

# **NATIONAL OPEN UNIVERSITY OF NIGERIA**

## **STANDARD OPERATING PROCEDURE (SOP) PROCESS FOR POLICY DEVELOPMENT AND REVIEW**

### **1. INTRODUCTION**

This document espouses a standardised process for developing and reviewing policy documents and Standard operating procedures at the National Open University of Nigeria (NOUN). In all organisations and institutions, there should be in place a documented and standardised process of developing and implementing procedures to ensure uniformity, consistency, replicability, standards and interoperability of policies and standard operating procedures across all the constituting units and sites of the institution. At the National Open University of Nigeria, the need for policies and SOPs are of great importance because of the spread out nature of the institution and the need to monitor and evaluate compliance, identify gaps and continuously improve institutional effectiveness and efficiency in the fulfillment of its mandate and goals and to ensure that they align with (inter)national goals.

The Registrar of the institution is the custodian of all policies and is responsible for their archiving, dissemination and communication. The Director, QA is responsible for monitoring and evaluation to ensure compliance with approved policies and SOPs. Relevant units are expected to adhere to policy guidelines as appropriate.s

### **2. PURPOSE**

The purpose of this document is to describe the process for developing, reviewing, approving, and implementing institutional policies and SOPs.

### **3. DEFINITIONS**

**Standard Operating Procedure (SOP):** A set of detailed, step-by-step instructions or guidelines that prescribe the approved methods and practices to be followed for completing specific routine operations or activities. SOPs are not the same as policy, however, they reflect policy and are designed to ensure consistency and efficiency, in the performance of tasks or processes within the institution.

**Standardisation:** The process of developing and implementing procedures to ensure consistency and uniformity across various sites and sub-systems of the institution's operations and services.

**Procedures:** Sequential steps or actions to be taken in a specific order to achieve a particular outcome. Procedures provide a structured approach to carrying out tasks or processes that are routine or repetitive in nature to achieve the same outcome every single time.

**Process:** A series of interrelated actions, tasks, or steps undertaken to achieve a specific goal outcome. Processes often involve inputs, activities, and outputs and may cut across various functions within the institution.

**Framework:** A structured and conceptual structure that provides guidance, principles, and boundaries for decision-making within a specific aspect of an institution. Frameworks offer a common understanding and a basis for organising activities to achieve specific institutional goals.

**Policy:** A formal statement or document that outlines the principles, guidelines, standards, criteria, expectations, actions, and culture within the institution. Policies provide a framework for consistent decision-making and cultivating institutional culture.

**Guidelines:** Suggested or recommended practices, instructions, or principles on how to achieve specific objectives or outcomes. Guidelines provide flexibility while offering valuable direction.

**Originating Unit:** The department, directorate, team, or driver within the institution that initiates or proposes a policy or SOP and is responsible for drafting, reviewing, processing and a policy or SOP.

**Implementing Unit(s):** The department, Directorate or team responsible for executing or putting into action a specific policy or SOP.

**Custodian(s):** The Head and Directorate responsible for archiving, safeguarding, maintaining, and communicating all the policies of the institution.

### **Responsibility**

**Originating Unit:** Initiates policy or SOP development, gathers necessary information, and proposes the need.

**Implementing Unit:** Drafts, revises, and finalizes the policy or SOP based on input and feedback.

**Custodian:** Safeguards and maintains approved policies and SOPs, ensuring they remain current and accessible.

### **Documentation and Record Keeping**

All drafts, feedback, approvals, and final versions of policies and SOPs are documented and stored in a designated repository.

### **Review and Revision**

Policies and SOPs are reviewed periodically to ensure relevance, accuracy, and compliance with evolving organizational needs and external requirements

#### 4. Alignment

This document is to be used in conjunction with the institution’s strategic plan, academic brief, NOUN ODeL Policy, vision, and mission.

### 5. PROCEDURE

#### 5.0 Policy and SOP format

The policy format shall contain some key elements including:

- University’s logo
- Title of the document
- Version date (and DRAFT is the document is yet to be approved)
- Content: Introduction/Background, Purpose, Scope, Definitions, Procedure/Guidelines

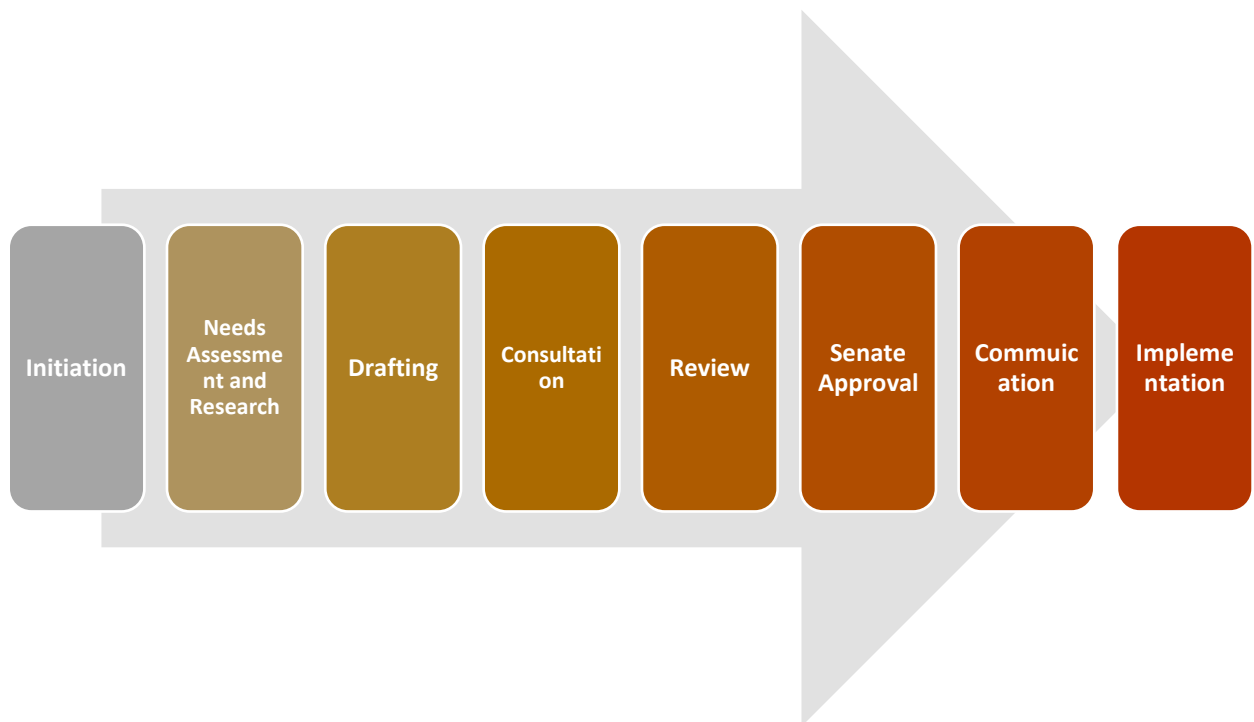


Fig. 1 Workflow process for developing and reviewing policies and SOPs.

**5.1 Initiation:** The need for a new policy or the review of an existing one can arise from new developments or a need to update due to changes in regulations, the university’s goals, or operational requirements. The originating unit that identifies the need shall develop a working document, inform the Director, QA, and invite all relevant units for pre-consultation meetings to establish the need for a policy. The identification can come from the unit requiring it or from other units who can inform the relevant unit. The driver shall be the implementing unit in consultation with other stakeholders within the institution.

**5.2 Needs assessment and research:** Information and research relevant to the policy topic is undertaken highlighting best practices and potential impact.

**5.3 Drafting:** A draft of a working document is developed outlining background, purpose, scope, objectives, principles, values and guidelines. This draft should be clear, concise, and aligned with the national and institutional goals, Mission and vision.

**5.4 Consultation:** Input is sought from key stakeholders (Faculties, Departments etc.) including subject matter experts, employees, and relevant units.

**5.5 Review:** Feedback from stakeholders is used to review the draft policy document, ensure compliance with relevant extant laws and regulations, and alignment with the university's values and strategic objectives.

**5.6 Approval process:** All drafted, and newly formulated policies are forwarded to the Senate Committee on Academic Policies through the Office of the Deputy Vice-Chancellor Academic for collation. Following due consideration by the Committee, the final draft policy is submitted for consideration by the Senate of the University.

5.6.1 The Director QA, who is also a member of the committee, will use the approved policies to monitor compliance and evaluate for quality assurance in the various academic units of the University.

**5.7. Communication:** Each policy should contain a communication and implementation strategy. Following Senate approval, the approved policy is disseminated and made available in print and digital formats to all relevant parties within the University. Sensitisation meetings may also be arranged as appropriate.

**5.8. Implementation:** The new or reviewed policy is put into practice by integrating it into day-to-day operations. Responsibilities are assigned for policy enforcement and compliance monitoring.

## **6. DEVELOPMENT OF STANDARD OPERATING PROCEDURES (SOPS)**

6.1 SOPs should clearly describe the following:

- What is to be done
- Who is responsible for doing it
- When it is to be performed
- How the procedure is performed

An SOP should be clearly articulated and detailed to enable different people carry out the task and obtain the same outcomes. The document can also be used to train new employees who are not familiar with the task or practice.

### **6.2 Approval of SOPs**

6.2.1 The need for an SOP for a specific practice or procedure shall be identified by the relevant unit or the QA Directorate of the institution. However, the relevant unit shall be responsible for drafting the SOP.

- 6.2.2 The drafted SOP shall be reviewed by at least 2 identified reviewers. The document should be reviewed for accuracy and clarity especially when it contains how-to instructions to be followed. The review team or reviewers should return the document with their comments and corrections.
- 6.2.3 Unresolved issues pertaining to procedure should be resolved by a review team constituted for that purpose within the unit.
- 6.2.4 The draft SOP shall be sent to (Where the procedure is practiced across several sites e.g. process of screening at study centres, there will be a need for the SOP to undergo a standardisation process in this case through the Directorate of Learners Support Services at their operational meetings which is a statutory meeting of Senate).
- 6.2.5 The final draft SOP shall be forwarded to the Director, Quality Assurance for further processing and submission for consideration of the Committee of Senate for Policies and if there are no additional queries, it shall be forwarded to the Vice-Chancellor for consideration and approval by the Senate of the Institution.

The final SOP shall include a document approval table comprising a signature and date line indicating the effective date of the SOP.

### **6.3 Distribution and Maintenance of SOPs**

Approved SOPs shall be distributed and shared as appropriate to all relevant units. Original and signed copies of SOPs shall be maintained by the Custodian of Institutional documents and QA.

### **6.4 Training**

Relevant units shall organise training on the use of new SOPs and certificates may be issued as evidence.

## **PROCESS FOR REVIEW OF POLICIES AND SOPs**

### **7.1 Review of Approved Policies**

- 7.1.1 Monitoring and Evaluation: Policies shall be continuously monitored and evaluated to assess their effectiveness and impact.
- 7.1.2 **Periodic Review:** A schedule for regular policy reviews shall be set to ensure its relevance and effectiveness over time. Adjustments may be necessary as the institutional operations and practices evolve.
- 7.1.3. **Documentation:** A comprehensive record of the policy development and review process including approvals, feedback, and reviews shall be maintained.
- 7.1.4. **Communication and archiving:** In the event that a policy becomes obsolete or is replaced, it shall be properly archived and its replacement communicated to all.

## 7.2 Review of Approved SOPs

7.2.1 **Monitoring and Evaluation:** All SOPs shall be continuously monitored and evaluated to ensure their currency; meet applicable regulations; and produce desired outcomes.

7.2.2 **Periodic review:** All approved SOPs shall be reviewed regularly and aligned with the results of periodic internal QA reviews in terms of gaps and recommendations for changes informed by approved improvement plans.

The process for the reviewing an SOP shall follow the same process for developing new SOPs and approval as described earlier in this document.

7.2.3 **Documentation:** All approved SOPs that require review arising from a documentation of approved improvement plans shall be listed for review. The relevant unit responsible for internal QA shall inform the originating unit of the need to review the SOP and share its findings with all units utilising the SOP.

The originating unit shall identify an individual to confirm and compile all suggestions regarding the changes to be made in the document within a stipulated timeframe.

7.2.5 **Communication and Archiving:** Approved SOPs shall be communicated to all relevant units and archived by the unit responsible for internal QA. Any SOP that is assessed to be obsolete shall be so recommended, removed from the institution's website and archived appropriately.

It is recommended that the lifecycle of a SOP shall be a minimum of 2 years. However, a review can be initiated earlier if there is need to do so

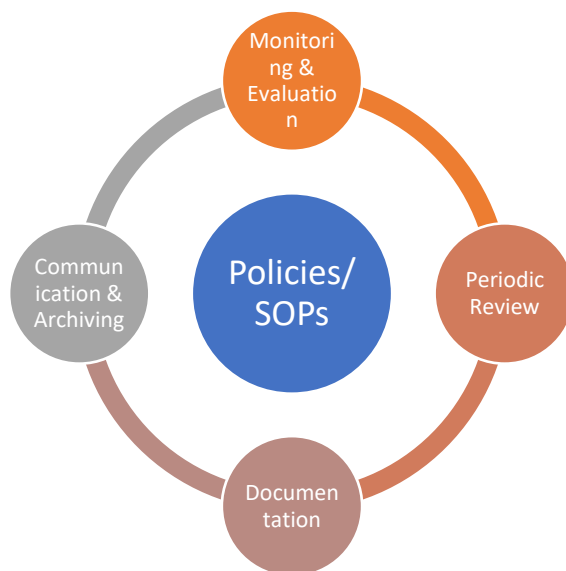


Fig. 2: Workflow for the review of Policies and SOPs

## **Sources**

NOUN Strategic Plan

NOUN ODeL Policy

NOUN Quality Assurance Framework and Policy

University of Utah (2020) Clinical Standard Operating Procedures

Rhode Island Department of Environmental Management Draft Standard Operating Procedure for Developing and approving Policies