Policy on Policies and Procedures				Class: A	
Approved By:	Board of Directors				
Approval Date:	2017 09 20	**Effective Date:**	2017 11 01	**Review Date:**	2020 09 01
Responsible Portfolio/Unit/ Committee:	Board of Directors				
Responsible Officer(s):	Chief Operating Officer				

1.0   Purpose

The purpose of this policy is to define and set standards for the Northern Ontario School of Medicine's (NOSM) Policies and Procedures, including a requirement for their periodic review. This policy ensures NOSM's policies, procedures, protocols, guidelines and terms of reference are developed, approved and administered in a consistent manner, with the engagement of appropriate NOSM community members. The documents will be easily accessible to NOSM's community in order to ensure compliance with laws and regulations, mitigate institutional risk, and advance NOSM's mission.

2.0 Scope

This policy applies to the policies, procedures, protocols, guidelines and terms of reference (hereafter in this policy identified as 'the documents') of the non-profit corporation and the administrative and academic operations of NOSM.

3.0 Definitions

The following definitions are linked to the development and administration of NOSM's policies, procedures, protocols, guidelines and terms of reference.

3.1   Approval Date
The date when the highest approval body approves the document.

3.2   Effective Date
The date by which the document is effective in NOSM.

3.3   Review Date
The date by which the responsible office, portfolio, unit or committee must begin the review of the document.

3.4   Approval Bodies (Approved by)
The approval body of a specific policy, procedure, protocol, guideline, or terms of reference. The identified approval body on the document will be the highest level of approval body.

3.5   Responsible Office, Portfolio, Unit, or Committee
The specific portfolio, unit or committee that is responsible for the maintenance and implementation of the document.

3.6   Responsible Officer
The identified authority person or committee that is responsible for the maintenance and implementation of the document.

3.7   Types of Documents included in this Policy

3.7.1   Policy
A concise and formal statement of principles and rules that indicates how the School, Portfolio, or Unit will act in a particular area of operation. It ensures that NOSM's processes and practices align with its strategic direction, core principles, ethical standards, and the regulatory bodies. It addresses broad issues and is intended to serve for an extended period of time without the need for frequent review and/or change. A Policy may include a procedure, in which instance, the document would be entitled Policy and Procedure.

Each policy or procedure document will be identified as one of the three classifications described below.

● **Class A** - Has implications outside the scope of authority of a portfolio or could pose legal, financial, reputational, or accreditation risk to NOSM or is government-mandated. This class of policy or procedure requires approval at the highest level of NOSM's academic, administration and/or governance bodies, e.g. Academic Council, Postgraduate Education Committee, Senates, Executive Group or Board of Directors.

- **Class B** – Has principles, rules and implications contained within the mandate of the portfolio or academic program. This class of policy or procedure requires approval at the highest level of the portfolio, program or appropriate committee, e.g. Management Group, Postgraduate Education Committee (PGEC) or Undergraduate Medical Education Committee (UMEC).

- **Class C** – Has principles, rules and implications contained within the mandate of the unit or committee. This class of policy or procedure requires approval at the highest level of the unit or committee, e.g. Associate Dean, Management Group or the committee.

3.7.2   Policy and Procedure
Where a document is created with procedures included in the policy and in these circumstances, the policy and procedure shall be reviewed and approved as a Policy and Procedure by the appropriate responsible approval body.

3.7.3   Procedure
A procedure provides an outline of specific steps that all stakeholders will follow when dealing with a particular situation. These may or may not be steps required in order to implement a policy. A procedure defines limits and establishes responsibilities for required actions; and helps to achieve a high degree of regularity. A procedure is reviewed regularly to ensure accurate reflection of the current organizational structure, requirements, and regulations and reference the relevant policy (where applicable). A procedure is identified by its classification. The classes are A, B, C; and are the same as the three classes described for a policy.

3.7.4   Guideline
A guideline provides information on the advised course of action to be taken. A guideline provides direction and assists in making informed decisions, it can be a recommended direction or practice that allows some discretion or leeway in interpretation, implementation or use.

3.7.5   Protocol
While a protocol definition has been included, it is recommended that when a protocol is reviewed, it first be considered for a more appropriate document type e.g. a guideline, procedure or policy. Protocols should be used infrequently.
A protocol refers to a ceremonial or diplomatic official procedure, e.g. a specific protocol for flying a flag at half-mast; or when specific steps must be followed in an exact order, e.g. a needle stick protocol.

3.7.6   Terms of Reference
A terms of reference document describes the mandate, deliverables, scope, and structure of a committee, sub-committee, working group or task force.

3.7.7   Golden Copy
The golden copy is the official, master version of the document. There can only be one golden copy of each document. Generally, in each portfolio/unit, there will be a designated position that maintains each golden copy of all the portfolio or unit's documents.

4.0   Procedure

4.1   Identification of Need
Any member of the NOSM community may suggest that a new policy, procedure, protocol, or guideline is required or suggest a revision to an existing document.

The first point of contact will be the responsible officer in the responsible portfolio/unit to obtain the gold copy version of the document and any related forms and/or appendices. This will ensure that the current version of the document is used and no duplicate or earlier version is shared.

4.2   Preparation for Approval
A document must be developed or revised on an appropriate document template along with any related forms and/or appendices. The electronic filename of the new or revised document will use NOSM's Naming and Numbering Practices. All documentation (including tracked change documents and clean copy documents) must be submitted to the appropriate approval body.

4.3   Approval Process
The document is reviewed by the lowest appropriate approval body and a decision is made regarding the approval of the document. Depending upon the classification of the document, the approval body may request revisions or if approved, recommend the document to a higher level of approval body.

There may be times where it is recommended that the document be classified as a pilot and introduced to NOSM in a test state.

4.4   Implementation of the Document
Once approved, the introduction and implementation of the approved document will be the obligation of the responsible office/officer, and this includes the deletion of all other versions of the document from NOSM's website.

There will be an implementation process for the document that will include a communication plan for the document. The responsible officer will ensure appropriate training, interpretation, compliance monitoring and evaluation of the document.

4.5   Maintenance of the Document
Approved documents including related forms and appendices are stored and accessed on NOSM's central repository. The responsible office/officer has responsibility for the administration of approved documents. The responsible officer ensures the golden copy is stored as a version that can be accessed only by those with appropriate permissions for the central repository. All documents are stored according to the procedures outlined in NOSM's Records Management Policy.

4.6   Policy, Procedure, Protocol, Guideline, Terms of Reference Review
The responsible office/officer monitors the document's implementation and compliance by NOSM's community. All documents are subject to a process of periodic review to ensure that the information contained in the document is still correct, accurately reflects the practices of NOSM, and ensures compliance with relevant legislation and associated policies. The timing of the review is set in the document by its review date and is generally three years.

4.7   Revocation of the Document
The document remains in force until formally revoked by the appropriate approval body. The previous version of a policy, procedure, or guideline is automatically revoked when a new version has received final approval.

4.8   Archiving of the Document
NOSM's documents of permanent and/or historical value will be identified and preserved in accessible format, falling under the custody of the Health Sciences Library.

5.0   Roles and Responsibilities

The Responsible Officer or designate is responsible for making a reasonable effort to ensure that, within their areas of responsibility, the documents are developed, maintained, administered and reviewed in a timely manner.

All faculty, staff and learners are responsible for complying with NOSM documents in the course of performing their duties or engaging in their studies.

6.0   Related Documents

- Information Access and Protection of Privacy Policy
- Records Retention Policy
- NOSM's Naming and Numbering Practices
- Templates for Policy, Procedures and Guidelines, Protocol and Terms of Reference

7.0   Getting Help

Queries regarding interpretations of this document should be directed to:

the Office of NOSM's Chief Operating Officer.

DO NOT REMOVE THIS VERSION RECORD FROM THIS DOCUMENT		
Version	**Date**	**Authors/Comments**
1.0	2017 09 20	Approval by Board of Directors