1. **Statement**

The policy management standard identifies the requirements for implementation of the Queensland Health policy framework.

2. **Scope**

The Queensland Health policy management framework applies to those policy documents that have mandatory application to the Department only.

Queensland Health guidelines that provide information to Hospital and Health Services are not included in the scope of the Queensland Health policy management framework.

This standard applies to all employees, contractors and consultants within the Department of Health divisions and commercialised business units.

3. **Requirements**

   **3.1 Overarching policy framework requirements**

   - **3.1.1** The current Queensland Health editorial style guide must be used when developing new policy.
   - **3.1.2** Policy documents can be developed to include a policy document, an implementation standard and/or a supporting guideline,
   - **3.1.3** Standards and guidelines must support a policy, whereas, a policy can be a stand-alone document.
   - **3.1.4** All policy documents shall be presented in the approved policy templates.
   - **3.1.5** All policies must have a policy custodian who is a senior officer (SO) or above.
   - **3.1.6** The Queensland Health policy site is the only location where Department of Health policies and supporting documents are published.
   - **3.1.7** All policy documents are registered on the Queensland Health policy register. The Queensland Health policy register informs the Queensland Health policy site.

   **3.2 Initiating the development of a policy**

   - **3.2.1** When initiating the development of a new policy, standard or guideline, consideration must be given to whether or not a policy document is the appropriate instrument to use to address the policy issue.
   - **3.2.2** New documents should only be created when there is a significant, demonstrated need for a policy document.
   - **3.2.3** The appropriate departmental leadership team (DLT) member must approve the development of the policy document.
3.3 Policy development

3.3.1 Stakeholders shall be consulted in the development and review of policy documents.

3.3.2 Policy documents must establish the minimum mandatory requirements and identify responsibilities and/or accountabilities for meeting those requirements.

3.3.3 The content must be written in plain English.

3.4 Policy approval

3.4.1 The final policy documents and the policy and supporting documents approval form (approval form) must be completed and forwarded to the policy custodian and DLT member for checking and approval.

3.4.2 The final policy documents and the signed policy and supporting documents approval form must then be forwarded to QH_policy_register@health.qld.gov.au for registering and publishing.

3.5 Policy implementation

3.5.1 An implementation plan and communication plan shall be prepared for new or reviewed policy documents.

3.6 Policy review

3.6.1 All policy documents shall be reviewed, at minimum, every three years.

3.6.2 The review of a policy shall be initiated by the policy custodian.

3.6.3 Once the policy has been reviewed and finalised, the approval form must be completed and forwarded to the policy custodian and DLT member for approval of the reviewed policy.

3.6.4 The revised draft of the policy and the signed policy and supporting documents approval form must then be forwarded to QH_policy_register@health.qld.gov.au for registering and publishing.

3.7 Rescinding policy

3.7.1 A policy document can be rescinded at any time, through a cyclical document review process, legislative changes or other drivers.

3.7.2 The approval form must be completed and forwarded to the policy custodian and DLT member for approval to rescind the document.

3.7.3 The signed approval form must then be forwarded to QH_policy_register@health.qld.gov.au for registering and rescinding.
## 4. Policy management framework accountabilities

<table>
<thead>
<tr>
<th>Position</th>
<th>Responsibility</th>
<th>Audit criteria</th>
</tr>
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</table>
| **DLT members** | Approving development of a new policy  
Approving new or amended policy in line with the requirements in this standard including the publication of policy documents.  
Approving the rescinding of policies | Approved policy has been developed in accordance with the requirements in this standard.  
DLT member approval |
| **Director, Legislative Policy** | Policy Custodian for the PMP including maintaining the policy and related documents through reviews/updates. | PMP and associated documents are current. |
| **Legislative Policy Unit (LPU)** | Maintaining the Queensland Health Policy Site and Policy Register  
Provide advice to Divisions to support implementation of the policy framework | Policy register is current.  
Accurate advice is provided in a timely manner |
| **Policy Custodian** | Ensuring that policy for which they are the appointed custodian is managed in accordance with the requirements in this Standard  
Progressing requests for policy approval, review or rescission as appropriate to the relevant EMT member  
Submit a completed, approved Policy Coversheet to RIU to enable the publishing of documents to the Queensland Health Policy Site  
Ensure documents submitted for publishing to the Queensland Health Policy Site comply with requirements in Web Publishing Policy  
Oversighting implementation of new or reviewed policy (although the responsibility and authority to implement may rest with other officers across the agency)  
Reviewing policies as per schedule in addition to monitoring policy environment and bringing forward review of policies and supporting documents as required  
Reporting on compliance when required.  
Notifying RPU of any changes in policy custodianship.  
Request the removal of any rescinded or superseded policy documents from the Queensland Health Policy Site.  
Advising Queensland Health staff when the policy or policy document is rescinded.  
Managing rescinded policy in accordance with Queensland Health Record Keeping Policy. | Policy being submitted for approval has been developed in accordance with the requirements in this Standard.  
Policy reviews are conducted as required.  
Policy compliance is monitored and reported and remedial action developed as required.  
Rescinded policy is accessible for audit and other business purposes. |
| **Policy delegate/policy contact officer** | Undertake tasks associated with the development or management of a particular policy.  
Develop policy documents that comply with the policy management framework. | |

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**Policy Management**  
**Policy and Clinician Engagement**  
**Director, Legislative Policy**  
1 July 2015  

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5. **Legislation**
   - *Hospital and Health Boards Act 2011*

6. **Supporting documents**
   - Policy template
   - Implementation Standard template
   - Guideline template
   - Approval form

7. **Definitions**

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Department of Health policy</td>
<td>DoH policy sets out the intent to achieve a particular outcome, such as providing a service or managing an operational or governance issue. DoH policies apply to DoH employees, contractors and consultants. DoH policies apply to Hospital and Health Services (HHSs) where specified in the scope.</td>
</tr>
<tr>
<td>Policy Implementation Standard</td>
<td>The standard outlines the minimum, mandatory actions required to comply with a policy.</td>
</tr>
<tr>
<td>Guidelines</td>
<td>Guidelines provide advice on best practice and are intended to support decision making.</td>
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**Version Control**

<table>
<thead>
<tr>
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<th>Date</th>
<th>Comments</th>
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</thead>
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<td>V1.00</td>
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<td>Version 1</td>
</tr>
<tr>
<td>V2.00</td>
<td>23 April 2013</td>
<td>Version 2</td>
</tr>
<tr>
<td>V3.00</td>
<td>1 July 2015</td>
<td>Version 3</td>
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