

University Policy and Procedure Framework					
Approval Level:	Board of Governors				
Approval Date:	2025-09-24	Revised Date:	2025-09-24	Review Date:	2026-09-24
Responsible Portfolio/Unit/Committee:	Administration & Operational Support				
Responsible Officer(s):	Vice President, Administration & COO				

1.0 Purpose

The purpose of this Policy and Procedure is to establish a standardized framework for the development, approval, implementation and management of all policies and procedures at NOSM University. This framework aims to ensure that policies are created and maintained consistently and transparently, and are in alignment with the University's strategic objectives, legal obligations, and evidence-informed practices. The framework clarifies the roles and responsibilities of NOSM University Community Members involved in policy and procedure development in an effort to foster a culture of accountability, compliance, equity, diversity and inclusion across the University. It also supports continuous improvement and ensures that all policies meet the needs of NOSM University.

1.1 Policy Pillars

All policies shall be developed in consideration of the following policy pillars:

- Strategic Alignment:** Aligning policies with NOSM University values, mission, mandate and academic principles.
- Equity & Inclusion:** Analyzing the impact of policy design and implementation on underserved and marginalized individuals and removing barriers. Creating and supporting a health-promoting work and learning environment.
- Sustainability:** Incorporating principles of environmental sustainability into our planning, policy and decision-making.
- Accessibility:** Considering the *Accessibility for Ontarians with Disabilities Act (AODA)* to understand the impact of the design and implementation of policies affecting people with disabilities.
- Responsible Business Conduct:** Considering risk management and due diligence principles to identify and assess potential adverse impacts of policies.
- Legal and Regulatory Compliance:** Ensuring compliance with prevailing legislation, regulations, acts, etc., as well as internal University approved definitions.

2.0 Scope

This framework applies to the NOSM University Community Members involved in the development, revision, approval, implementation and management of university policies. 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 Approving Authority. Procedures, guidelines and related documents may not require the same approval pathway as policies.

Responsible Units looking to establish, revise or retire such policies are expected to comply with the provisions outlined in this Policy.

3.0 Definitions

For the purpose of this Policy:

TERM	DEFINITION
Approving Authority	The individual or body responsible for final approval of a policy, including Senate, Board of Governors, Executive Group (EG), Undergraduate Medical Education Committee (UMEC), Phase Committee, Post Graduate Medical Education Committee (PGMEC), Continuing Education and Professional Development (CEPD) Advisory Committee.
Golden Copy	The official master version of a policy document. There can only be one golden copy of each document.
Guidelines and Codes of Practice	Advisory documents providing recommended practices to support policies and procedures. Guidelines offer flexibility in application. Codes of Practice are documents outlining standards of behavior and ethical conduct expected from university community members.
Executive Group (EG)	The Executive Group (EG) is NOSM University's senior strategic and administrative body, responsible for overseeing the review and approval of operational policies and ensuring alignment with institutional priorities, regulatory obligations and accreditation standards. The EG does not approve academic policies, which fall under the jurisdiction of Senate. Instead, the EG focuses on governing operational and administrative policies that impact multiple portfolios across the University.
Senior Leadership Group (SLG)	The Senior Leadership Group (SLG) is NOSM University's senior administrative body responsible for reviewing, vetting and providing guidance on operational policies before they advance to the Executive Group (EG).

University Policy and Regulatory Compliance Unit (UPRC)	The University Policy and Regulatory Compliance (UPRC) Unit is an oversight group designated by the Vice-President, Administration and Chief Operating Officer to maintain a central repository of all University policies. The UPRC Unit serves as the central advisory group for policy development and compliance, ensuring alignment and consistency within the University's policy framework.
Policy Advisory Committee (PAC)	The Policy Advisory Committee (PAC) is an ad-hoc collaborative working group at NOSM University that draws on expert guidance to ensure policies: comply with legal, regulatory and accreditation requirements; uphold equity, diversity and inclusion principles; and support the University's strategic goals, academic, research and operational goals.
Policy	A policy is a formal document that captures a set of principles or rules that guide and direct decisions and achieve rational and desired outcomes for an organization and/or governing body to influence and determine actions in specific contexts. A policy will help ensure compliance with external legislations, regulations and accreditation standards. A policy assigns responsibilities and identifies accountable owners for implementation. It has a broad application throughout the University and is binding on members of the University community. The subject matter is such that it requires Board of Governors, Senate, Executive Group, President and/or Vice President (or designate) review and approval for policy issuance and revision. The four main categories are: 1. University-Wide (Administrative) Policies 2. University-Wide (Academic) Policies 3. General Administrative Policies 4. Academic Program/Senate Policies They may be supported by procedures, guidelines and/or codes of practice.
Non-Substantive Changes	Typographical or formatting updates. A non-substantive change is an edit to a policy that does not alter its intent, scope, obligations, or accountability. These changes are limited to clerical or housekeeping updates, such as correcting typographical errors, formatting, document references, or position titles.

NOSM University Community Members	Members of the NOSM University community include, but are not limited to, staff, faculty, professional staff, librarians, Board Members, stipendiary faculty, learners (i.e. postgraduate medical residents, undergraduate medical students, health sciences students or residents), all visiting learners, volunteers, visitors, observers and third-party contractors while they are acting in a capacity defined by their relationship with the University, as well as institutional administrators and officials representing NOSM University.
Procedures	Detailed instructions outlining the steps required to implement a policy. Procedures provide the functions and tasks to accomplish the directives stated in the policy. They also specify roles, responsibilities and processes.
Regulations	Sets out the University rule or standards governing an area.
Responsible Officer(s)/Committee	The identified authority person or committee that is responsible for the maintenance and implementation of the document (e.g. vice president, director, program committee, etc.). This individual or committee is accountable for its compliance with applicable institutional objectives, legal standards, academic priorities, regulatory requirements and clinical partnership requirements.
Policy Lead	The Policy Lead is responsible for initiating, developing and managing the policy throughout its lifecycle. This includes ensuring proper communication, maintaining version control and updating the policy as required.
Policy Retirement	The decommissioning of a NOSM University policy that is no longer needed or where the content has been incorporated into another policy or document.
Substantive Revision	Changes to a NOSM University policy's content, mandates or principles that materially change the intent, directive, scope, impacts and/or substance of the Policy.

4.0 Procedure

4.1 Policy Lifecycle

The following steps outline the process for developing, revising or retiring policies at NOSM University. This structured approach aims to ensure that all policies are created, reviewed and approved consistently. Policies will be categorized as follows and as determined by the PAC from time to time:

1. University-Wide (Administrative) Policies: Impact the entire University and require governance approval, including those related to strategic initiatives, legal compliance, finance and institutional governance.
2. University-Wide (Academic) Policies: Impact academic governance, curricula, admission standards, research and other academic matters.
3. General Administrative Policies: Apply to a single or multi-unit/portfolio and are related to university operations with institution-wide implications; however, do not require Senate or Board of Governors' involvement. Also, includes policies that are unit-specific, operational in nature and limited in scope, such as unit-level procedures and office management guidelines.
4. Academic Program Policies: Apply to a specific academic program and are intended to create a structured environment for learning while establishing expectations; however, do not require Senate or Board involvement.

Step One: Policy Initiation

The Responsible Officer(s)/Committee in conjunction with the Policy Lead identifies the need for a new policy or the revision of an existing policy. This need can arise from changes in accreditation standards, government legislation or regulations, strategic objectives of the University, identified gaps in current policies or feedback from relevant parties. The Policy Lead consults with the Responsible Officer(s)/Committee who oversees the development or revision.

All policies, procedures, guidelines and regulations shall be drafted and presented in a standard format using the templates provided by the University Policy & Regulatory Compliance Unit.

Step Two: Governance Review

Policies may require approval from the Senate (e.g. academic and accreditation) or the Board of Governors (e.g. governance, financial, risk or legal). Prior to submission, the full consultation process as detailed below must occur. Policies submitted to Senate require two readings for new or modified policies.

The University Secretary will provide the approval process pathway for the Senate and/or Board through the applicable committee(s) for final approval.

Step Three: Consultation with University Policy & Regulatory Compliance (UPRC) Unit

Prior to the development of a draft document, the Policy Lead may reach out to the UPRC Unit who acts in an advisory role and can assist in benchmarking against other institutions, identifying legal requirements, and gathering evidence informed practices to inform the development process. At the request of the Policy Lead, the UPRC Unit can also assist in aligning with accreditation standards, cross-referencing policies across the University, ensuring consistency with definitions and making recommendations on the relevant parties to be consulted. During this step, UPRC will provide the Policy Lead with the appropriate template, to be uploaded into the policy database once the final policy has been approved. The UPRC Unit will also work with the Policy Lead to make recommendations for the creation of the Policy Advisory Committee (PAC), if required.

For procedures and guidelines, the UPRC Unit will confirm the approval pathway.

Step Four: Policy Development

Depending on the complexity or impact of the policy, the Policy Lead may elect to establish a PAC to ensure appropriate consultation occurs with content experts. The PAC may include representatives from the various University portfolios (e.g. academic leadership, administration) and other content experts as required. During this stage, the PAC considers the Policy Pillars as detailed in Section 1.1. Based on the policy's subject matter and potential impact, the PAC determines the most appropriate consultation process for that policy.

Recognizing that each policy may require a tailored consultation approach, the PAC will establish recommendations on a case-by-case basis for University consultations with relevant parties. For example, while some policies may necessitate input from legal counsel, risk management, student councils or unions, others might not require consultation with every party. PAC is responsible for developing a consultation plan that reflects these unique requirements and ensuring the feedback process is both targeted and effective.

Should a policy not require the engagement of a PAC, the Policy Lead shall proceed with policy development, an appropriate consultation plan and approval through the Approving Authority.

Step Five: Policy Approval

Once the policy draft is finalized, the Policy Lead submits it to the Responsible Officer(s)/Committee for review.

1. University-Wide (Governance) Policies: The Responsible Officer(s)/Committee, in conjunction with the Policy Lead, will refer the policy through the Senior Leadership Group (SLG) for consultation and review, prior to proceeding to the Executive Group (EG) for approval and/or recommendation for Governance review/approval via the Board of Governors.
2. University-Wide (Academic) Policies: The Responsible Officer(s)/Committee, in conjunction with the Policy Lead, will refer the policy through the appropriate program committee for consultation and review, prior to proceeding to Senate, if required.

3. General Administrative Policies: The Responsible(s) Officer(s)/Committee may provide final approval within their domain of expertise or refer the policy to the SLG for further consideration.
4. Academic Program Policies: The Responsible Officer(s)/Committee may provide final approval within their domain of expertise or refer the policy to the Senate Executive Committee (SEC) for further consideration.

Policies not requiring approval from the Board of Governors or Senate must be approved by the Responsible Officer(s)/Committee and communicated to the Approving Authority in order to be enacted. The UPRC will track all changes and provide quarterly reporting on policy changes.

Step Six: Policy Implementation

Upon receiving approval, the Policy Lead shall make final edits to the policy as per the Approving Authority's direction, if required. Policies are effective upon final approval by the Approving Authority unless the approval stipulates a later date.

The approved version is designated as the Golden Copy, the official master version of the policy. The Golden Copy shall be submitted to the UPRC Unit for upload into the centralized policy repository. The UPRC Unit will ensure the policy is accessible, properly categorized and searchable (either internally, externally or both).

In consultation with the PAC, if applicable, a communication management strategy is implemented to announce the new or revised policy via email, newsletters and the University website.

Step Seven: Policy Evaluation & Reporting

A policy would normally be reviewed every three years unless directed by legislation and/or accreditation requirements, or upon decision of the Responsible Officer(s)/Committee or Approval Authority.

It is recognized that, on occasion, policies require updates that are necessary, but non-substantive. Typographical or formatting updates may be made with notice to the Approving Authority and reposting of the Golden Copy.

Major or substantive revisions to an existing policy, including any change that affects the policy's context, application or interpretation, must be treated in the same way as new policies and will undergo the development and approval process described in Section 4.1 of this policy and procedure.

Where updates are made and approved, the Policy Lead shall provide the Golden Copy to UPRC to be uploaded into the University's policy repository. This is essential in order to ensure all policy revisions or superseded policies are appropriately tracked and archived.

Step Eight (Optional): Policy Retirement

Where a policy is no longer applicable, has been changed into guidelines or procedures, or

where it would be more effective to integrate it into another policy, requests by the Policy Lead to retire the policy shall be submitted to policy@nosm.ca. Such policy retirements require the approval of the Approving Authority. Consideration will be given to the request and to the impact on other policies and on compliance with applicable legislation. Should the request to retire the policy be granted, the policy shall be removed from the University's policy repository and archived by UPRC.

5.0 Responsibility

The Board of Governors is:

- Under the Northern Ontario School of Medicine University Act, 2021, (the Act), and as outlined in the Board of Governors' By-laws, responsible for overall governance and oversight of the University's business and affairs which includes, but is not limited to, establishing, reviewing and approving policies related to governance, finance, administration and significant legal matters, and ensuring all policies align with strategic, legal and regulatory requirements.

The Senate is:

- Under the Act and Senate By-laws, responsible for academic governance and educational policies of the University which includes, but is not limited to, developing and approving academic policies, including curricula, admission standards and program structures.
- Reviewing and advising on policies related to the academic mission and resource allocation for academic purposes and ensuring compliance with accreditation and academic quality standards.

The University Secretary is responsible for:

- Ensuring effective governance for policy oversight.
- Advising on the appropriate approval pathways through the Board of Governors or Senate subcommittees, ensuring each policy follows the correct governance structure based on its nature and impact.
- Coordinating the presentation of policies for governance bodies, ensuring all documentation is complete and meets the necessary approval requirements.

The Vice President, Administration & Chief Operating Officer is responsible for:

- Overseeing the management and operational aspects of university policies at NOSM University, ensuring alignment with institutional objectives and that consistent processes are in place for their application across the University.

The University Policy and Regulatory Compliance (UPRC) Unit is responsible for:

- Providing expert review and feedback on policy drafts to ensure they meet legal, regulatory, accreditation and institutional standards.
- Ensuring compliance across all internal policies and external legislation.
- Offering guidance throughout policy lifecycle and ensuring policies are coherent in nature and scope, as well as ensuring terminology and format are consistent and readable.

- Managing the central policy repository, including uploading the Golden Copy, archiving updated and retired policies, as well as ensuring accessibility and consistency.
- Assisting with communication efforts to ensure all relevant stakeholders are informed about new or revised policies.

The Policy Advisory Committee (PAC) is responsible for:

- Reviewing and refining policy drafts to ensure they meet legal, regulatory and accreditation requirements, including Ministry directives such as the AODA.
- Drawing on academic, operational, research and policy expertise, ensuring policies align with the Policy Pillars as well as the University's strategic operational, academic and research goals.
- Providing recommendations for the consultation process, covering pre- and post-consultation activities and engaging subject matter experts (e.g. legal counsel, the University Secretary or accreditation specialists) as needed.
- Upholding robust policy governance and safeguards institutional accountability.

NOSM University Community Members involved in the development, revision, approval, implementation and management of university policies, procedures, guidelines and related documents are responsible for familiarizing themselves and complying with this Policy.

6.0 Related Documents

- Policy/Procedure Template
- Records Retention Policy
- Okanagan Charter

7.0 Getting Help

Questions regarding interpretations of this document should be directed to:

- Director – University Policy & Regulatory Compliance at policy@nosm.ca.

DO NOT REMOVE THIS VERSION RECORD FROM THIS DOCUMENT		
Version	Date	Authors/Comments
1.0	2025-09-24	Approved by Board of Governors to replace the Policy on Policies.