



**Royal Roads University**  
**Governance Document Framework**  
**April 2020**

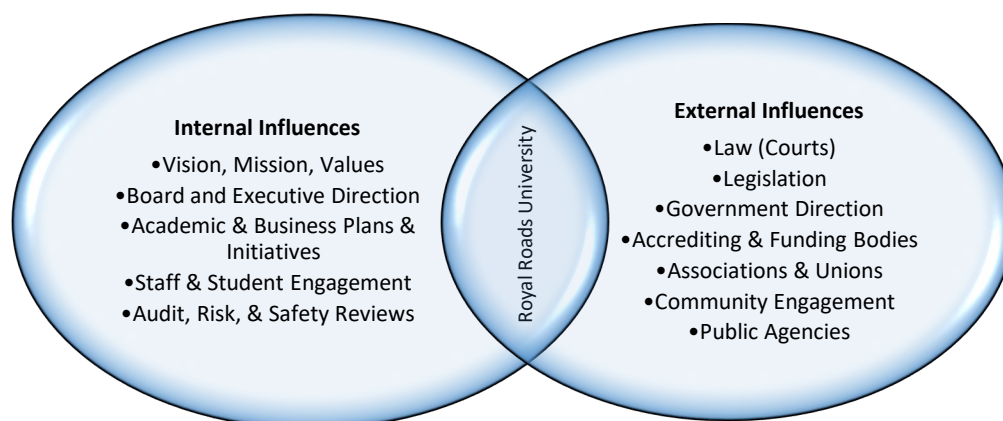
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## Introduction

The increasing complexity of today's university environment demands that they develop strategies and processes to promote robust fundamental elements for the overall management of their operations. Royal Roads University ("Royal Roads" or the "university"), as with all Canadian universities, is faced with the need maintain balance among regulatory, statutory, and professional direction, fiscal responsibility, multi-faceted service delivery demands, research, risk management, and expectations for accountability and transparency. Governance documents established by the university help achieve and maintain that balance as they reflect the university's mandate, vision, principles, and position on key issues in response to internal and external influences.

The delivery of Royal Roads' educational programs is challenging and complex, not only because of the very nature of education, but the internal and external influences that impact the delivery of the programs and business. Some influences have direct or mandatory direction, whereas some inform or influence decisions. The diagram below reflects some of the influences for the university.



Establishing and implementing a governance document Framework enables Royal Roads to nimbly respond to these influences and provide structure and direction to enable Board members, executive management, faculty and staff to act purposefully and consistently by providing clear, consistent guidance. Moreover, a Framework establishes a means of organising the overall system components to function together and support the work of the university.

The documents can be defined by type and stratified into a hierarchy that best meets the needs of the university's Board, management, faculty, employees, students, volunteers, and contracted service provides, as appropriate. This allows for adaptability and flexibility in the face of new and changing internal and external influences.

The following sections set out Royal Roads' governance document Framework and its components.

## Governance Document Types and Hierarchy

The dynamic nature of Royal Roads requires an array of governance documents and an established hierarchy to facilitate the delivery of information that results in a successful outcome for addressing identified issues and providing direction in a clear, concise, and consistent manner. Governance documents; however, cannot fetter, alter, or reduce mandatory direction. Rather, they translate often complex direction into understandable information to support compliance and minimize risk.

As a first requirement, a general organisational hierarchy promotes a common understanding of terminology to reduce confusion about levels and introduces a foundation for the types of governance documents. Within Royal Roads, for the purposes of the Framework, the key terms and definitions are:

- **Board** – the governing body consisting of members appointed or elected under the *University Act*, RSBC 1996, c.468 and the *Royal Roads University Act*, RSBC 1996, c.409.
- **Executive** – the administrative decision-making body responsible for the overall operation of the university. It consists of the President and vice-president positions that report directly to the President (and any other position designated by the President).
- **Portfolio** – a strategic grouping of areas within the scope and responsibility assigned to an executive leadership position that reports directly to the President and is part of the executive leadership team (e.g. Vice-President). Under the current organisational structure, there are four portfolios under a Vice President: CFO; Academic & Provost; Research, International, Marketing & Business Development; and Communications & Advancement.
- **Division/Faculty** – the first level functional area within a portfolio that is under the direction of a position that reports directly to the portfolio VP (e.g. Student & Academic Services, Campus Services, Research, Human Resources).
- **Department/School** – a specialized component of a division, under the management of a position that reports directly to a division head (e.g., Alumni Relations, Capital Infrastructure, Computer Services).

Secondly, Royal Roads has established the following document types and their hierarchy to provide a consistent foundation for its governance documents and to offer a variety of documents to address identified needs:

**Policy** – an official document of record of the university that is secondary to the law, legislation, and government directives/policies. A policy supports informed decision-making by setting clear, concise, and non-negotiable requirements that are fundamental to the mandate, core values, overall strategies and goals of the university. Moreover, it mitigates real or potential financial, legal, and/or reputational risk. Compliance is required as identified in the document which may include

employees, faculty, and, as appropriate, volunteers, students, contracted service providers, and members of the Board of Governors.

Three classifications of policies facilitate effectiveness, efficiency and provide the necessary flexibility required to address the needs of the university. Each policy is approved at the level set out below and is assigned an oversight office to manage the document's life cycle.

- **Board** – policies in this classification represent Board-only requirements as deemed appropriate by the Board, apply only to members of the Board, and are approved by the Board.

Examples of Board policies may include a code of conduct for Board Members, delegation of authority to the President, conduct of Board meetings – public and in-camera, and Board Member expense reimbursement.

- **Academic** – this classification of policy has a focus on faculty and students for the delivery of educational programs, and may impact multiple or a single academic portfolio/faculty/school, and is approved by:

(a) the Board as required by a legislative or governmental requirement, or a significant position or principle statement on behalf of the university as determined by, and approved by the Board; or

(b) Academic Council where the subject matter addresses the day-to-day academic priorities.

Examples of academic policies that may require Board approval include academic plan, academic quality assurance, chancellors' community recognition award, and honorary degrees.

Examples of academic policies that Academic Council may approve include academic integrity, shared programs, research ethics, and student services access.

- **Administrative** – policies in this classification address the university's financial, human, and physical resources, generally have broad applicability across portfolios, departments, and divisions, and are approved by:

(a) the Board as required by legislative or governmental requirement, or a significant position or principle statement on behalf of the university as determined by the Board; or

(b) Executive where the subject matter addresses the provision and/or management of administrative matters.

Examples of administrative policies that may require Board approval include business plan, investments, conflict of interest, exigencies of administration, the selection, recruitment, and retention of Executive, and whistleblowing.

Examples of policies in this classification that Executive may approve include records management, relocation assistance for faculty and staff, travel and business expense, delegation of authority from the President, contract management, and privacy.

**Academic Regulation** – sets out requirements and processes for the awarding of degrees and the overall academic program management at Royal Roads as determined by the Academic Council, in consultation with the respective faculties, and for which adherence is required by faculty and students. Regulations may change at any time at the discretion of the Academic Council.

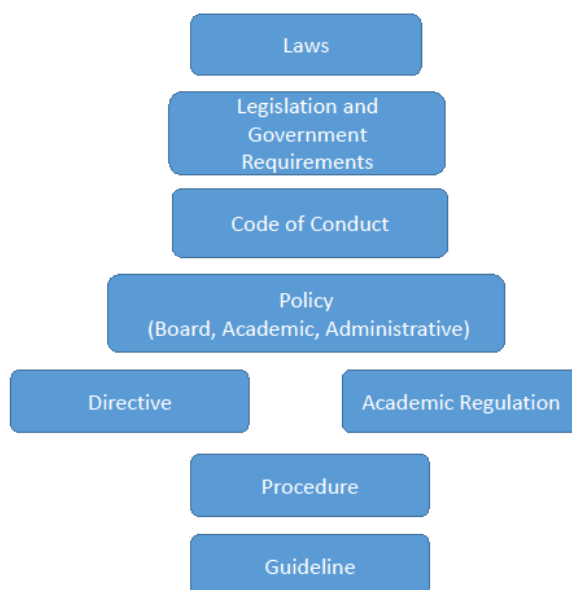
**Directive** – approved by Executive and provides a mechanism to respond quickly to emergent/immediate issues and offers time-limited direction in exceptional circumstances for which compliance is required on a specific aspect of the university’s operations, including providing interim direction until a policy is in place.

**Procedure** – provides detailed information necessary to fulfill requirements set out in a parent document, but does not introduce new/additional requirements. In most cases, a procedure has a parent policy; however, can be a standalone document when necessary. Procedures are approved by the portfolio Vice President (or designate) of the oversight office.

**Guideline** – establishes a recommended course of action that aligns with best practice while allowing individuals a reasonable amount of judgement in complying with the provisions. Guidelines are approved by the division Associate Vice President/Dean (or designate) of the oversight office.

**Appendix/Guide/Regulations** – provides supplementary information, such as chart, algorithm, or in-depth explanatory information, to support the requirements set out in a parent document. These types of documents form part of the parent document. Initial approval is at the same level of the parent document or as set out in the parent document. It is important to state that the contents of an appendix/guide/regulation may change from time to time. Revisions or rescission are made at the discretion of the parent document’s oversight office.

It is important to understand the hierarchy and that a lower level document cannot fetter, reduce or change requirements set out in law, legislation, government direction, or a higher level document, but may set specific requirements to facilitate academic or operational effectiveness and efficiency. The following diagram illustrates the hierarchy applicable to Royal Roads:



## Document Life Cycle

Adopting a robust document life cycle ensures that Royal Roads' governance documents are clear, unambiguous, relevant, practical, achievable, uphold legislative and legal requirements, promote best practices, mitigate risk, and can readily adapt in a changing environment. The life cycle, while presented as a staged format, is an iterative process and the level of involvement will vary depending on the subject matter and the type of document required. To assist in the processes of the life cycle, a toolkit of forms, templates, and other information is found in the [Framework Toolkit](#) (Appendix "A").

**Initiation** – An issue or idea that may require direction can arise at any level of the university dependent on internal and external drivers. Unless there is a mandatory requirement to develop a specific type of document, the issue/idea is presented for discussion with the leader of the area which may have oversight responsibility for the issue/idea. After discussion, if formal guidance on behalf of the university may be required, the area leader contacts the Policy Office representative to collaborate on an analysis and determination of next steps. This analysis includes the most appropriate type of document or method to address the need; prioritization level; identification of proposed oversight responsibility for the subject matter; working group members and stakeholder identification, and, where necessary, alignment with existing direction/work already underway.

**Development** – This stage requires considerable input and collaboration. Working together, the Policy Office representative and document's oversight office, select a small working

group, made up of individuals who have subject matter knowledge on key aspects of the topic to inform and guide document content. In addition, the following steps are undertaken: benchmarking and literature reviews undertaken; alignment with legislation, law, strategies/goals of university, existing internal and external direction; and identification of recommended endorsing bodies/individuals.

A development plan and draft document (e.g., policy, procedure, directive, guideline) are prepared under guidance of the document oversight office and working group with assistance from the Policy Office representative as required. The preliminary implementation plan includes identification of potential impact on quality & safety, ethics, risk (legal, organization, and reputation), external environment, public confidence, human and financial resources, and infrastructure requirements. As well, potential educational or practice change strategies, communication plans, and strategies for a post-implementation evaluation are identified.

**Engagement/Consultation** – Regardless of the type of document selected to address an identified issue, the core focus is engagement and consultation with key stakeholders across the university. Key stakeholders play a crucial role in the development and review of governance documents by providing viewpoints on content, compliance, practicality, implementation, effectiveness, and efficiency. The breadth and method of the engagement/consultation is guided by the subject matter and is undertaken by the document oversight office and, as required, the Policy Office representative. Engagement/consultation can range from creating an opportunity for feedback across the university to a small group of representatives with a stake in the outcome of the document. Feedback can be accomplished through one or more methods, e.g., online survey, town hall, meeting (face-to-face, teleconference), focused presentation, or email consultation.

**Endorsement** – Endorsement is the acknowledgement and consensus by program leadership and/or formal committees to support the requirements set out in a document. Dedicated endorsement bodies facilitate efficiency and consistency; however, additional endorsement may be sought from bodies identified during development through to consultation. In the event of an impasse or lack of consensus among members of an endorsement body, the concerns are presented to the approval body for assessment and determination of next steps.

**Approval** – The approval level of each document is based on the type of document and, in certain circumstances, the subject matter. Regardless, the critical component is that the approval body has the delegated authority to establish direction and make the commitment on behalf of the university. A cover sheet or Briefing Note highlighting the steps taken in the development of the document accompanies each document going forward to the approval body. The approved document is forwarded to the Policy Office representative for cataloguing and posting on the website. The Policy Office representative maintains a master catalogue of governance documents (including archive) in accordance with established records retention requirements.



**Implementation (including Communication, Education/Change of Practice)** – Often the overall implementation of a document is marginalized; however, this is a significant and complex element to ensure awareness about and compliance with a document’s direction and requirements. Primary responsibility for implementation rests with the oversight office(s), is shared with key stakeholders, and supported by the Policy Office representative within his/her scope of responsibility. There are two primary components for implementation:

- Communication – Using a variety of mediums, preparation and distribution of a university-wide announcement (including external groups, as required) which depicts the highlights of the requirements contained in the document. The Policy Office representative prepares and communicates the announcement and posts documents on the internal/external policy webpage.
- Education/Change of Practice – This is carried out in collaboration with the oversight office and departments/schools whose core functions align with the strategies identified during the development, consultation, and endorsement phases.

**Post-Implementation Evaluation** – At a defined period identified during the development, consultation, and endorsement phases, generally within a six (6) month period following approval, the oversight office conducts a post-implementation evaluation of the success in achieving the outcomes and goals associated with the primary purpose in adoption. This juncture also allows for the assessment of compliance. Depending on the outcome of the evaluation, there may be a need to revise the document. For minor revisions, the oversight office undertakes the revision and secures approval; for major revisions, it is recommended to undertake robust development, consultation, endorsement, and approval steps.

**Periodic Review** – A standard review is conducted at least every three (3) years, but no longer than every five (5) years for policies, procedures, and guidelines, unless determined otherwise by the approval body. This ensures the documents remain relevant and current. Moreover, an ad hoc review is undertaken when changes occur to legislation, law, industry/practice standards, or organisational structure that impacts the delivery of programs and services. Feedback received by the oversight office and/or Policy Office representative from a variety of methods is taken into account to help determine whether the document remains current and relevant or is in need of revision, or rescission.

**Revision or Rescission and Archive** – in the event that a document no longer meets the needs within the organisation, either revision or rescission takes place. Major revision is done in accordance with the Framework elements (except initiation); minor revision is done under the direction of the oversight office and approval body. A decision to rescind a document is determined by the oversight office and is approved by the document’s original approval body. Upon approval, the oversight office notifies the Policy Office representative.

Notwithstanding the foregoing, the following revisions may be made at any time during a document's life cycle:

- Housekeeping Revisions** – Occasionally, a document may require non-substantive revisions to update job titles, organisational titles, or to correct typographical or formatting error or similar. These corrections do not alter the content and are considered "housekeeping" and may be made at any time prior to the established review date. As these documents are official documents of the university, any revision is required to be recorded; however, housekeeping revisions do not require a "revised date" as the revisions do not alter the content. The Policy Office representative is responsible for making housekeeping revisions and is required to confirm the revision with the document oversight office prior to making the change.

## Accountability & Responsibility

Accountability and responsibility are often used interchangeably; however, they have different meanings: One is accountable "to" another individual or body; whereas, one is responsible "for" carrying out a particular task or function. Together the accountability is shared among the Board, Executive, and senior leaders, with responsibility shared across the university community. By setting out and differentiating between accountability and responsibility, a level of confidence is provided that due diligence and collaboration have taken place over the course of a document's life cycle which supports the integrity of the document.

Document	Accountability	Responsibility	Engagement and Endorsement	Approval	Scope	Review Period
<b>Code of Conduct</b>	Board	President; Executive	Executive; Identified key stakeholder groups	Board	University-wide	At least every 3 years, but no longer than 5
<b>Policy</b>	Board, Academic Council, or Executive (subject dependent)	President; Executive; Portfolio VP; policy representative (for process only)	Identified key stakeholder groups and endorsement bodies	Board, Academic Council, or Executive (subject dependent)	University-wide; or as set out in policy	At least every 3 years, but no longer than 5, unless directed otherwise by approval body
<b>Academic Regulation</b>	Academic Council	VP, Academic	Identified key stakeholders and endorsement bodies	Academic Council	Faculty; Students	As required, but no longer than 5 years

<b>Directive</b>	Executive	President; Portfolio VP (or designate); policy rep (for process only)	Identified key stakeholders and endorsement bodies	Executive (or designate)	As required	Time-limited document for 1 year maximum
<b>Procedure</b>	Portfolio VP	Portfolio VP (or designate); policy rep (for process only, as required)	Identified key stakeholders and endorsement bodies, as necessary	Portfolio VP (or designate)	As required	No longer than parent document or 5 years for standalone
<b>Guideline</b>	Portfolio VP	AVP (or designate); policy rep as needed	Identified key stakeholder groups and endorsement bodies	Portfolio VP (or designate)	As required	As required, but no longer than 3 years
<b>Appendix/ Guide/ Regulations</b>	Same level as parent document	Same level as parent document	Identified key stakeholder groups and endorsement bodies	As identified in parent document	Same level as parent document	As required, but no longer than parent document

## Accessibility & Publication

Awareness supports compliance with governance documents. The Policy Office representative works in collaboration with representatives throughout the university to facilitate awareness using various mediums. The official source of truth for current, approved governance document information is the dedicated webpage on the internal and external websites. This enhances accountability and transparency by allowing open access to these documents by employees, faculty members, students, volunteers, and contracted service providers. The webpage is managed and maintained by the Policy Office representative.

Forms of communication about policies, procedures, directives, guidelines, and academic regulations include announcements, posters, or other mediums for new and/or revised documents as determined appropriate by the Policy Office representative and the oversight offices for each document.

## Policy Office Representative Information

The Policy Office representative's key responsibilities include:

- a) provide oversight and guidance for overall Framework, document cycle processes, and document types;

- b) establish, where required, and oversee Framework document templates, subject classification and categories, and applicable numbering system;
- c) act as official office of record for the university's governance documents, maintaining accurate document master catalogue and archive;
- d) is central point of contact and resource for governance document information;
- e) in consultation with an oversight office representative determines the most appropriate document to address identified need and assists with preparation of documentation at point of intake and document drafts throughout the process as required;
- f) establish and maintain appropriate document management system and the web-based platform for publication of governance document information;
- g) prepare and distribute communications regarding governance documents – e.g. approval, revision, rescission;
- h) perform internal and external environmental scans on new and changing legislation/requirements/developments/trends that may or will have an impact on the university's core mandate, programs, and services; and
- i) prepare governance document workload, trends, and observations report for review by Executive, at least annually.

For further information on the Framework, policies, procedures, directives, and guidelines, please contact the Policy Office representative at [policy@royalroads.ca](mailto:policy@royalroads.ca)

**Framework Review Dates:**

Post-implementation: 01 November 2020

Periodic Review: 01 April 2023

