

**TITLE: POLICY ON POLICIES**

Version	4.2	Date Approved	15 May 2024
	Policy revised to include new requirements for headers and footers as well as instructions regarding font style and spaces between sections of policies to align with best practice in universal design.	Review Date	23 June 2026 <i>or as required</i>
Approved By	Management Board		
Owner	Quality Assurance		
Version Control			
Version No.	Date Approved	Documented Changes	
1	23 November 2016	Initial Issue	
2	21 June 2017	Policy revised to include a section for referenced policies.	
3	13 June 2018	Policy revised to streamline policy development (combined policy development with policy implementation / preliminary approval), included mention of designated offices, revised numbering of appendices and simplified Policy Implementation Document.	
4	23 June 2021	The policy revised to include the definition of Designated Offices and the role these offices have in the policy approval process and the instruction that policies should use gender-inclusive language. Moreover, the Policy Implementation Document revised to ensure that it is also an ‘action plan’.	
4.1	29 November 2023	Policy revised to include a new document control page at the front of the policy.	

1: Purpose of the Policy

The *Core Statutory Quality Assurance (QA) Guidelines* (2016) benchmark as a national standard that ‘the quality assurance system is fully documented; there are robust, documented policies and associated procedures for the assurance of the quality and standards of provision.’¹ This policy addresses this national standard by creating a transparent and comprehensive quality system for policy initiation, development, approval, implementation and monitoring / review. The policy also aligns with best practice related to universal design.²

By using a consistent policy development system, it is possible to assemble policies that are:

- appropriately developed and regularly monitored / reviewed;
- accessible to staff and the public (as required) in usable formats;
- consistent with the Mission of Carlow College, St. Patrick’s (hereafter Carlow College);
- compliant with applicable laws and national / international benchmarks of best practice; and
- promote a culture of quality across the College community.

This policy also seeks to ensure that all policies are periodically reviewed to ensure that they are fit-for-purpose and remain effective.

2: Definitions

Approving Committee(s): the two Approving Committees at Carlow College are the Management Board and Academic Council. Policies considered college-wide will be approved by Management Board whereas all academic policies will be approved by Academic Council. In some cases, policies might be approved by both committees.

¹ *Core Statutory Quality Assurance (QA) Guidelines* (Dublin: Quality and Qualifications Ireland, 2016), p. 9. In addition to the above stated guidelines, this Policy used as national and international benchmarks the following policies: *Policy on the Formulation and Issuance of University Policies* (Dublin: Dublin City University, 2015); *Quality Manual* (Carlow: IT Carlow, 2015); *University Secretariat: Policy Framework* (Dublin: University College Dublin, 2016); *Policy on Policies* (Washington DC: America University, 2009); *Policy Framework* (Manchester: University of Salford, 2015).

² *Plain English Guidelines* (National Adult Literacy Agency, 2008); *Writing and Design Tips* (National Adult Literacy Agency, 2021); *Customer Communications Toolkit for Services to the Public – A Universal Design Approach* (Centre for Excellence in Universal Design, 2023).

Date Approved: 15 May 2024

Associated Documentation: procedures / guidelines / codes of practice / handbooks / forms which provide specific instructions for carrying out defined tasks.

Designated Office: owing their strategic and legislative responsibilities, the following offices are listed at a Designated Office within the College: Data Protection, HR, Office of the Registrar, President's Office and Quality Assurance.

Owner: the College personnel responsible for leading development and maintenance of a policy and associated documentation.

Policy: a statement of management philosophy and direction, established to provide guidance and assistance to the College community in the conduct of college affairs.

Procedure: a guideline or series of steps necessary to implement a policy. College procedures:

- should link to a corresponding college policy;
- should comply with best practice and relevant legal requirements;
- should illustrate the sequence of steps necessary to carry out defined tasks; and
- should be reviewed and updated by the policy owner to ensure that the procedures are 'fit-for-purpose'.

Policy Initiator: the member of the College community that brings the policy draft, or policy idea, to the Quality Assurance Officer.

Stakeholder: members of the College community affected by the policy.

Sub-Group: key stakeholders tasked with developing and implementing the policy.

3: Scope of Policy

This policy applies to all members of the Carlow College community to whom a College policy can apply. College policies can apply to all, or some, members of the College community, including: Governing Body; faculty, including visiting faculty; staff members, including visiting staff members; students and outside agencies that fulfil a function for Carlow College. Each College policy should set forth, in the 'Scope of Policy' section, the intended party(ies) which are to comply with the provisions outlined in the policy.

4: Policy Statement

College policies and associated documents shall be:

- a) developed according to the process set out in this policy;

Date Approved: 15 May 2024

- b) presented in a standard and common format;
- c) formally approved by an appropriate committee;
- d) accessible to staff and the public (as required) in usable formats;
- e) compliant with applicable laws and national / international benchmarks of best practice;
- f) clearly marked as policies and separated from associated documentation such as procedures, guidelines and forms which provide specific instructions for carrying out defined tasks.

Policies and associated documentation approved prior to the effective date of this policy will be designated a review date and amended to comply with the standards outlined in this Policy.

4.1: Stages of Policy Development

The procedural framework for developing policies and associated documents will follow five key stages:

1. **Initiation Stage:** The Policy Initiator brings the proposed policy/policy idea to the Quality Assurance Officer. The Quality Assurance Officer's main role during the Initiation Stage is to: identify the Approving Committee(s) of the proposed policy, identify the policy owner and main stakeholders and create a Sub-Group numbering no more than five members to oversee development and implementation of the proposed policy. Being cognisant of workload allocation, when a staff member is asked to serve on a Sub-Group, the staff member should liaise with their Line Manager to agree participation in the Sub-Group.
2. **Development Stage:** The first task of the Sub-Group is to either draft a policy or explore all aspects of the proposed policy and consult with relevant stakeholders affected by the proposed policy; an important aspect of policy development is the agreement of an indicative timeline and all key stakeholders are contacted (this includes Designated Offices in the College). During the Development Stage, the Sub-Group will complete the *Policy Consultation and Communication Plan* (see Appendix 2). Once the policy is drafted, the Sub-Group will submit the proposed policy to the Quality Assurance Officer who will then send the policy to the Designated Offices; these offices will have one week to return feedback to the relevant Policy Owner. The feedback provided by a Designated Office must be responded to directly; the policy cannot move to the Implementation/Preliminary Approval Stage unless this feedback is responded to. After this Designated Offices have had the policy for one week, the proposed policy is

Date Approved: 15 May 2024

published internally for comment on the Staff Gateway for one week.³ Following the one-week timeframe, the Sub-Group will review and respond to all comments related to the proposed policy; the Sub-Group will document this correspondence on Section 3 of Appendix 2. After reviewing comments related to the proposed policy, the Sub-Group will complete the *Policy Implementation / Action Document* (see Appendix 3) indicating the proposed timeline for implementing the proposed policy; the tasks to be implemented / actioned should denote those tasked with implementing or applying the policy and illustrated in the 'Roles and Responsibilities' section of the policy. The Sub-Group formally brings the proposed policy and associated documentation to the Quality Assurance Officer who will then bring them to the Approving Committee(s) and the Approving Committee(s) approves the policy.

3. Approval Stage: The Sub-Group formally brings the proposed policy and associated documentation to the Quality Assurance Officer who will then bring them to the Approving Committee(s) and the Approving Committee(s) approves the policy or sends it back for further development.

Once a policy has been approved, the Quality Assurance Officer will send out an email to all staff and / or learners alerting them of the new policy and where it is located, both internally and externally.

4. Implementation Stage: Every policy, whether it is new or being re-approved will have a *Policy Implementation / Action Document*. The responsibility for ensuring that the identified task lists are completed rests with the Policy Owner. The Quality Assurance Officer will send out an email to all Policy Owners at the start of August encouraging Policy Owners to review the *Policy Implementation / Action Document*. Where a resource is required for policy implementation / action (human or financial), this should be documented in Section 4 of the Annual Quality Enhancement Report.
5. Monitoring & Review Stage: The Policy Owner is responsible for monitoring the policy and ensuring that all associated documentation is updated as required. All policies at Carlow College will be reviewed every three years from the date of approval; unless changes are required owing to legal, statutory and / or organisation. Once a policy has completed its first three-year review cycle, it will be reviewed every five years from the date of approval.

Once approved, if a Policy Owner wishes to revise a policy, it must be communicated to the Quality Assurance Officer. For minor changes, the policy will be sent directly to the Approving Committee(s) for re-approval; for version control purposes, the policy will receive a version number indicated by a point (e.g. 3.1, 3.2, etc.). If the Quality Assurance Officer, in

³ For policies requiring learner feedback, they will be published on Student Gateway for one week and every registered learner will receive an email requesting feedback.

communication with the Chair of the Approving Committee(s) believe that the changes are considered substantial, the policy will proceed through the policy development process.⁴

4.1: Policy Format

A standard format will be used to ensure that every policy and associated documentation are consistent in both form and style. Although not every policy will contain all format elements, all College policies will be written and maintained following the format outlined below (see Appendix 1: *Template for College Policies*):

1. Document Control (Mandatory)
2. Purpose of Policy (Mandatory)
3. Definitions (Optional)
4. Scope of Policy (Mandatory)
5. Policy Statement (Mandatory)
6. Roles and Responsibilities (Mandatory)
7. Associated Documentation (Optional)
8. Referenced Policies (Optional)
9. Monitoring and Review (Mandatory)

4.2: Publication of Policies

To ensure that College policies and associated documentation are accessible, every policy and associated document will be available in a usable format on the Staff Gateway located under the relevant office. Moreover, all policies and associated documentation related to the general student population will be available in a usable format on the Student Gateway, accessible under 'Student Policies'. Carlow College is committed to transparency and will endeavour to publicly post on its website all policies and associated documentation not deemed to be confidential or for staff use only.

⁴ Some associated documents are significant documents in their own right and approved separately from the high-level policy statement (e.g. the Regulations in Relation to Assessment and Standards); these documents should still be sent to the Designated Offices before being sent to the approval body.

5: Roles and Responsibilities

All individuals who are responsible for the drafting, updating, approval and distribution of College policies shall comply with this policy. The Quality Assurance Officer at Carlow College is the Policy Owner of this Policy and will, along with the Quality Assurance Committee, oversee the monitoring and review of this Policy.

6: Associated Documentation

- Appendix 1: Template for College Policies
- Appendix 2: Policy Consultation and Communication Plan
- Appendix 3: Policy Implementation / Action Document
- Appendix 4: Stages of Policy Development

7: Reference Policies

- *Information Classification and Handling Policy*
- *Quality Assurance Policy*

8: Monitoring and Review

This Policy will be monitored by the Quality Assurance Officer annually and formally reviewed five years after the effective date.

Appendix 1: Template for College Policies

All policies drafted at Carlow College, St. Patrick's should follow the template outlined below (italicised instructions should be discarded by the staff drafting the policy). Please note that all policies should be accessible and clearly understood by the intended audience and should be written using gender-inclusive language. As such, please make sure that the written style of the policy is constructed in a manner that is free from jargon and utilises plain English. All policies should be written using the following conventions: Calibre (font style); 12 point (font size); single-spaced (line spacing); 12 point (paragraph spacing before); 12 point (paragraph spacing after); heading should be provided in bold; headings / paragraphs should be numbered sequentially. Please note that there should be an extra space between policy sections.

Document Control (Mandatory)

All policy documents within the College should contain the official document control page. On the Document Control page, there should be a header, body and footer.

Header

The 'Header' should contain the following: policy name; owner and date approved.

Body



TITLE:

Version		Date Approved	
	High-level account of policy changes	Review Date	or as required
Approved By			
Owner			
Version Control			

Version No.	Date Approved	Documented Changes

Footer

The 'Footer' should contain the following: classification (i.e. confidential, restricted, internal or public; it should also include page number.

Purpose of Policy (Mandatory)

This section should provide the rationale for the policy by detailing the lacunae or exigency necessitating the policy. Please make sure that you are referencing all relevant legal, regulatory or other requirements that the policy will attempt to meet. This section should also state how the policy supports the Mission of Carlow College, St. Patrick's.

Definitions (Optional)

As the intended audience of policies may not be familiar with technical terms and/or abbreviations, please provide key terms or phrases before the body of the policy.

Scope of Policy (Mandatory)

All policies should clearly state the intended parties which are to comply with the provisions outlined in the policies. Where the policies are not applicable college-wide, please specify the affected parties who must comply with the policy.

Policy Statement (Mandatory)

The policy statement should outline the underlining principles of the policy and should set direction to the entire College community. It is important that the policy statement is clear and concise so that the intended audience has no misunderstanding as to the merits of these principles. Moreover, policy statements should use a generic linguistic style that requires minimal revisions (e.g. use roles / functions rather than name(s) of individual(s)).

Roles and Responsibilities (Mandatory)

Clearly state the roles and responsibilities of every individual who are tasked with implementing and applying the policy (only list formal titles / positions rather than an individual's personal name).

Associated Documentation (*Optional*)

Many policies will have associated procedures / guidelines / codes of practice / handbooks / forms which will provide specific instructions for carrying out defined tasks. Please specify the names of those associated documents in this section and provide complete documentation as an appendix to the policy.

Referenced Policies (*Optional*)

Policies should not be drafted in isolation and will often reference existing college policies. Please provide a list of policies that should be read in conjunction with the proposed policy.

Monitoring and Review (*Mandatory*)

Please state the relevant Approving Committee(s) that will review the policy and the frequency of each review period. It is up to the policy owner to ensure that policies are reviewed at the designated time and marked with the appropriate version history.

Policy: *Policy on Policies*

Owner: Quality Assurance

Date Approved: 15 May 2024

Appendix 2: Policy Consultation and Communication Plan



Section 1: Policy Information	
Policy Name:	
Policy Owner:	
Approving Committee(s):	
Sub-Group Members:	

Policy: Policy on Policies

Owner: Quality Assurance

Date Approved: 15 May 2024

Section 2: Consultation Process	
National Benchmarks (provide name of institution/organisation and documents consulted)	

Policy: *Policy on Policies*

Owner: Quality Assurance


Date Approved: 15 May 2024

International Benchmarks <i>(provide name of institution/organisation and documents consulted)</i>	
Legislative and / or Statutory Obligations	

NB: When the Sub-Group or Policy Owner disagree with the advice from a Designated Officer, the Response (Summary) must explicitly state that the advice is not being integrated.

Section 3: Internal Communication Process				
Date	Name of Office / Contact	Method of Communication	Feedback (Summary)	Response (Summary)

Appendix 3: Policy Implementation / Action Document

 CARLOW COLLEGE ST. PATRICK'S		Policy Implementation / Action Document <i>[Name of Policy Title]</i>
Approving Committee:		
Date Approved:		

Implementation / Action Task List		
Implementation Task	Task Responsibility	Timeline

Sign-off on the Policy Implementation / Action Document (completed once the Implementation Task List is complete)		Date
Policy Owner:		
Sub-Group Members:		

Appendix 4: Stages of Policy Development

