zealand \(Standards New Zealand website\)](#), together with other authorities that define minimum requirements and best practice guidelines.

Responsibilities and Functions

In order for compliance documents to remain current, and consequently for risk to the University to be minimised, the following roles and responsibilities exist.

Policy Unit

The Policy Unit is a function of the Vice-Chancellor's Office. It has overarching responsibility for the accuracy, standardisation, promulgation and efficacy of compliance documents that sit in the UCPL. In order for the University to minimise risk, the Policy Unit must undertake stringent quality assurance on all compliance documents within the UCPL.

The Policy Unit's responsibilities include

- support, guidance and direction in the development and review of compliance documents;
- quality assurance of all compliance documents in the UCPL;
- regular needs and gap analysis;

- the development and provision of templates, guidelines and style guides;
- the development of 'How to...' documents to assist Contact Officers and Approval Authorities with their roles;
- ensuring the currency of information;
- publication of updates about new and revised compliance documents;
- making and approving minor changes in the UCPL (largely style/grammatical) on behalf of the Vice-Chancellor; and
- ensuring the compliance documents meet the requirements of the [Public Records Act 2005 \(New Zealand Legislation website\)](#) and the [NZ Universities' General Disposal Authority \(University Information and Records Management website\)](#).

Approval Authorities

Approval Authorities hold authority delegated from the Vice-Chancellor (and ultimately from University Council) to approve compliance documents within their areas of responsibility on behalf of the University. As per the [UC Council Delegations Schedule \(University Governance and Leadership website\)](#), each SMT member bears responsibility for their portfolio's area of policy. This authority cannot be delegated further.

Each Approval Authority has the delegated authority to approve

- the development of a new compliance document,
- a major review of an existing compliance document, and/or
- amendments to an existing compliance document's content that changes its original intent.

The Approval Authority generally does not conduct the review of a document. This is completed by the Contact Officer. If the Contact Officer identifies major amendments to the document (i.e., a significant proportion of the wording needs to be changed and/or the intention of whole or part of the document has changed), then the Approval Authority will need to review those changes and approve them.

In the event of a disagreement between an Approval Authority and the Policy Unit the matter will be referred to the University Registrar for a ruling.

Approval Authorities must take new or substantially revised compliance documents awaiting approval to Senior Management Team (SMT), for consultation and general visibility.

Where breaches of compliance documents occur the Approval Authority should be informed.

Contact Officers

A Contact Officer is the person responsible for scheduled reviews of a compliance document, or for making amendments to the compliance document when it requires an amendment that is not part of the Policy Unit's responsibility. Leading the consultation process also forms a part of the Contact Officer's responsibilities (see below).

The Contact Officer will be the person within the University with the best working knowledge of the document's content, and will be best placed to answer any questions with regard to the interpretation of the document or its implementation.

Compliance Document Lifecycle

The lifecycle of a University compliance document follows an iterative process. Throughout the lifecycle of a compliance document, continuous monitoring should occur to confirm accessibility, relevance, and compliance within the University and with legislative requirements. This function is the responsibility of the Policy Unit, with input from the wider University community when issues are identified.

The stages of the lifecycle are

- identification,
- development,
- consultation,
- quality assurance,
- capture of metadata,
- approval,
- publishing/promulgation,
- review, and
- rescinding (where appropriate).

Identification

The need for a new compliance document may be driven by a number of factors, both external and internal, including but not limited to

- new or changed government requirements,
- new or amended regulations,
- new strategic direction of the University,
- restructuring,
- identification of a gap in current 'suite' of compliance documents either within the Policy Unit or the wider University community,
- emerging operational issues,

- identification of risks or inconsistencies in behaviour by staff and/or students,
- review or consolidation of older compliance documents,
- external pressures (such as from the media), and
- events.

Careful thought should be given to the following:

- What compliance documents are already in existence which will have relevance to the proposed document?
- What are the desired outcomes of the new compliance document?
- What are the impediments to achieving desired outcomes from the new compliance document?
- What risks are involved
 - if there is no compliance document, and
 - if there are unexpected outcomes from the new compliance document?
- How will the success (or otherwise) of the new compliance document be measured?

Development

Once a need is identified and it is confirmed that a compliance document will be developed, relevant persons or groups should contact the Policy Unit. The Policy Unit will guide them through the process of [Developing a New Document for the UC Policy Library \(PDF, University UCPL website\)](#) using the official [Policy Template \(docx, University UCPL website\)](#).

The draft document should be informed by research, benchmarking and appropriate consultation.

A checklist is appended to this Metapolicy to assist with the drafting process.

Consultation

The Contact Officer initiates and runs the consultation process, as they are the person with the greatest understanding of the document's content and are best placed to identify who will be affected by any changes. What is required for consultation will be dependent on the document in question. Several rounds of consultation may be necessary if a document changes significantly over the course of development and quality assurance.

Consultation is an excellent way to obtain visibility and allow the wider University community to contribute to the development of compliance documents. While parties to the consultation process may not always agree on the final result, their input is valuable in crafting and refining the document.

The University has specific obligations with regards to policies which deal with academic matters. Academic Board (and its subcommittees, as appropriate) must always be consulted where academic compliance documents are developed and/or reviewed, as stated at s182, [Education Act 1989 \(New Zealand Legislation website\)](#).

Quality Assurance

The Policy Unit will undertake a thorough quality assurance review of all draft documents, prior to them being taken to SMT by the Approval Authority. Quality assurance involves checking legislative referencing, hyperlinks, formatting and nomenclature and generally ensuring that the document aligns with the stylistic and substantive requirements of a UCPL document.

Capture of Metadata

It is also the Policy Unit's responsibility to capture the appropriate metadata for each document. Compliance documents published in the UCPL are developed on a standard template to ensure that specific, key information is captured and is standardised across all documents. While there may be variations within the body of the compliance documents in terms of, for example, sub-headings, all should include core information which will assist with classification, the review cycle, and retrieval. Core information serves as metadata within the UCPL engine room:

- **Unique ID** – each compliance document in the UCPL is assigned a unique ID that stays with the document through its lifecycle and is never reassigned. This information is displayed on the top left hand side of each page of the document and can be used as a reference for checking the history of a document, particularly if it has undergone name changes.
- **Document history and version control table** – [document history and version control \(University Policy Library website\)](#) tables are used to record detail of minor and major amendments (reviews) to University documentation over time. It allows anyone accessing the document to know if it is the most current version, when it was last amended, what was changed from the previous version, and who approved the document including any amendments made to it.
- **Last modified** – the month and year when the compliance document was created or the last amendment/review was approved (whichever is the most recent).
- **Review date** – the month and year when it is recommended that the compliance document is next formally reviewed.
- **Staff only documents** – a limited number of compliance documents within the UCPL are accessible to staff only. This is generally because they contain commercially sensitive information.
- **Version number** – the version number of a compliance document is published in the footer and provides key information about the major and minor version status of the electronic document. This is particularly important if a printed version is being assessed for currency.

- **Footer information** – the compliance document title, version number, page number, copyright notice, and controlled version notification are documented in the footer of each page of all compliance documents in the UCPL.

Approval

Following quality assurance, the [document approval process \(University UC Policy Library website\)](#) should be followed by the Approval Authority, including presenting the draft compliance document at SMT for discussion and general visibility.

Compliance documents will not be uploaded to the UCPL until both the Policy Unit and the Approval Authority have respectively consulted and approved the compliance document, and the Approval Authority has taken the document to SMT for information.

Publishing and Promulgation

Once approved, the Policy Unit will publish the compliance document in the UCPL. It is then the joint responsibility of the Contact Officer and the Policy Unit to ensure that the new compliance document is advertised in Intercom and the UC Policy webpages (the Policy Unit will do this) and its existence widely promulgated to interested and affected parties (the Contact Officer should do this).

Reviewing Existing Compliance Documents

Scheduled reviews

When a document held in the UCPL is due for review, the Contact Officer will be advised by email three months (90 days) before the listed review date. It is the responsibility of the Contact Officer, as outlined in the [Contact Officer instructions \(University Policy Library website\)](#), to ensure that the review is conducted within the 90 day timeframe and that appropriate consultation occurs to inform the review. The scheduled review process is set out in the [Policy Review Process \(University Policy Library website\)](#).

Unscheduled reviews

A compliance document may be reviewed at any time to address necessary amendments to content that occur outside the stated review period.

- Minor unscheduled reviews – changes to compliance documents which do not majorly impact the substance or intent of the document under review. Minor revision may include updating hyperlinks, altering titles or tweaking an aspect of a document. Minor revision of documents will be approved by the Policy Unit.
- Major unscheduled reviews – revision of a compliance document which substantially alters the substance and/or intent of the document. When an unscheduled major review occurs, the Approval Authority named on the compliance document must take it to SMT for information and formally approve the document for publishing.

The Policy Unit will assist with the process of uploading the revised version of the compliance document in the UCPL engine room and its subsequent publication to the UCPL.

Rescinding or Merging of Compliance Documents

As the UCPL develops over time, it may become necessary to either rescind certain compliance documents or merge them with others. In order to do so, the Policy Unit must seek written approval from the appropriate Approval Authority. The Approval Authority should notify SMT of the intention to rescind the document. Once this has occurred and approval has been granted by the Approval Authority, the Policy Unit will remove the compliance document from the UCPL and notify appropriate stakeholders.

Contact Officers seeking to have a compliance document that they manage rescinded or merged with another policy should liaise with the Policy Unit in the first instance.

Related Documents and Information

Legislation

- [Education Act 1989 \(New Zealand Legislation website\)](#)
- [Public Records Act 2005 \(New Zealand Legislation website\)](#)

UC Website and Intranet

- [Approval Authority Instructions \(University Policy Library website\)](#)
- [Contact Officer Instructions \(University Policy Library website\)](#)
- [Document History and Version Control Guidelines \(University Policy Library website\)](#)
- [Early Years Care and Education \(EYCE\) policies \(University Early Years Care and Education website\)](#)
- [Health & Safety Toolkit \(University Human Resources intranet\) \(Staff Only\)](#)
- [HR Toolkit \(University Human Resources intranet\) \(Staff Only\)](#)
- [NZ Universities' General Disposal Authority \(University Information and Records Management website\)](#)
- [Policy Review Process \(University Policy Library website\)](#)
- [Templates, Examples and 'How to ...' documents \[left side bar\] \(University Policy Library website\)](#)
- [UC Policy Library \(University Policy Library website\)](#)
- [UC Council Delegations Schedule \(University Governance and Leadership website\)](#)

Appendices

- [Appendix A](#): Checklist for Development of New Compliance Document
- [Appendix B](#): Approval Authority Schedule

Document History and Version Control Table			
Version	Action	Approval Authority	Action Date
<i>For document history and versioning prior to 2013 contact ucpolicy@canterbury.ac.nz</i>			
1.00	Document created.	University Registrar	May 2014
2.00	Scheduled review by Contact Officer.	University Registrar	Jun 2015
2.01	Amended hyperlinks and removed references to automated workflows.	Policy Unit	Aug 2016
2.02	Minor amendment to the “UC Policy Library website” section regarding the downloading or printing of policies, Appendix B director titles updated to reflect Executive, Deputy VC of Research changed to Research and Innovation in Appendix B	Policy Unit	Nov 2016
2.03	Unscheduled review by Contact Officer, contact “person” changed to “officer” in some places, updated hyperlink to delegations schedule.	Policy Unit	Apr 2017

Appendix A

Checklist for Development of New Compliance Document

Following the consultation phase and before seeking ratification from the Approval Authority, the Contact Officer should apply the following checklist to the proposed new compliance document. The Policy Unit can assist, as required.

	Yes	No- minor <i>(no change necessary)</i>	No – major <i>(recommended amendments)</i>
Compliance Document Format			
Have all the following been provided: <ul style="list-style-type: none"> • title • last modified • review date • approved by • Contact Officer? 			
Has the template been applied correctly and the material presented in terms of the specified guidelines?			
Has the University branding been applied consistently throughout the document (including appendices)?			
Compliance Document Content			
Does the title adequately reflect the purpose and content?			
Has the document been classified and described appropriately?			
Is the review date realistic?			
Has the person with overall responsibility for the compliance document been accurately identified (see approval delegations)?			
Is the identified Contact Officer the appropriate person to handle administrative enquiries about the compliance document and the first contact for the review process, i.e., the person with operational responsibility for the compliance document?			
Does the introduction clearly identify the purpose?			
Has the organisational scope been identified			

and is it acceptable?			
Are the definitions provided accurate, relevant, and consistent with those used elsewhere?			
If a policy statement is included, is it actually a policy or is it in fact a procedure, set of guidelines or something else?			
Are procedures or guidelines clearly identified as such? (NB: these should offer advice; compliance may be expected though not necessarily mandatory.)			
Is the compliance document comprehensive: <ul style="list-style-type: none"> • Issues clearly stated? • University position or response identified? • Acceptable minimum standards detailed? 			
Does the compliance document cover all relevant compliance issues?			
Have compliance costs, where relevant, been identified?			
Are appeal processes clearly identified, where appropriate?			
Have all related compliance documents been identified?			
Is there any overlap or conflict with other compliance documents in existence?			
Are the appendices relevant and appropriately presented?			
Has all relevant background and consultation material been included in the appendices?			
General			
Is there clear evidence that a robust consultation process has occurred?	Comment:		
Is the Contact Officer clearly aware of the process for obtaining approval, lodging a copy with the Policy Unit for deposit in the UC Policy Library, and reviewing the compliance document in due course?	Comment:		
Other comments:			

Appendix B

Approval Authority Schedule

In accordance with delegations approved by Council ('delegated authority' applies to some but not all policy documents).

Classification	Approval Authority	Operational Responsibility
Academic	Deputy Vice-Chancellor (Academic) NB. consultation with Academic Board is required	<ul style="list-style-type: none"> Academic policies (regulations are separate and dealt with by Academic Board and Council)
Facilities Management	Executive Director of Learning Resources	<ul style="list-style-type: none"> Management of, and best practice guidelines for, the physical campus environment
Finance	Chief Financial Officer	<ul style="list-style-type: none"> Financial matters
Health & Safety	Vice-Chancellor	<ul style="list-style-type: none"> All policies and procedures related to health & safety compliance, occupational health, ACC and environmental safety
Human Resources	Executive Director of Human Resources	<ul style="list-style-type: none"> All policies and procedures related to management of staff and employment issues
Information and Technology Services (ITS)	Executive Director of Learning Resources	<ul style="list-style-type: none"> IT best practice policies and guidelines
International	Deputy Vice-Chancellor (Academic)	<ul style="list-style-type: none"> International matters
Legal Compliance	University Registrar	<ul style="list-style-type: none"> Legal and regulatory compliance matters
Library	Executive Director of Learning Resources	<ul style="list-style-type: none"> Library matters
Research, Consultancy, and Intellectual Property (IP) issues	Deputy Vice-Chancellor (Research and Innovation)	<ul style="list-style-type: none"> Research issues Outside commercial activities by staff and students
Student Services	Executive Director of Student Services and Communications	<ul style="list-style-type: none"> Code of Conduct for Students Equal Educational Opportunities – equity and access Accommodation Other issues relating to student welfare
University Management	Council Vice-Chancellor	<ul style="list-style-type: none"> Governance issues Management matters