

<b>Number:</b>	POL006	<b>Version</b>	1.1		
<b>Subject:</b>	Governance	<b>Distribution:</b>	External		
<b>Authorised by:</b>	Board of Directors	<b>Approved Date:</b>	23/02/2018	<b>Review Date:</b>	Feb 2020

## Purpose and Scope

This policy establishes the framework for the management of policies (including Position Statements), procedures and supporting documents at the Urological Society of Australia and New Zealand (USANZ). Its purpose is to set out the principles and rules that apply to the development, application, approval, review and distribution of USANZ policies and procedures.

This Framework applies to the development of all policies and procedures at USANZ including policies and procedures developed by USANZ for related entities.

## Background

USANZ controls and manages its affairs in accordance with its Constitution. The Board of Directors (Board) and the Chief Executive Officer (CEO) establish policies and procedures consistent with legal requirements, standards, and member and community expectations to give effect to their responsibilities and duties. Through its policies and procedures USANZ establishes a compliance management framework to enable it to effectively and efficiently manage its operations, obligations and compliance risks.

## Policy

### 1. Policy Statement

All policies and procedures must be developed, approved, made available, monitored and revised in accordance with this Framework.

### 2. Principles

This section specifies the essential characteristics of acceptable policies and procedures. All policies and procedures must uphold the following principles in a balanced and integrated manner in order to be approved.

#### 2.1 Content

The content of Policies and Procedures will:

- uphold the USANZ's Constitution, codes of conduct, core values, mission and strategic goals;
- be informed by and comply with legislative and industrial requirements and relevant standards;
- be centrally registered and accessible;
- be clear and easily understood with clearly articulated roles, responsibilities and consequences for non-compliance;
- align with applicable policies (where relevant);
- not be unnecessarily burdensome;
- mitigate risk; and
- be informed by continuous review and improvement.

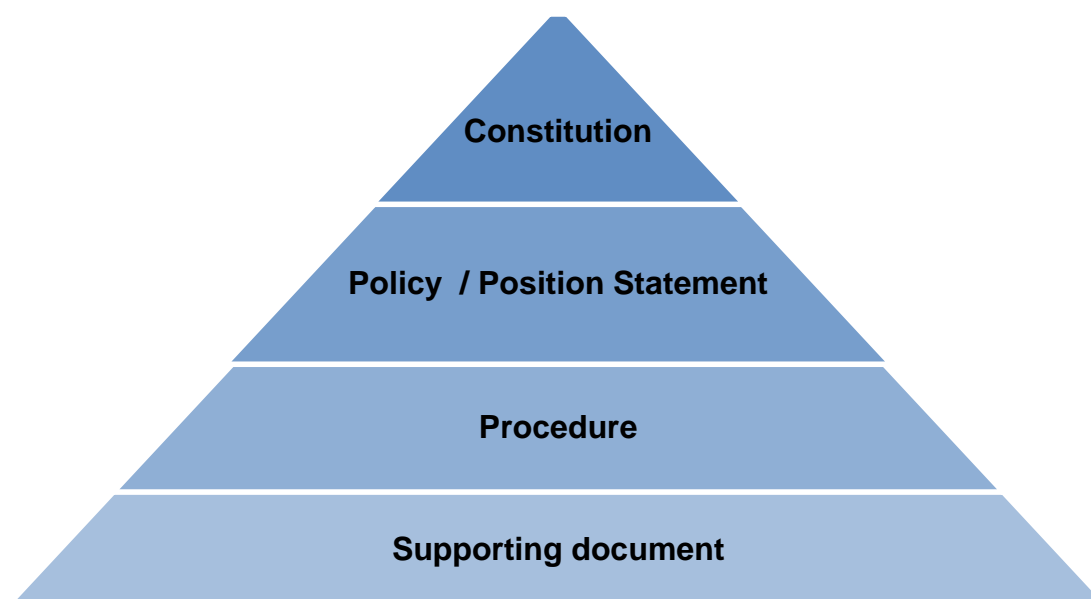
## 2.2 Process

The process of development and review of policies and procedures will:

- be appropriately consultative;
- be informed by legislative requirements, best practice and USANZ's strategic priorities; and
- be appropriately communicated.

## 3. Policy hierarchy

USANZ has adopted the policy hierarchy illustrated and described below. The level in the hierarchy determines the approval authority. Content lower in the hierarchy must be consistent with content higher in the hierarchy. Where two documents conflict, the document that is higher in the policy hierarchy takes precedence.



### 3.1 Policies

Policies are high level strategic directives that set out principles and standards to guide the actions and decision-making of USANZ, its members and staff. A policy should be developed for any area of operation where direction or purpose needs to be set in order to conduct USANZ business. In the absence of a USANZ-defined Policy on a subject area, existing legislation, regulation, or standards will constitute the policy.

Policies must be approved by either the Board or the CEO.

Some policy documents are titled as follows:

- Framework – where the policy describes an overarching USANZ system consisting of interrelated policies or procedures. Policy Frameworks will generally require the approval of the Board.
- Code – where the policy establishes standards of ethics or conduct to be adhered to. Codes will generally require the approval of the Board.
- Charter – where the policy establishes governance rules for the Board of Directors, Board Sub-Committees or a related body. Charters will generally require the approval of the Board.
- Position Statement – where the policy establishes USANZ's public position in relation to matters affecting patient care. Depending on the subject matter of the position statement, the relevant Special Advisory Group may be requested to draft or review the

content prior to consideration by the Board. Position statements require the approval of the Board.

- Guidelines – where the policy establishes USANZ’s public recommendations in relation to matters affecting patient care.

### **3.2 Procedures**

Procedures give instructions and set out processes and actions required to implement policy. Procedures should provide clear instructions on the way policy will be implemented and assign responsibilities to positions, groups or levels of authority.

Procedures are generally approved by the CEO.

### **3.3 Supporting documents**

Supporting documents such as forms, guidelines (excluding those that affect patient care), user guides and local documents outline good practice and support the implementation of policies and procedures. Supporting documents may be created and approved at individual level, with the exception of forms that support a USANZ policy or procedure – which are approved by the same authority that approved the parent policy or procedure. For expediency, where the Board is the approval authority, the CEO may approve changes to supporting documents and report to the Board at the next meeting. Supporting documents should be stored with the relevant policy or procedure they support.

### **3.4 Legacy Policies - Standing Orders**

Standing Orders are legacy, high level policy decisions that generally address issues that relate to the interpretation or implementation of a matter set out in the USANZ Constitution. Existing Standing Orders will be either repealed if they are no longer relevant, or moved into the Policy Framework as they are reviewed.

## **4. Compliance with non-USANZ Policies**

In delivering services under management agreements between USANZ and external organisations, USANZ may be required to comply with a range of policies and procedures adopted by those organisations. One example where this occurs is:

The Training Program is required to comply with a range of Royal Australasian College of Surgeons (RACS) / Board of Urology policies and procedures. Many of these documents will be endorsed by USANZ and co-branded.

The Board has delegated the authority to finalise USANZ comments on these policies and procedures to the CEO and the USANZ Directors who attend Board of Urology meetings (refer Policy: Delegation of Authority). The USANZ Education & Training Manager who is responsible for the delivery of those services is expected to maintain a record of any such policies and procedures; and report amendments or new policies to the CEO to enable reporting back to the Board.

Where a policy or procedure imposed by an external organisation conflicts with a USANZ policy or procedure, the matter should immediately be referred to the CEO for resolution.

## **5. Applicability of Policy and Procedure**

### **5.1 Duration**

A policy or procedure will remain in force unless:

- formally repealed by the relevant approval authority (i.e. at the level at which it was approved), or
- superseded by a new or revised policy or procedure.

## **5.2 Impact of structural change**

Where USANZ structural changes result in the approval authority or roles referred to in a policy or procedure being incorrect, that existing document will remain in force until it is amended to reflect the new or amended position title or authority.

Until an amendment is formally made, the CEO may nominate an alternate staff member to operationally undertake the authority associated with the redundant reference in that policy or procedure.

## **5.3 Policy and Procedure compliance**

USANZ staff and other persons listed in the scope of the policy or procedure must comply with USANZ policies and procedures.

In accordance with applicable law and policies, USANZ may undertake action for breaches of policies. This may include action for misconduct, including dismissal, removal from membership or termination of contracts.

## **5.4 Policy and procedure application**

The application of any policies and procedures, including compliance action in relation to breaches, must be fair and consistent.

## **6. Categorisation of Policy**

Policies and procedures are categorised into one of the following subject areas, according to which best describes the function of the policy:

- Communication & Events
- Education & Training (relates to the management and operation of the trainee program)
- Finance (including Travel)
- Governance
- Human Resources (includes Work Health and Safety)
- Information, Communications & Technology (ICT) (will include privacy and records management)
- Members (all membership matters including benefits, fees, discounts etc.)
- Patient Care (will include position statements, statements on fees etc).

## **7. Role of Governance & Secretariat Coordinator**

The Governance & Secretariat Coordinator (GSC), through the CEO, is responsible for facilitating the development and review of policies and procedures across USANZ. The GSC is custodian of the Policy and Procedure Framework and the Policy and Procedure Register.

The GSC is responsible for:

- assisting the Board & staff to develop new policies, procedures and supporting documents by providing advice and guiding staff through the development and review processes;
- developing policies, procedures and supporting documents in accordance with USANZ policy priorities;
- undertaking quality assurance and editing of draft policies and procedures;
- coordinating amendments to policies and procedures;
- maintaining USANZ's Policy & Procedure Register and templates; and
- ensuring the appropriate internal and external publication of policies and procedures.

## **8. Development of new policies**

The development of a new policy or procedure, or a major amendment to an existing policy, will go through the following stages:

- **Planning:** Gathering background on the issue, consulting with the CEO and relevant staff, checking if existing policies or procedures could be modified to address the issue, checking with the GSC as to whether the issue overlaps with an existing document or one that is already under development.
- **Development:** Identify existing policies that may be affected or superseded by the new policy, considering the need for external, expert advice where the policy seeks to address significant risks to USANZ or may raise legal issues, reviewing relevant literature and best practice, considering issues of implementation, identifying stakeholders for consultation.
- **Drafting:** Consulting stakeholders to discuss policy requirements, drafting the policy using the Policy or Procedure Template or the Position Statement Template and drafting any supporting documents such as guidelines, forms or procedures.
- **Quality Assurance:** Reviewing against the Policy & Procedure Framework, registration of the policy etc
- **Consultation:** Determining the consultation method, taking into account the number of stakeholders, the specificity of the policy, whether external obligations are imposed and the level of organisational change that will result with the change. At a minimum, the appropriate representative of groups primarily impacted by the policy should be consulted. Policies must also be reported at staff meetings.
- **Approval of Drafts:** The CEO must approve all draft policies, prior to their external circulation and prior to submission to the Board.

## **9. Amendments**

Policies and procedures should be amended as and when changes occur that affect the relevance and application of the policy or procedure. The GSC is responsible for coordinating amendments to policies and procedures and should be contacted if an amendment is required. The GSC will report all amendments to the CEO.

### **9.1 Minor amendments**

A minor amendment is a change not affecting the general meaning, scope, purpose, or intent of the document. For example, this may include:

- rewording to provide clarification
- updating a section or position name, contact person, hyperlink, reference to legislation or a new policy;
- changing the name of a role, position, team or administrative unit; or
- a typographical error requiring correction.

Minor amendments to policies can occur outside the policy review cycle and do not require formal approval. Minor amendments must also be recorded within the policy by:

- updating the sub-version number at the top of the document – 1.0 becomes 1.1, 1.2 etc; and
- adding a note in the revision box at the bottom of the document.

Note that the review date will not be reset where a document has a minor amendment.

### **9.2 Consequential amendments**

A consequential amendment means a change to the purpose, scope or substantive changes to the content of a policy or procedure. Consequential amendments to policies can occur outside the policy review cycle and should go through consultation. They must be submitted for quality assurance to the GSC and are approved by the approval authority that approved the document initially.

Consequential amendments must be recorded within the policy by:

- updating the version number at the top of the document – 1.0 becomes 2.0, 3.0 etc;

- adding a note in the revision box at the bottom of the document; and
- updating the review date – the review date will be reset giving a date no more than 3 years from the date that the major amendment is approved.

## **10. Monitoring and Review**

### **10.1 Monitoring**

Unless otherwise stated in the policy or procedure, the listed contact person is responsible for monitoring the efficacy of the policy/procedure and ensuring that it is reviewed as required.

### **10.2 Review**

All new policies and procedures must include a review date, which may not be more than 3 years from date of approval.

All policies and procedures should be reviewed in line with the review date. Reviews should be conducted sooner if circumstances require, for example if there is a change in applicable legislation.

The contact person listed on a policy or procedure is responsible for ensuring that the document is reviewed in line with the review date.

### **10.3 Conducting a review**

In conducting a review, the responsible person must consider and seek feedback from relevant stakeholders on the following:

- any issues or concerns that have been identified during implementation
- an evaluation of the level of compliance and evidence that the policy or procedure is having the intended effect
- whether the detail is current and remains consistent with any external or compliance requirements
- whether supporting documents, such as forms, procedures or user guides are still current and reflect the intent of the policy/procedure.

Taking into consideration the feedback, the person conducting the review will consult with the GSC and together decide whether there should be:

- no changes
- minor amendments
- major amendments; or
- that the Policy be repealed as it is no longer required.

### **10.4 Reporting a review**

The relevant approval authority must be notified of the outcome of the review in writing. This should include:

- the reasons for the review
- who was consulted
- a summary of the feedback and
- any supporting documentation.

If minor amendments are required, then the approval authority should be notified after the amendments have been effected.

If major amendments are required, then the approval authority should be notified of the results of the review when the amendments are submitted for approval.

## **11. Publication and Availability**

Policies and procedures are maintained in and made available to staff via the policies and procedures page on the shared network drive at: [Z:\Policy and Procedures](#)

Policies and procedures will be published publicly on the USANZ website where they have been determined to be for external publication. In some cases, the external publication may be an extract of relevant sections of the approved document.

Once a policy or procedure is approved, the GSC is responsible for uploading it, publishing internally and externally, and for removing superseded documents.

The policy must also be announced to all staff or other people affected by the policy by email.

## **12. Reporting**

The CEO will provide annual reports to the Board detailing:

- all policies and procedures approved or repealed
- list of other policies and procedures that are under development
- policies that have been reviewed or amended
- any issues of concern in relation to policy at USANZ.

## **13. Recordkeeping**

Records must be kept for key stages of the policy and procedure development process. Wherever possible, all actions affecting a policy or procedure including drafting and consultations, significant amendments, and approvals should be captured in the shared network drive.

Records must be kept of:

- the final version of the policy or procedure
- evidence of the approval of a new policy or procedure or changes to an existing policy or procedure (e.g. written authorisation/minutes of meeting)
- evidence of the repeal of a policy or procedure (e.g. written authorisation/minutes of meeting).

## **Roles and responsibilities**

- Board of Directors: is the approval authority for policies that impact upon their responsibilities and may assist and direct the Chief Executive Officer in relation to policy development priorities by, for example, identifying areas of significant risk or statutory non-compliance; ultimately responsible for compliance with policies it has approved. The Board is also responsible for approving Position Statements and other Policies that relate to patient care.
- Chief Executive Officer: is the approval authority for all policies for which Board is not the approval authority (see section 3); is responsible for ensuring that USANZ develops policies and procedures in line with this framework; ultimately responsible for compliance with policies approved. In addition, the CEO is policy and procedure champion; presents policy and procedure reports to the Board of Directors; is responsible for setting USANZ policy priorities in consultation with the GSC.
- Policy Contact Person: the person listed as the contact person has the day to day responsibility for implementing and managing a policy; is responsible for reporting non-compliance to the CEO and for ensuring that policy reviews are undertaken as required.
- Governance & Secretariat Coordinator: see section 7.

## Related policies, documents and legislation

- Urological Society of Australia and New Zealand Constitution
- Policy – USANZ Board Charter
- USANZ Policy and Procedure Register
- Policy – USANZ Delegations of Authority

## Definitions

- Approval authority means the position or position level designated in section 2 responsible for approving or repealing a policy or procedure or a major amendment to a policy or procedure. The approval authority is also ultimately responsible for compliance with the policy.
- Policy Framework means the system for the development, approval, communication, implementation and review of policy documents as set out in this policy.
- USANZ Policy and Procedure Register means the register of policies and procedures maintained in an Excel Spreadsheet at: [USANZ Policy Register](#).
- Staff: means any person who carries out work for USANZ and may include: employees, contractors or subcontractors and their employees, contingent workers, apprentices, work experience students and interns, or volunteers.

## Superseded documents

- None

## Revision history

Version	Date issued	Notes	By
1.0	28/02/2018		Governance & Secretariat Coordin.
1.1	18/8/2018	Amended to include policy guidelines, as distinct from support documents.	Approved CEO and Reported to August 2018 Board

## Review date

This policy will be reviewed every 2 years. The next review date is February 2020

## Contact

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