POLICY AND POSITION PAPER DEVELOPMENT

POLICY

1. PURPOSE & SCOPE

This policy defines the process for the development, approval and uploading to the web of policies, and position papers for the Royal Australasian College of Medical Administrators

2. OBJECTIVES

Policies are an official position statement of the College and establish the key principles and provisions that govern decision-making processes. Policies are required and include details of the College's expectations and how it will act. While some policies can stand alone, most will be accompanied by associated procedures and/or guidelines to explain how the policy is to be implemented across the College.

The Policy & Position Paper Development Policy establishes:

- a framework for defining, developing, maintaining and reviewing the College's policies and associated documents to ensure consistency and quality

- Optimum RACMA governance and operational performance\

3. INTENT

RACMA is committed to the development of high quality policies in a range of areas relevant to its governance, operations and its broader role in the health care system.

RACMA will prioritise its health system policy development in areas in which it has specific expertise and interest.

Where possible, RACMA will develop its policies through a consultative and evidence-based process.

RACMA policies will be transparent and unless specific contraindications apply, they will be promulgated publicly.

RACMA will develop a standing policy platform which will assist it to respond in a timely manner to external requests for policy advice

4. KEYWORDS

Policies, Position Papers, Guidelines

5. BODY OF POLICY

5.1. RACMA has the following types of policies

- The Board policies that define the way in which the Board conducts its business

  Examples may include:

    o Policies addressing the management of conflicts of interest within the Board
    o Policies defining dispute resolution mechanisms for the Board
    o Policies defining The Board members' obligations with respect to the management of confidential information
    o Codes of conduct for the Board members

- The Board policies that define the operational control framework.

  Examples may include:

    o Policies defining financial and other delegations to management
    o Policies addressing privacy and confidentiality of information relating to Candidates, Members and Fellows
    o A risk management policy
    o Policies addressing the candidate examination process and the awarding of Fellowships
    o Policies addressing the management of complaints against Candidates, Members or Fellows
    o Policies addressing the management of RACMA intellectual property

- The Board policies that define RACMA's position(s) on key strategic issues of broader significance in the health care sector. These policies are high level and will guide RACMA's response to external inquiries

- Operational policies which are developed by management and define the way in which management conducts RACMA business. Examples may include organisational privacy policies, cash-handling policies, leave management policies and policies addressing the management of media inquiries.

5.1.1 Principles for the development and maintenance of RACMA policies

The following principles apply to the development of RACMA policies:

- RACMA policies will always comply with applicable legislation and with RACMA's constitutional instruments.
- RACMA policies will be based on thorough research and evidence.
- RACMA Board policies will be developed in a consultative manner, providing meaningful opportunities for stakeholders (in particular, Fellows, Candidates, and Members) to contribute to policy development

5.1.2 The following individuals and groups are responsible for leading policy development:

- The Board policies will be developed by staff with input and comment by the Board and other stakeholders and with final endorsement by the Board.
- Operational policies will be developed and endorsed by the Chief Executive with assistance from staff and endorsement by the Board where necessary and appropriate.

The Board reserves the discretion to query or change operational policies but will do so only in exceptional circumstances, respecting the role of the Chief Executive and the responsibility of The Board to establish an appropriate distinction between governance and management roles.

A policy register will be maintained, with The Board policies separately identified from operational policies. All policies will be dated and endorsed by the President or Chief Executive according to the authorisation level.

RACMA Board policies will be available on the College website for all stakeholders unless The Board determines otherwise.

All RACMA policies will be reviewed on a regular basis and updated where necessary and at least annually, by the individual or body responsible for their endorsement.

5.2 ROLES & RESPONSIBILITY IN POLICY DEVELOPMENT

5.2.1 Governing Authority
Is one of the following:
- The Board
- Policy & Advocacy Committee
- Chief Executive

5.2.2 Approval Authority
Is one of the following:
- The Board
- Policy & Advocacy Committee
- Chief Executive

The Approval Authority is responsible for approving all new and amended policies and procedures. In the case of approving amendments, only major amendments (as defined) need to be approved by the Approval Authority.

5.2.3 Governing authority is responsible for:

Ensuring the policy or procedure is developed or amended in accordance with the Policy and Position Paper Development Policy.

Endorsing the final version of new policies and procedures for approval by the Approval Authority.

Endorsing major and minor amendments (as defined) to existing policies and procedures for recommendation to the Approval Authority.

Ensuring the new or amended policies and procedures can be applied consistently across the college.

5.2.4 Responsible Officer

Overseeing the development of new or amended policies and procedures and ensuring that the process complies with the Policy Development Review Policy and Procedure. Note: the Responsible Officer may delegate the drafting to a member of staff within their area of responsibility.

Seeking endorsement and approval on new or amended policies and procedures from the Governing Authority and Approval Authority respectively.

Seeking endorsement and approval from the Governing Authority and Approval Authority respectively for major and minor amendments (as defined).

Seeking approval from the Governing Authority for the rescission of policies or procedures which have been deemed invalid or no longer in effect.

Managing implementation, communications and interpretation of the approved new or amended policies and procedures in the College through appropriate staff channels. This includes ensuring that any relevant stakeholders are kept up to date on necessary changes.

Ensuring that previous versions of the amended policy and procedure, or rescinded policies and procedures, are archived appropriately where necessary, the Policy & Projects Officer should ensure that the most updated copy of the policy or procedure is accessible to relevant stakeholders via the College website.

Ensuring that the relevant policy and procedure are monitored and reviewed in accordance with the appropriate timeframes.

Approving any necessary associated documents which are developed or amended (e.g. Guidelines, Local Protocols) in line with the approved new or amended policies and procedures maintain a register of policies and procedures at various stages throughout the Development and Review Cycle.

5.2.5 Format of Policy

The initial draft is prepared using the Policy template.

5.3 POSITION STATEMENTS / PAPERS

Definition: a report that explains or recommends a particular course of action.

A position paper describes a particular view or opinion on a specific action or practice which College has developed. It is not necessarily binding on the Fellowship

The initial draft is prepared using either the Policy template or the Guidelines and Position Papers template, as appropriate. The initial draft should provide sufficient information within the background and body of the policy for subsequent discussion and approval.

5.3.1 Policy and position paper development

The initial draft is prepared using the Position Papers template. (Doc.ID…) The Process is as follows:

Chief Executive
↓
Policy & Advocacy Committee
↓
First Draft
↓
Proof & Edit
↓
Second Draft
↓
Proof & Edit
↓
Final
↓
President of Board (or Board) Approval & Authorisation Sign off
↓
Format & Version Control
↓
Publish and/or Submission

5.3.2. Version Control

All policies, forms, processes and position statements/papers must be version controlled. Version control is the logical management of organising and controlling changes to documents. Changes are identified by numeric sequencing, such as v_1,2,3. Changes are decimally placed, such as 0.1,0.2,0.3 etc, with the ratified version being a whole number such as 1.0,2.0,3.0 etc

5.3.3. Responding to external policy requests or invitations to make submissions

RACMA will make every effort to monitor the external health policy environment and respond to relevant policy-based requests by external stakeholders, recognising the responsibility and opportunity to contribute to policy and practice in the broader health care system, particularly in areas in which RACMA has specific expertise.

RACMA will make every effort to provide high quality, timely submissions and consultation responses in areas in which RACMA holds specific expertise

RACMA will make every effort to provide high quality, timely submissions and consultation responses in areas in which RACMA holds specific expertise.

These areas include but are not limited to:

- Health system administration
- Health system clinical leadership
- Health care quality and safety
- Health system structure and financing
- Health system regulatory structures and processes
- Education and training of health care professionals
- Health care ethics
- Medico-legal issues
- Health workforce issues
- Health care professional regulation

The Chief Executive, in consultation with the President if considered necessary by the Chief Executive, coordinates the development of and authorises RACMA submissions and consultation responses.

In general, jurisdictional committees should limit their submissions and consultation responses to issues that are relevant only at a jurisdictional level. If an issue has broader relevance, or a requesting body operates at a multi-jurisdictional or national level, submissions and consultation responses should be coordinated by the Chief Executive, with the Board input if necessary.

For quality and consistency purposes, jurisdictional committees that are asked to make submissions and consultation responses should consult with the Chief Executive to ascertain if there is an existing RACMA policy. If so, jurisdictional submissions and consultation responses should be consistent with that policy unless otherwise approved by RACMA Board.

A copy of each jurisdictional submission and consultation response should be submitted to the Chief Executive for inclusion in a central repository of all RACMA submissions and consultation responses, which will be maintained by the Chief Executive.

6. FINALISING THE DOCUMENTS FOR UPLOAD TO THE WEB AND TO SHAREPOINT

The Chief Executive will inform the Policy & Projects Office of the ratified and approved policies and position statements / papers.

The Chief Executive ensures the policy or position paper is sent to their EA/PA for publishing within two weeks of Board approval.

Policies and Position Papers will be loaded onto the website and SharePoint within two weeks of being received

7. ACCESS TO RACMA POLICIES AND RELATED DOCUMENTS

Policies will be accessible on request by all RACMA Fellows, Candidates and Members. All policies will be published on RACMA's website unless the board specifically decides that a policy will not be published.

Public access via RACMA's website will be the preferred mode of broader promulgation of RACMA's submissions and consultation responses, unless the Chief Executive, in consultation with the board if necessary, identifies specific sensitivities associated with a submission or consultation response that preclude its publication

8. ASSOCIATED DOCUMENTS