

# GLOBTER INTERNATIONAL COLLEGE

## POLICY FOR REVISING POLICIES AND PROCEDURES

*Institutional Governance and Quality Assurance Document*

<b>Document Title</b>	Policy for Revising Policies and Procedures
<b>Institution</b>	Globter International College
<b>Document Owner</b>	Quality Assurance Office / Senior Management
<b>Approval Authority</b>	Academic Board / Governing Body
<b>Review Cycle</b>	Annual review and earlier where required
<b>Version</b>	Version 1.0

This policy establishes a clear and transparent procedure for reviewing, updating, approving, issuing, and archiving institutional policies and procedures. It supports good governance, regulatory compliance, quality assurance, consistency of practice, and the continuous improvement of academic and administrative operations.

## 1. Purpose

The purpose of this policy is to ensure that all institutional policies and procedures at Globter International College are kept current, relevant, lawful, implementable, and aligned with the College's mission, strategic priorities, operational plans, quality assurance arrangements, and regulatory obligations.

## 2. Scope

This policy applies to all institutional policies, regulations, procedures, handbooks, frameworks, codes, and related operational documents governing academic, administrative, student support, financial, human resource, quality assurance, information technology, data protection, health and safety, library, and partnership activities.

## 3. Policy Statement

Globter International College shall maintain a structured document review system so that policies and procedures remain fit for purpose, are reviewed at planned intervals, and are revised promptly whenever internal or external changes require amendment. All revisions shall follow an evidence-based process involving appropriate consultation, version control, formal approval, communication, and implementation monitoring.

## 4. Principles

- Policies and procedures shall be written in clear, accessible, and implementable language.
- Review processes shall support transparency, accountability, and consistency across the institution.
- Revisions shall be evidence-informed and based on regulatory change, operational need, quality findings, risk analysis, stakeholder feedback, or strategic developments.
- Relevant students, staff, and external stakeholders shall be consulted where the subject matter affects them directly.
- All approved documents shall have a title, owner, approval authority, effective date, version number, and next review date.
- Superseded versions shall be retained securely for audit, reference, and accountability purposes.

## 5. Types of Review

**Scheduled review.** A formal review undertaken according to the approved review cycle, normally every one to three years depending on the document type and level of risk.

**Triggered review.** A review initiated before the planned date due to regulatory change, audit findings, complaints, appeals, operational gaps, quality assurance outcomes, restructuring, digital delivery changes, or other material developments.

**Minor revision.** A non-substantive amendment such as correction of typographical errors, title changes, role title updates, or formatting changes that do not alter policy intent.

**Major revision.** A substantive amendment affecting scope, rights, responsibilities, procedures, approval routes, regulatory compliance, quality processes, or institutional risk.

## 6. Responsibilities

<b>Role / Body</b>	<b>Responsibility</b>
<b>Document Owner</b>	Initiates review, drafts revisions, gathers evidence, consults relevant stakeholders, and ensures the document remains accurate and implementable.
<b>Quality Assurance Office</b>	Maintains the institutional document register, tracks review dates, advises on format and version control, and monitors compliance with this policy.
<b>Senior Management</b>	Reviews major revisions for institutional coherence, resources, risk, and operational feasibility.
<b>Academic Board / Relevant Committee</b>	Reviews and recommends academic and student-related policy revisions within its remit.
<b>Governing Body / Principal</b>	Approves documents or revisions requiring institutional authority under the approved governance framework.
<b>Administrative Units and Stakeholders</b>	Provide feedback on practicality, compliance, resource implications, and implementation risks.

## **7. Procedure for Revising Policies and Procedures**

### **7.1 Identification of Need**

The need for revision may be identified through scheduled review dates, changes in legislation or regulatory requirements, external quality assurance recommendations, internal audit outcomes, strategic planning decisions, complaints and appeals trends, incident reports, risk register entries, benchmarking exercises, stakeholder feedback, or operational experience.

### **7.2 Review Planning**

Once a review is initiated, the document owner shall confirm the purpose and scope of the review, collect the current approved version, examine relevant evidence, identify affected stakeholders, and establish a review timetable. Where appropriate, a working group may be formed for complex or cross-functional documents.

### **7.3 Evidence Gathering**

The review shall take account of regulatory requirements, internal data, policy implementation experience, quality reports, committee minutes, student and staff feedback, inspection or accreditation recommendations, and the needs of online, blended, and face-to-face provision where applicable.

### **7.4 Drafting the Revision**

The document owner shall prepare a revised draft using the institutional policy template and shall ensure that the document includes a clear purpose, scope, roles, procedures, records, approval authority, implementation arrangements, and review date. Any changes to rights, responsibilities, or process steps shall be stated clearly.

### **7.5 Consultation**

Draft revisions shall be circulated to relevant internal and, where appropriate, external stakeholders. Consultation may include senior managers, academic staff, administrative staff, students, committee members, employer or partner representatives, and subject specialists. Feedback shall be recorded and considered before finalisation.

### **7.6 Approval**

Minor revisions may be approved through an expedited route defined by the College's document control arrangements. Major revisions and all new policies shall be submitted through the relevant committee and approval authority in accordance with institutional governance requirements.

### **7.7 Issue and Communication**

Once approved, the final version shall be assigned a version number, approval date, effective date, and next review date. The approved document shall be uploaded to the controlled institutional repository or handbook area, and relevant staff and students shall be informed of the changes using appropriate communication channels.

### **7.8 Implementation and Monitoring**

Implementation responsibilities shall be allocated clearly. Training, guidance notes, briefings, workflow updates, or system changes shall be arranged where required. The effectiveness of the revised document shall be monitored through routine quality assurance, compliance checks, and feedback mechanisms.

## 8. Triggers for Early Revision

- New or amended legal, regulatory, licensing, or accreditation requirements;
- Changes to the College's mission, strategy, governance, structure, or systems;
- New delivery models, including online or blended learning arrangements;
- Material findings from audits, self-assessment, periodic review, or external review;
- Persistent implementation issues, complaints, incidents, or appeals;
- Changes to partner arrangements, industry expectations, or student support needs;
- Data protection, safeguarding, health and safety, equality, or other compliance risks.

## 9. Version Control and Document Management

All controlled documents shall include document control information. The Quality Assurance Office shall maintain an institutional document register showing the document title, owner, version number, approval authority, effective date, review date, and status.

Version	Type of Change	Approved By	Effective Date	Next Review
1.0	Initial issue	Academic Board / Governing Body	[Insert date]	[Insert date]
1.1	Minor amendment	Principal / Document Owner	[Insert date]	Unchanged
2.0	Major revision	Academic Board / Governing Body	[Insert date]	[Insert date]

## 10. Archiving and Withdrawal of Superseded Documents

Superseded versions shall be removed from active circulation once a revised version comes into effect. Historical versions shall be retained in an archive location with clear version labels for audit and reference purposes. Withdrawn documents shall be marked as obsolete to prevent unintended use.

## 11. Review Cycle by Document Type

Document Type	Normal Review Cycle	Examples
High-risk compliance policies	Annual	Safeguarding, data protection, health and safety, plagiarism
Academic and quality policies	Every 1–2 years	Assessment, programme monitoring, periodic review, appeals
Operational procedures	Every 1–3 years	Admissions, library, internships, staff procedures
Handbooks and guidance	Annual check and update	Student handbook, staff handbook, survey templates

## 12. Non-Compliance

Failure to review or update documents in accordance with this policy may create regulatory, academic, operational, or reputational risk. Instances of overdue review or uncontrolled document use shall be reported through management and quality assurance channels and addressed promptly.

## 13. Related Documents

- Quality Assurance Policy / Framework / Manual
- Procedure for Periodic Review
- Procedure for Programme Monitoring
- Strategic Plan and Operational Plan
- Risk Management Policy / Plan
- Data Protection Policy
- Document templates and institutional document register

## Appendix A: Policy Revision Request Form

<b>Document title</b>	
<b>Current version</b>	
<b>Document owner</b>	
<b>Reason for revision</b>	
<b>Summary of proposed changes</b>	

<b>Consultation required</b>	
<b>Target approval date</b>	