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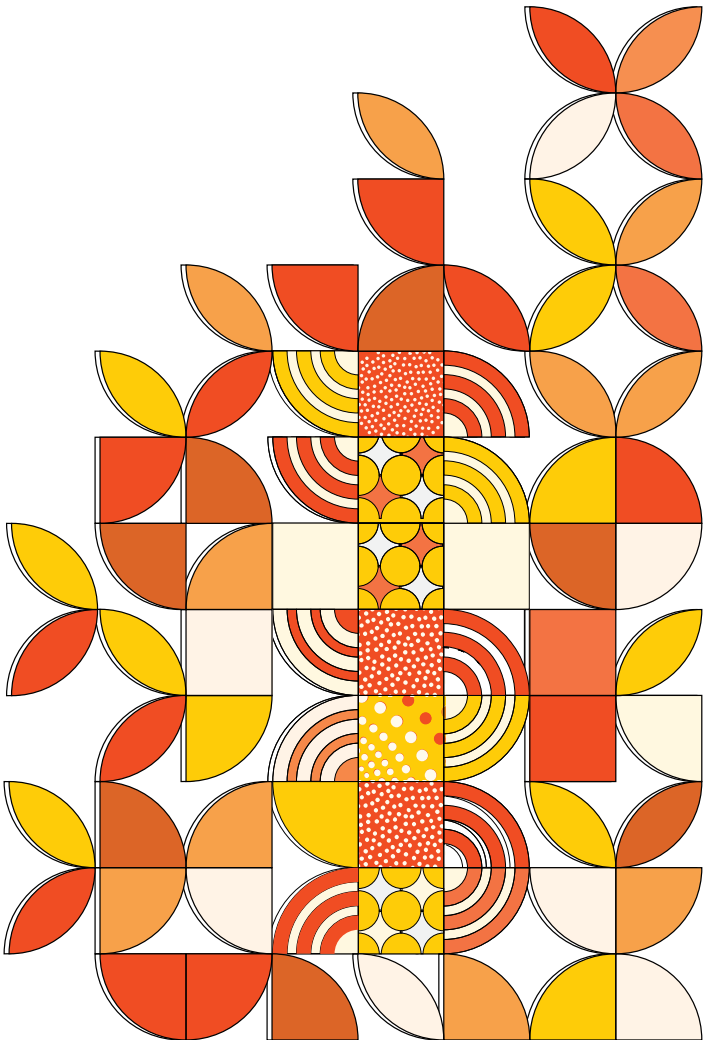
Document Preparation and Review Guidelines



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SECTION 1

Purpose

1. These guidelines establish a standardised process for the preparation, review and maintenance of all official documents at the Institute of Health & Management (IHM).
2. The purpose is to ensure that such documents are created and updated in a consistent, transparent manner that upholds quality and compliance with regulatory standards. By following these guidelines, IHM ensures documents are accurate, clear, and regularly maintained, aligning with the expectations of Australian Higher Education regulators, Tertiary Education Quality and Standards Agency (TEQSA) and Higher Education Standards Framework (HESF), for effective governance and quality assurance.

Scope

3. These guidelines apply to all relevant documents, including Policy, Procedures, Standard Operating Procedures (SOPs), Strategic Plan, Framework, Terms of Reference (TOR), Guidelines, Manuals, Reports and any other institutional documentation intended for official use.
4. These guidelines cover all stages from initial drafting to finalisation for the above document types across IHM.
5. It involves all staff, including the author, reviewer, or manager of official documents. Adherence is mandatory for anyone preparing or revising institutional documents, ensuring a unified approach to document control and version management across the organisation.

Definitions

6. For definitions of terms used in this Policy, refer to IHM's Glossary of Terms.

Suite Documents

7. This Procedure is linked to the following suite documents:
   - 7.1 Policy Management Policy.
   - 7.2 Policy Management Procedure.
   - 7.3 IHM Writing Style Guide.
   - 7.4 Other documents as listed in the 'Related Internal Documents' in Section 3 below.

SECTION 2

Guiding Principles

8. **Quality and Clarity:** All documents must meet high standards of clarity, accuracy, and completeness. IHM adopts the "4 Cs" principle that documents should be **Clear, Concise, Correct, and Complete**.

9. Reviewers ensure content is understandable and free of errors, with no gaps in required information. Each document should also be consistent in style and terminology, following IHM's templates and style guides to present a professional and uniform tone.
10. **Policy: What and Why**
    - 10.1 The Policy articulates the overarching goals and intended outcomes that guide the design, delivery, and assessment of IHM education and training programs.
    - 10.2 It establishes a commitment to delivering quality outcomes that align with IHM's vision, mission, purpose, values, strategic priorities, and sector standards.
    - 10.3 **What:** The policy defines the objectives embedded within each document, ensuring alignment with the institution's vision for academic excellence, learner success, and workforce readiness. These objectives shape the educational approach, program structure, and assessment methodology to ensure relevance and effectiveness.
    - 10.4 **Why:** The policy provides the rationale for these objectives, grounded in compliance with national regulatory standards (e.g., TEQSA and HESF), responsiveness to stakeholder needs, and alignment with evolving industry expectations. It serves as a foundational reference for academic and operational decision-making, fostering a learner-centred model, promoting equitable access, and ensuring a valid, reliable, and consistent document.
11. **Procedure: How, When, Who, and Where**
    - 11.1 The Procedure operationalises the policy by outlining the step-by-step, current, and up-to-date process for planning, developing, reviewing, and implementing each document. It provides a systematic approach to ensure consistency, quality assurance, and stakeholder accountability.
    - 11.2 **How:** The procedure describes the detailed methodology for executing the policy, including the development, review, and approval process.
    - 11.3 **When:** This section defines the timing and sequence of key activities, reviews schedules aligned with regulatory updates or internal cycles, and the timing of approvals.
    - 11.4 **Who:** The procedure identifies responsible roles at each stage of the process. This includes academic and administrative leaders, compliance and quality assurance personnel, subject matter experts, and external stakeholders (e.g., industry representatives) involved in validating and approving the prepared documents.
    - 11.5 **Where:** Activities occur across designated academic, compliance, administrative departments and other relevant departments.
12. All documents within the scope of these guidelines should ensure that all staff involved in the development and delivery of programs at IHM have a clear, structured, and compliant pathway to follow, to support quality assurance and institutional accountability.

13. All documents ensure systematic monitoring and evaluation of all operational phases, from marketing to course completion, to ensure compliance, strengthen alignment between standards and actual operations, and drive continuous improvement across strategies and practices.
14. **Regulatory Compliance:** Content must align with relevant Standards and regulatory requirements (TEQSA). During reviews, compliance checks are performed to verify that the document meets all legal and regulatory standards (e.g. accuracy of regulatory references, inclusion of required policy elements).
15. The preparation process is collaborative, involving multiple levels of review to ensure robust scrutiny, subject matter accuracy, and quality editorial and managerial reviews. All collaboration on drafts is done transparently using Microsoft Word's "Track Changes" feature.
16. IHM maintains strict version control to avoid confusion and preserve document integrity. Each document uses a standard template that includes a version history table, and every update is recorded with a new version number, date, and summary of changes.

Planning and Drafting

17. **Initiation:** A need for a new document or an update to an existing document is identified. This could be triggered by various factors, for example, the creation of a new policy due to a regulatory requirement, a scheduled periodic review of an existing procedure, changes in IHM's operations requiring an update in any document, or the identification of a gap in current documentation. The responsible department assigns an Author (Document Owner) to take charge of the document's development in accordance with the IHM-prescribed writing style guide.
18. **Planning:** Before writing begins, the Author clarifies the document's purpose, scope, and requirements. They should gather all relevant inputs: strategic objectives that the document must support, compliance requirements (e.g. review any TEQSA guidelines that pertain to the policy, procedure and other relevant documents), and examples of best practice (perhaps similar documents from other institutions or guidelines from professional sources, see *Benchmarking Policy and Procedure*). The Author should also confirm the approval authority and any stakeholders who must be consulted, so these can be involved appropriately during drafting or review.
19. **Template:** The Author starts with IHM's official document template (in Microsoft Word format). This template contains standardised sections (such as Purpose, Scope, Definitions, Suite Documents, Policy, Procedures, Roles, References, Associated Information with Version Control and Change History, etc.), ensuring consistency across all IHM documents. Using the template also means the document will automatically have the required branding and formatting.
20. **Drafting the Content:** The Author writes the document content, populating all required sections of the template. They should write in clear, formal language appropriate for IHM governance documents. The tone should be factual and instructive (avoiding casual language), as these documents may be used as official records of policy. While drafting, the Author keeps in mind the guiding principles: ensuring clarity and completeness (cover all necessary

points so that the intended audience will understand and there are no ambiguities), and embedding compliance (e.g., quoting or paraphrasing any regulatory standard that the document needs to adhere to, such as including relevant HESF clause references if applicable).

21. If the document updates an existing one, the Author might use the previous version as a baseline, editing it to create a redlined draft that shows changes. If it is new, the Author may circulate early outlines or seek preliminary input informally from key stakeholders to make the drafting more robust.
22. **Self-review:** Before officially moving to the next stage, the Author should perform a self-review of the draft. This means proofreading for obvious errors, checking that the content fulfils the intended purpose, and verifying alignment with any external requirements. Comparing the draft against a checklist (for example, ensuring that the "4 Cs" are clear, concise, correct, and complete) is recommended.
23. The Author may also use tools like spell check, Grammarly software, or other quality checks. Once the draft is ready, the Author saves the document (with a preliminary version number) in a designated draft folder or collaboration space. This ensures the draft is backed up and accessible to reviewers, and it initiates the version tracking in the system.

Content Review and Revision

24. The Author or Governance, Risk and Compliance (GRC) team circulates the draft to the selected Reviewer(s). Typically, an email and/or shared documents platform (such as OneDrive) notification is sent to reviewers with the draft attached or linked, instructions to use Track Changes for their edits, and a due date for completing the review.
25. All reviewers get the same version of the Word document. If multiple review cycles are needed (which is common), reviewers may work in sequence or in parallel (Track Changes should be on to capture each reviewer's edits in a different user colour).
26. Each Reviewer examines the document thoroughly and makes changes or insertions directly in the text using Track Changes.
27. Reviewers are responsible for making direct text edits using Track Changes rather than writing feedback. By contrast, inserting feedback as separate comments is discouraged; improvements should be written as if part of the document, so the draft evolves through visible edits rather than sidebar notes. Reviewers should suggest rewording, adding or deleting content, and fixing errors in the document.
28. Reviewers should not add extensive comment bubbles with general feedback. They should instead incorporate feedback by editing the text. For example, if a sentence is unclear, the reviewer rewrites that sentence (with Track Changes marking the alteration) rather than leaving a comment "unclear, please clarify." If necessary, a short comment may be used (for instance, a comment might simply say "verify this data point" if the reviewer is unsure about a fact), but the guiding rule is to minimise comments. All substantive suggestions should appear as edited text in the body of the document.

29. Reviewers should also flag any major issues by editing or annotating within the text (for instance, inserting a suggested paragraph if something is missing).
30. This direct editing approach means the document itself carries the suggested wording, making it easier for the author and subsequent reviewers to see the proposed final text in context.
31. Collectively, the reviewers ensure the draft meets all the quality criteria: factual accuracy, logical structure, readability, compliance, and completeness. While reviewing, the reviewers consider a range of quality criteria, making sure the document is accurate, comprehensive, and user-friendly. Best-practice criteria include: Accuracy (all information is correct and up-to-date), Completeness (nothing relevant is missing; the document covers its scope fully), Consistency (the style and information do not contradict other documents, and formatting is uniform), Clarity (language is plain and understandable, jargon is explained, sentences are well-structured) and Compliance (the content complies with any external standards or internal policies it should adhere to).
32. If the document is a procedure, reviewers check that the steps are in logical order and clear. If it is a policy, reviewers check that statements are unambiguous and enforceable. They also verify cross-references (if the document references other policies or regulations).
33. Reviewers ensure the tone and level of detail are appropriate to the document type. For instance, a high-level policy should not delve into minute procedural details (which belong in a procedure document), and vice versa, work instructions should be very clear on steps.
34. Reviewers must remain objective and constructive, focusing on improvements rather than just criticism, and they should follow any checklists or review guidelines provided (for example, a checklist may remind them to verify the document's alignment with HESF standards, check for any inconsistent terminology, etc.).
35. Each reviewer should complete their review within the agreed timeline and forward the document (with tracked changes) back to the Author or the next reviewer.
36. If there were multiple reviewers working separately, the Author may need to merge changes from different copies. This is done carefully to avoid losing input, often using Word's compare/merge feature or manually copying changes. The result should be one document showing all the proposed edits from all reviewers.
37. Generally, if a suggestion improves the document and is accurate, the Author will accept the change. If there are conflicting suggestions (e.g., two reviewers gave different rewordings for the same section) or any edits the Author believes need adjustment, the Author resolves those possibly by choosing the better alternative or combining ideas.
38. The Author may consult reviewers if needed for clarification. Such clarifications can usually be handled informally via discussion, and then the Author will adjust the draft accordingly

1. By the end of the review stage, the document should go to a "final draft for approval" form with tracked changes still showing all modifications made since the original draft, and ideally no unresolved comments (refer to Appendix 1 for the Review Workflow).

39. The document is now ready to move to the validation and approval phase.

Validation and Quality Check

40. Before seeking formal approval, IHM often includes a validation step, especially for documents that have a broad impact. This can be performed by the Director, Quality Management or a designated/assigned officer from the Quality Assurance (QA)/GRC Teams.

41. The purpose of the validation under clause 40 is to:

    41.1 Ensure the document's format and structure conform to the required template (all necessary sections are present and correctly ordered).

    41.2 Double-check that the version number and document ID are correctly assigned, and that the version history table is updated.

    41.3 Verify that all tracked changes have been left visible and that no lingering comments should have been resolved.

    41.4 At approval, the decision can be made to accept all changes, but up to that point, they should remain for transparency.

    41.5 Run a compliance checklist: e.g., if the document is an academic policy, does it meet HESF and any TEQSA guidance? If it is a People and Culture policy, check whether it complies with Fair Work regulations, etc.

    41.6 The validator might have a mapping of requirements to ensure nothing was overlooked. This is similar to a compliance review stage highlighted in best practices for document review, which is especially important for legal or regulatory documents.

    41.7 Check for any sensitive content or consistency issues: ensure no confidential data is improperly included, ensure terms are defined if needed in a Definitions section, and ensure that the document is appropriately categorised.

42. If the validation step finds any issues, the document is sent back to the Author for quick correction (still under track changes). Usually, at this point, issues should be minor (e.g., formatting, a missing reference, a typo, etc.) since content has been reviewed. The Author addresses these and finalises the "approval draft."

43. The Author/Sponsor/Delegate confirms that the document is ready for approval. The document at this stage is typically labelled "For Approval" and stored in the Monday.com Showroom without the approval date in a state accessible to the Approver. The identified Approver (committee) now receives the final draft (refer to the *Document Approvals and Publishing Process* for detailed information).

44. The Approver reads the document (they may choose to review the clean version for readability and refer to the tracked version to see changes). Their role is to ensure the document is suitable to become an official IHM document.
45. Every official document is subject to periodic review to maintain its relevance and accuracy. IHM policy might set a standard review cycle (commonly every 3 years for policies). The Knowledge Hub should have a field for "Next Review Date" which is populated upon approval (refer to the *Policy Management Policy and Procedure* for detailed information).
46. Additionally, certain triggers can prompt an out-of-cycle review: changes in law or regulations, organisational restructures, process changes, or recurring feedback indicating a policy is not working as intended

Continuous Improvement Feedback

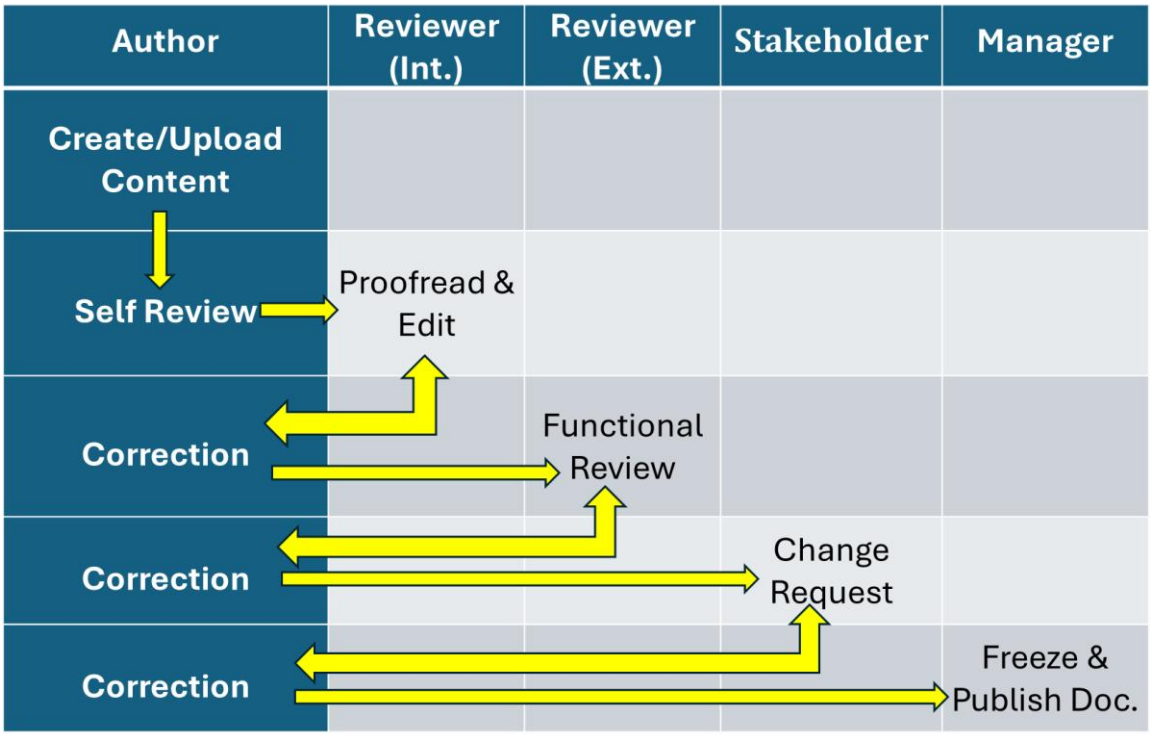
47. IHM encourages staff and stakeholders to provide feedback on documents. For example, if a staff member finds a procedure unclear, they can report that to the document owner/custodian or, GRC or QA department. Such feedback should be logged and addressed at the next review or sooner if critical.
48. Part of IHM's quality assurance framework is to ensure documents are not only maintained on schedule but also improved based on practical experience and benchmarking.
49. Periodically, the QA/GRC team/Policy Manager should audit the document system to ensure compliance with these preparation and review guidelines. This means checking that documents have proper version histories, that none have lapsed beyond their review date without action, and that any required approvals are documented.

Best Practices

50. IHM process is informed by professional documentation standards and best practices from industry sources:
    - 50.1 IHM's multi-tiered review approach mirrors recommendations to involve peer, expert, editorial, and managerial reviews for comprehensive quality assurance.
    - 50.2 The mandatory use of Track Changes and direct edits reflects a collaborative editing model that reduces ambiguity and keeps a clear history of revisions.
    - 50.3 Strict version control (with naming conventions, version tables, and repository control) aligns with best practices for minimising errors and ensuring everyone works from the correct document version.
    - 50.4 Requiring a central repository (Monday.com) and controlling access is consistent with digital asset management best practices, which recommend logical organisation and restricted editing rights to protect integrity.
    - 50.5 Setting a regular review cycle (e.g., three-yearly) for policies and procedures aligns with guidance for keeping documents up-to-date. It supports compliance with external quality frameworks that expect institutions to periodically review and improve their policies.

50.6 Emphasis on the content being **clear, concise, correct, and complete** follows the widely recognised documentation quality criteria (the "4 Cs"), and additional focus on consistency, compliance, and accessibility of documents ensures they meet both user needs and regulatory obligations.

Appendix 1: Document Preparation and Review Workflow



SECTION 3

Associated Information

Related Internal Documents	• Policy Management Policy • Policy Management Procedure • Document Approvals and Publishing Process • Delegations Policy • Delegations Procedure • Delegations Framework • Academic Honesty and Integrity Policy • Academic Honesty and Integrity Procedure • Copyright Policy • Copyright Procedure • IHM Writing Style Guide
Related Legislation, Standards, and Codes	• Tertiary Education and Quality Standards Agency Act 2011 • Higher Education Standards Framework (Threshold Standards) 2021 • Education Services for Overseas Students Act 2000 (ESOS Act) • National Code of Practice for Providers of Education and Training to Overseas Students 2018 • Copyright Act 1968 (Cth)

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Change History

Version Control		
Change Summary	Date	Short description of the change, including version number, changes, who considered, approved, etc.
Version 1.0	09/05/2025	New Guidelines to implement the best practices standards in document preparation, review and amendments. Recommended by Audit and Risk Committee on 09/05/2025.