NSW Health Pathology
Policy Framework

Contents

1. Introduction

The clinical and corporate governance of NSW Health Pathology is based on legislation, regulations, standards and the Ministries of Health and Justice policy documents.

The NSW Health Pathology Policy Framework supports business performance through the efficient and effective management of policy.

2. Purpose

The NSW Health Pathology Policy Framework establishes a defined, clear, identifiable, consistent and enforceable system for the development, approval, implementation and review of NSW Health Pathology policy documents.

To achieve this, NSW Health Pathology policy documents shall:

- Be consistent with all relevant Commonwealth and NSW legislation and standards

- Be consistent with the NSW Health Pathology vision, strategic objectives, purpose and values

- Be consistent with NSW Health Policy Directives and will not duplicate, amend, add to, or otherwise alter or rebadge NSW Health Policy Directives

- Assign responsibility and accountability to ensure due diligence in the operations of NSW Health Pathology

- Be transparent and developed in consultation with stakeholders

- Be binding and apply to NSW Health Pathology staff, volunteers, visitors, contractors and students where applicable and

- Comply with the requirements of this framework.

3. Policy Hierarchy

The Policy Hierarchy is an overview of the policy documents that define and govern NSW Health Pathology's operations. The Policy Hierarchy is illustrated below and each level is described in order of precedence.

A document lower in the hierarchy must relate to, and be consistent with, a document higher in the hierarchy. If there is an inconsistency between levels of the Policy Hierarchy, the higher level provision prevails.

4. Types of Policy Documents

Commonwealth and NSW Legislation

NSW Health Pathology is governed by Commonwealth and NSW legislation (Acts, Regulations and other legislative instruments), administrative decisions and the common (i.e. court-made) law.

Ministry of Health Policy Directives

The Ministry of Health sets Policy Directives for all NSW Health Organisations. NSW Health Pathology is required to comply with and implement all relevant Ministry of Health Policy Directives.

Ministry of Health Guidelines

Ministry of Health Guidelines establish best practice in relation to clinical and non-clinical activities and functions. Although compliance with Ministry of Health Guidelines is not mandatory, the intention is that Guidelines are to be adopted. NSW Health Pathology must ensure that sound reasons exist and are documented for departing from recommended standards or practices within a Guideline.

Ministry of Health Information Bulletins

Ministry of Health Information Bulletins contain information on new or amended requirements imposed by external sources of authority. These include changes to statutory, award or other legal provisions, or contain broader Government policy requirements, such as Premier's Memoranda, Treasurer's Directions or Federal Government initiatives.

Ministry of Health Policy and Procedure Manuals

Ministry of Health Policy and Procedure Manuals are a compilation of resources and advice on a specific subject, and may include related Policy Directives, Guidelines and other information. A Manual is used where there is a significant body of information on a critical and complex function or set of functions brought together to provide practical support for NSW Health Organisations in exercising their functions.

NSW Health Pathology Policy

NSW Health Pathology may develop and implement policies in the absence of a Ministry of Health policy or where a remedy to a statewide risk, or operational situation, is required. Policies are an official position statement of NSW Health Pathology and establish the key principles and provisions that govern decision-making processes. Compliance with policies is mandatory. Local Health District or hospital policy documents may apply where no Ministry or NSW Health Pathology policy document exists (for example, site-specific policy documents relating to emergency procedures).

NSW Health Pathology Procedures

NSW Health Pathology Procedures detail the operational steps that should be taken when implementing a Ministry or NSW Health Pathology policy. Procedures should be linked to the policy, explain how to implement the particular policy and include roles and responsibilities. Compliance with procedures is mandatory and may be applicable statewide, or limited to a particular business unit, service or program.

NSW Health Pathology Guidelines

NSW Health Pathology Guidelines provide advice on best practice and context related to legislation, standards and policy. Although compliance with guidelines is not mandatory, the intention is that NSW Health Pathology Guidelines are adopted. NSW Health Pathology must ensure that sound reasons exist, and are documented, for departing from recommended standards or practices within a guideline.

NSW Health Pathology Supporting Documents

Supporting documents may be developed to assist the implementation of and facilitate compliance with legislation, standards and policy documents. Supporting documents may include forms, checklists, instructions, templates, flowcharts, test methods and frameworks which require similar levels of document control and standardisation throughout NSW Health Pathology. When preparing supporting documents, Policy Authors should follow the general principles outlined in this framework and follow the NSW Health Pathology Templates and Style Guide. When clinical forms intended for statewide use are being developed, Policy Authors and Policy Sponsors must consider whether there is a need to have the form approved by the NSW Health State Health Forms Committee.

Transition of Network Policy Documents

Prior to NSW Health Pathology adopting a statewide policy approach, network policy documents were developed and accessed via separate network quality management system software platforms.

The move to statewide quality management system software (QMSS) will provide the framework for enhanced customer satisfaction and continuous improvement in the delivery of pathology, forensics and analytical science services. It will also assist NSW Health Pathology to continue moves towards harmonising policy documentation statewide which will result in a rescission process for network policy.

The Policy Framework will underpin the statewide Quality Management System. All new policy documents will be developed as statewide NSW Health Pathology policy documents. The process of rescission will be managed by the Corporate Governance Unit and the Clinical Governance Unit, as each policy is due for review.

*References in this Framework to '**policy documents**' should be read as references to NSW Health Pathology policies, procedures, guidelines and supporting documents.*

5. Roles and Responsibilities

To facilitate appropriate governance of policy documents, this framework establishes several key roles as follows:

5.1   Policy Sponsor

The Policy Sponsor is a member of the NSW Health Pathology Strategic Leadership Team. It is the responsibility of the Policy Sponsor to:

- Advise the Corporate Governance Unit (via NSWPATH-Policy@health.nsw.gov.au) on the Policy Document Implementation Plan to ensure that staff who are required to comply with policy documents are notified of any new or amended requirements
- Endorse when a policy document is required

- Consult, or ensure that the Policy Author consults, with all relevant stakeholders and the NSW Health Pathology Corporate Governance Unit throughout all stages outlined in the Policy Document Development Flowchart at Section 15 of this Policy.
- Provide advice to the Policy Author in relation to the development and implementation of policy documents
- Endorse draft NSW Health Pathology policies (and any NSW Health Pathology procedures, guidelines or supporting documents the Policy Sponsor considers should be escalated) for approval by the Strategic Leadership Team
- Approve (or decline, with reasons) NSW Health Pathology procedures, guidelines and supporting documents, following development and consultation in accordance with this Framework.
- Review, or delegate the review of, policy documents as assigned
- Ensure an appropriate evaluation methodology to measure the successful implementation of the policy document
- Ensure that policy documents do not contravene any relevant legislative requirements or compliance obligations
- Monitor compliance with relevant policy documents for example through audits, surveys and other methods and
- Develop and review policy documents in accordance with this framework.

The NSW Health Pathology Policy Sponsors are as follows:

Portfolio	Policy Sponsor
Clinical Governance and Quality	Executive Director
Clinical Operations	Executive Director
Statewide Clinical Services and ICT	Executive Director
Finance and Corporate Services	Executive Director
Forensic and Analytical Science Service	Executive Director
Medical Services	Executive Director
Scientific and Technical Strategy	Executive Director
Strategic Communications	Executive Director
Strategy and Transformation	Executive Director
People and Culture	Executive Director
Corporate Governance	Director

5.2   Policy Contact

It is the responsibility of the Policy Contact to:

- Act as the primary point of contact for the policy for advice on the policy and on implementing its provisions
- Undertake Policy Sponsor responsibilities as assigned to them by the Policy Sponsor. It should be noted that the Policy Sponsor remains accountable for ensuring compliance with the Policy Framework.

5.3   Policy Author

It is the responsibility of the Policy Author to:

- Consult with the NSW Health Pathology Corporate Governance Unit throughout all stages of the Policy Document Development Process (Section 15 of this Policy).
- Seek approval from the Policy Sponsor to develop a new policy document by submitting the Application to Develop a Policy Document to the Policy Sponsor
- Conduct relevant background research into best practice and ensure compliance with any relevant legislative requirements or compliance obligations
- Consult with stakeholders to identify implications and ensure expert input
- Ensure the policy document is approved by submitting it with the Policy Document Approval Checklist to the approving entity

- Submit the policy document to the NSW Health Pathology Corporate Governance Unit (via email to NSWPATH-Policy@health.nsw.gov.au) for publication using the Policy Document Publication Form
- Develop and review policy documents in accordance with this framework
- Assist the Policy Sponsor in ensuring staff required to comply with policy documents or any new or amended requirements in accordance with the Policy Document Implementation Plan.

5.4   NSW Health Pathology Corporate Governance Unit

It is the responsibility of the NSW Health Pathology Corporate Governance Unit to:

- Provide statewide advice and support in relation to NSW Health Pathology policy documents
- Manage, oversee and continually improve the efficient and effective functioning of the NSW Health Pathology Policy Framework and the Policy Library and provide guidance on policy responsibilities as appropriate
- Distribute new Ministry of Health policy documents, and notifications of obsolete policy documents, relevant to the operations of NSW Health Pathology, to the appropriate Policy Sponsor for communication and implementation
- Notify Policy Sponsors and Policy Authors when policy documents require review
- Ensure document control is in place for NSW Health Pathology policy documents and
- Monitor and report on policy implementation across NSW Health Pathology to the Strategic Leadership Team and the Board as required.

5.5   Director Quality and Patient Safety

It is the responsibility of the Director Quality and Patient Safety to:

- Ensure existing network policy documents are reviewed by their due date (or sooner) and as appropriate developed as statewide policy documents in accordance with this framework and in consultation with the Corporate Governance Unit as necessary

5.6   Managers

It is the responsibility of managers to:

- Distribute information to, and facilitate discussion with, their staff about relevant policy documents and maintain a record of such action, for example, minutes of staff meetings
- Ensure relevant policy documents are made available to staff who do not regularly access the NSW Health Pathology intranet, document management system, records management system and quality management system
- Assist with the implementation of relevant policy documents in their area and
- Monitor compliance and assess, manage and review non-compliance. If necessary, managers may escalate the matter through normal reporting structures to the relevant Policy Sponsor.

5.7   NSW Health Pathology Staff

It is the responsibility of all NSW Health Pathology staff to:

- Understand their responsibilities and comply with all Ministry of Health Policy Directives and NSW Health Pathology policy documents relevant to their area of responsibility and
- Report non-compliance to their manager.

5.8   Strategic Leadership Team

It is the responsibility of the Strategic Leadership Team to:

- set expectations for policy requirements

- Oversee the implementation of the NSW Health Pathology Policy Framework

- Approve (or decline, with reasons) all new NSW Health Pathology policies, and any NSW Health Pathology procedures, guidelines or supporting documents escalated to it by a Policy Sponsor for approval

- Act as the Health Records Forms Committee in accordance with the NSW Health State Health Forms Policy Directive PD2009_072 including reviewing and approving all clinical forms intended for statewide use and filing in the Health Care Record, and other forms as required.

6. Distribution of Ministry of Health Policy Documents

When publishing a new Ministry of Health Policy Directive, Guideline or Information Bulletin, the Ministry of Health will notify NSW Health Pathology.

The NSW Health Pathology Corporate Governance Unit will:

- Distribute new Ministry of Health policy documents and notifications of obsolete policy documents to the appropriate Policy Sponsor and

- Announce the latest policy updates in the Chief Executive Update, NSW Health Pathology's monthly staff e-news bulletin.

The Policy Sponsor must ensure that staff who are required to comply with the policy document are notified of any new or amended requirements.

The Policy Document Implementation Plan should be used to develop communication, training and evaluation strategies and to ensure appropriate clinical and corporate governance.

7. Policy Development

The management of NSW Health Pathology policy documents follows a process as illustrated in the Policy Cycle diagram below.
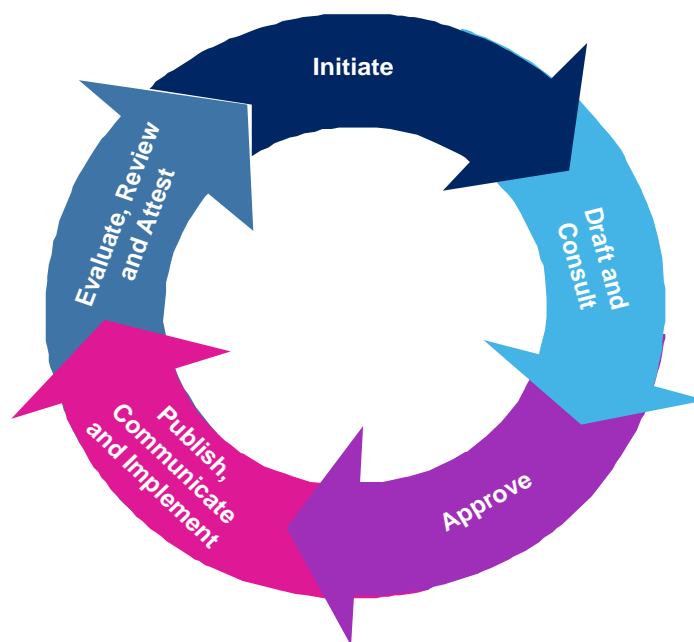
7.1 Initiate

Identify Policy Needs

The identification of the need for policy development may be for a range of reasons including to:

- Meet gaps in a Ministry of Health or a NSW Health Pathology policy document or where no policy document exists

- Implement a Ministry of Health policy document

- Review a policy document

- Address changes in the external environment such as legislative change or the internal environment such as a critical mass of issues

- Operationalise strategic directions

- Communicate expectations about how to deal with NSW Health Pathology matters

- Establish best practice and transparent, consistent and equitable standards and processes

- Support changes in clinical practice

- Manage or minimise risk and

- Provide rights and protections to individuals.

Research and Analysis

Before developing a new policy document, a critical assessment of the need for a new policy document should be undertaken as follows:

- The type of policy document that is suitable to address the issue, for example, a policy, procedure, guideline or supporting document

- The level of policy document that is appropriate, for example, a Ministry of Health or NSW Health Pathology policy document if a statewide approach is required

- The potential implications including legal, financial, industrial, workforce, training, on patients or consumers, and externally, for example, on other NSW Health Organisations such as Local Health Districts

- The interrelationship with other policy documents, for example, it may be more appropriate to update or extend existing policy documents rather than create a new policy document

- The impact of having too many policy documents for staff to operate within and

- Obtain advice from subject matter experts, undertake a literature review and explore theoretical scenarios.

If a new NSW Health Pathology policy document is to be developed, the Policy Author must submit the Application to Develop a Policy Document to the Policy Sponsor before the policy document is developed.

At this time, the Policy Author will need to consider risk in relation to the policy issue in accordance with page 10 of the NSW Health Enterprise-Wide Risk Management Policy Framework PD2015_043. The NSW Health Risk Matrix must be used for ranking the consequence, ranking the likelihood and classifying the level of risk. Once the assessment has been completed, the risk rating (low, medium, high or extreme) should be included in the Application to Develop a Policy Document.

If a new Ministry of Health policy document is to be developed, the approvals required, and the issues for consideration, are outlined in clause 3 of the [NSW Health Policy Directives and Other Policy Documents PD2016_049](#).

It is important to note that approval to develop a policy document does not guarantee approval.

7.2   Draft and Consult

Draft

Once approval is received to develop a new policy document, the Policy Author must draft a new NSW Health Pathology policy document, or amend the existing policy document, using the relevant [policy, procedure and guideline templates](#).

The policy templates:

- Ensure consistency across the NSW Health Pathology policy documents
- Assist Policy Authors to order their information and present it in a logical sequence and
- Benefit readers in being able to more readily find and understand policy information.

When developing the policy document, the Policy Author should:

- Use plain English, assume little prior knowledge and define any technical terms
- Give consideration to the target audience
- Ensure policy documents are as brief as possible while containing as much information as needed to outline the requirements
- Refer to relevant research including legislation, NSW Health Policy Directives, literature reviews and/or other authoritative sources
- Ensure policy documents are evidence-based and conform to best practice and relevant standards, for example, with [National Pathology Accreditation Advisory Council](#), [National Association of Testing Authorities Australia](#), [Standards Australia](#), [National Safety and Quality Health Service Standards](#) and [Australian and International Standards such as ISO Standards](#)
- Consider convening a working party with representatives appropriate to the purpose of the policy document
- Cover all facilities in order to reduce the need for local policy documents, where possible
- Include hyperlinks to other documents, where possible, to limit excessive content
- Ensure version control is maintained in accordance with the [Access, Control and Record Keeping](#) section of this framework and
- Consider whether the policy document will have an impact on:
    - Aboriginal people – please complete [NSW Health Aboriginal Health Impact Statement PD2017_004](#) Attachment 1 and submit to the Corporate Governance Unit (via email to NSWPATH-Policy@health.nsw.gov.au). Should you require advice on the impact, please contact NSW Health Pathology's Aboriginal Workforce Development Unit.
    - o   Culturally diverse communities – please refer to the [NSW Health Plan for Healthy Culturally and Linguistically Diverse Communities 2019-2023 PD2019_018](#) and
    - o   People with disabilities – please refer to the [NSW Health Disability Inclusion Action Plan](#).

Consult

Consultation is an important part of ensuring a policy document meets the requirements of its audience. Some of the key considerations are:

- Consultation must take place as broadly as possible to ensure all stakeholders are considered. The areas that are likely to be affected, or areas for which policy may have implications, should be consulted, for example, clinical operations, clinical streams and portfolio areas

- NSW Health Pathology's Clinical Governance Unit must be consulted in relation to all clinical policy documents.
- Mechanisms for consultation include placing draft policy documents on the agendas of relevant meetings and holding one-on-one meetings or workshops
- Acknowledge matters that are non-negotiable in the consultation process, that is, what stakeholders can and cannot influence
- Document and assess comments in relation to whether they are appropriate to include in the draft. Feedback should be provided to stakeholders on how comments have been addressed
- Following analysis of comments received, and any amendment to the policy document, a final draft for approval should be prepared
- If necessary, or should the next draft be significantly different to the first, the policy document can be released again for comment
- The length of time for consultation will depend on the complexity of the policy document, its audience, and the time of the year and
- Maintain good record management procedures to ensure all feedback is retained in accordance with the Access, Control and Record Keeping section of this framework.

7.3 Approve

All NSW Health Pathology policy documents must be approved by the relevant delegate prior to publication as follows:

- **NSW Health Pathology Policies** must be approved by the Strategic Leadership Team.

- **NSW Health Pathology Procedures, Guidelines and Supporting Documents** must be approved by the Policy Sponsor. Policy Sponsors should consider escalating a procedure, guideline or supporting document to the Strategic Leadership Team for approval where it relates to a controversial matter or there is a need to demonstrate broad executive endorsement.

- The Chief Executive may also approve NSW Health Pathology policies, procedures, guidelines or supporting documents).

SLT will be notified, as a standing 'for information' agenda item at all SLT meetings, of all new procedures, guidelines or supporting documents approved.

7.4 Publish, Communicate and Implement

Publish

NSW Health Pathology publishes policy documents through the Policy Library on the NSW Health Pathology intranet.

The Policy Library is the sole authoritative source for all NSW Health Pathology policy documents.

In order to publish an approved policy document, the following documentation must be submitted to the Corporate Governance Unit by email at NSWPATH-Policy@health.nsw.gov.au:

- Approved policy document
- Application to Develop a Policy
- Policy Document Approval Checklist

- [Policy Document Implementation Plan](#) and
- [Policy Document Publication Form](#).

When published, the policy document will be assigned a unique identification number which will remain for the life of the document.

As a general rule, hard copy manuals or policy documents stored on shared computer drives are not valid and cannot be used to guide practice. Where staff do not have access to online platforms, managers are responsible for ensuring relevant copies are made available to staff. The process for managing hard copy policy documents must be in strict accordance with the relevant procedures for controlling hard copy records.

Communicate and Implement

Communication and implementation are critical elements of the policy development process.

The [Policy Document Implementation Plan](#) must be developed for all Ministry of Health and NSW Health Pathology by the Policy Sponsor and outlines:

- *Governance:* The officers who are responsible for implementing the policy document including the specific business areas and experts who will be involved in the implementation
- *Communication:* The messaging that will be required to all impacted staff. Tactics for consideration include staff forums, team meetings, group emails, newsletters and the intranet
- *Training:* Identify strategies to ensure all relevant staff are capable of implementing the new requirements.

Evaluation is a component of the Implementation Plan and is detailed in the following section of this framework.

7.5   Evaluate, Review and Attest

Evaluate

Evaluation should determine whether the policy document is meeting the need for which it was developed.

The [Policy Sponsor](#) is responsible for ensuring an appropriate methodology for identifying how the success of the policy document will be measured. For example, whether:

- The policy document had the intended business impacts including generating efficiencies, increasing effectiveness or reducing risk
- The policy document was implemented according to the requirements, and
- Staff who carry out the responsibilities contained in the policy document are complying with the requirements.

Evaluation is a component of the [Policy Document Implementation Plan](#) and is agreed at the time of policy approval. For policy documents with a high risk rating, evaluation should be undertaken regularly, for example, yearly.

Review

In addition to a formal evaluation, all NSW Health Pathology's policy documents are subject to a cycle of review.

The Policy Sponsor will determine the review date. Depending on the nature of the policy document, review dates are set between one and five years, taking into consideration accreditation, legislative and corporate duty of care requirements.

A thorough review must be completed by the assigned review date. NSW Health Pathology's Corporate Governance Unit will be responsible for notifying Policy Sponsors and Policy Authors of policy documents that require review.

Policy documents that have been reviewed and do not require material change may be approved by the Policy Sponsor. If material changes are required, the policy document must be approved by the relevant delegate. A policy document may be rescinded by following the same pathway through which it was approved.

In addition to reviewing policy documents by the assigned review date, Policy Sponsors should ensure reviews are undertaken in the following circumstances:

- A deficiency or error is identified in a policy document

- Changes in the external environment such as a legislative change, changes in clinical best practice or the internal environment such as an accumulation of a critical mass of issues, or

- Any other circumstance that the Policy Sponsor determines warrants a review of the policy document.

The Policy Sponsor will need to consider the current risk rating of the policy in accordance with the NSW Health Enterprise-Wide Risk Management Policy Framework PD2015_043. The NSW Health Risk Matrix on page 11 of PD2015_043 is available for determining the current rank of the consequence, rank of the likelihood and classification of the level of risk. The final ranking of low, medium, high or extreme should be included on the Policy Document template.

Attest

Policy Sponsors will be required on an annual basis to attest to NSW Health Pathology's compliance with the requirements in the Ministry of Health Policy Directives and NSW Health Pathology policy documents. This includes attesting to the approval and monitoring of the Policy Document Implementation Plan as well as the ongoing functioning of Ministry of Health Policy Directives within NSW Health Pathology, once implemented.

8. Access, Control and Record Keeping

Access

Ministry of Health Policy Directives are accessible through the Ministry of Health Policy Distribution System (PDS) http://www.health.nsw.gov.au/policies/pages/default.aspx

Ministry of Health Policy and Procedure Manuals are accessible through the website at http://www.health.nsw.gov.au/policies/manuals

NSW Health Pathology policy documents are accessible from the Policy Library on the NSW Health Pathology Intranet http://intranet.pathology.health.nsw.gov.au/tools---resources-/policies-and-procedures

Any NSW Health Pathology policy documents that affect, or could affect our customers, business partners and members of the public are published on the NSW Health Pathology Website http://www.pathology.health.nsw.gov.au/about-us/our-policies. This also meets our obligations under the *Government Information (Public Access) Act 2009* (GIPA Act).

Policy documents are also accessed through quality management software systems. NSW Health Pathology is moving towards a single enterprise-wide quality management software system that supports harmonisation of policy documentation across the organisation.

Document Control

Policy document version control and revision notifications are managed and stored centrally in the approved records management systems.

To ensure that the most up-to-date policy information is being used at all times, policy documents must not be saved on local drives or stored in hard copy. The only exception to this rule is where it is not operationally feasible to access policy documents electronically. The process for managing hard copy policy documents must be in strict accordance with the relevant procedures for controlling hard copy records.

Record Keeping

All policy documents maintained by NSW Health Pathology are considered to be state records and subject to the *State Records Act 1998*.

NSW Health Pathology must ensure that all policy documents and versions are maintained and archived. This includes records of policy document development, review and maintenance. Requirements, roles and responsibilities for ensuring NSW Health Pathology compliance with the *State Records Act 1998* must be in accordance with the standards provided for Record Keeping in the Public Sector on the NSW Government State Records website and accreditation requirements as assessed by the National Association of Testing Authorities (NATA) and the Therapeutic Goods Administration (TGA).

Additional retention timeframes may apply to satisfy NSW Health Pathology's administrative, legal or financial needs or if specified, or implied, in other legislation.

9. Review

This policy will be reviewed by 30/06/2021.

10. Risk

Risk Statement	This framework sets out the governance, development and management of policy to ensure high quality and current policy documents that are supported by evidence, best practice, aligned to legislative requirements and implemented to improve and promote high quality pathology and forensic services.
Risk Category	Leadership and Management

11. Further Information

For policy advice and guidance, please contact:

NSW Health Pathology Corporate Governance

Level 5, 45 Watt Street

PO Box 846

Newcastle NSW 2300

Phone: 02 4920 4000

Email: NSWPATH-Policy@health.nsw.gov.au

12. Supporting Documents

Supporting documents are provided to assist the implementation of the Policy Framework:

- [Application to Develop a Policy Document NSWHP_F_0001](#)
- [Policy Document Approval Checklist NSWHP_F_0002](#)
- [Policy Document Implementation Plan NSWHP_F_003](#)
- [Policy Document Publication Form NSWHP_F_004](#)
- [Policy Template](#)
- [Procedure Template](#)
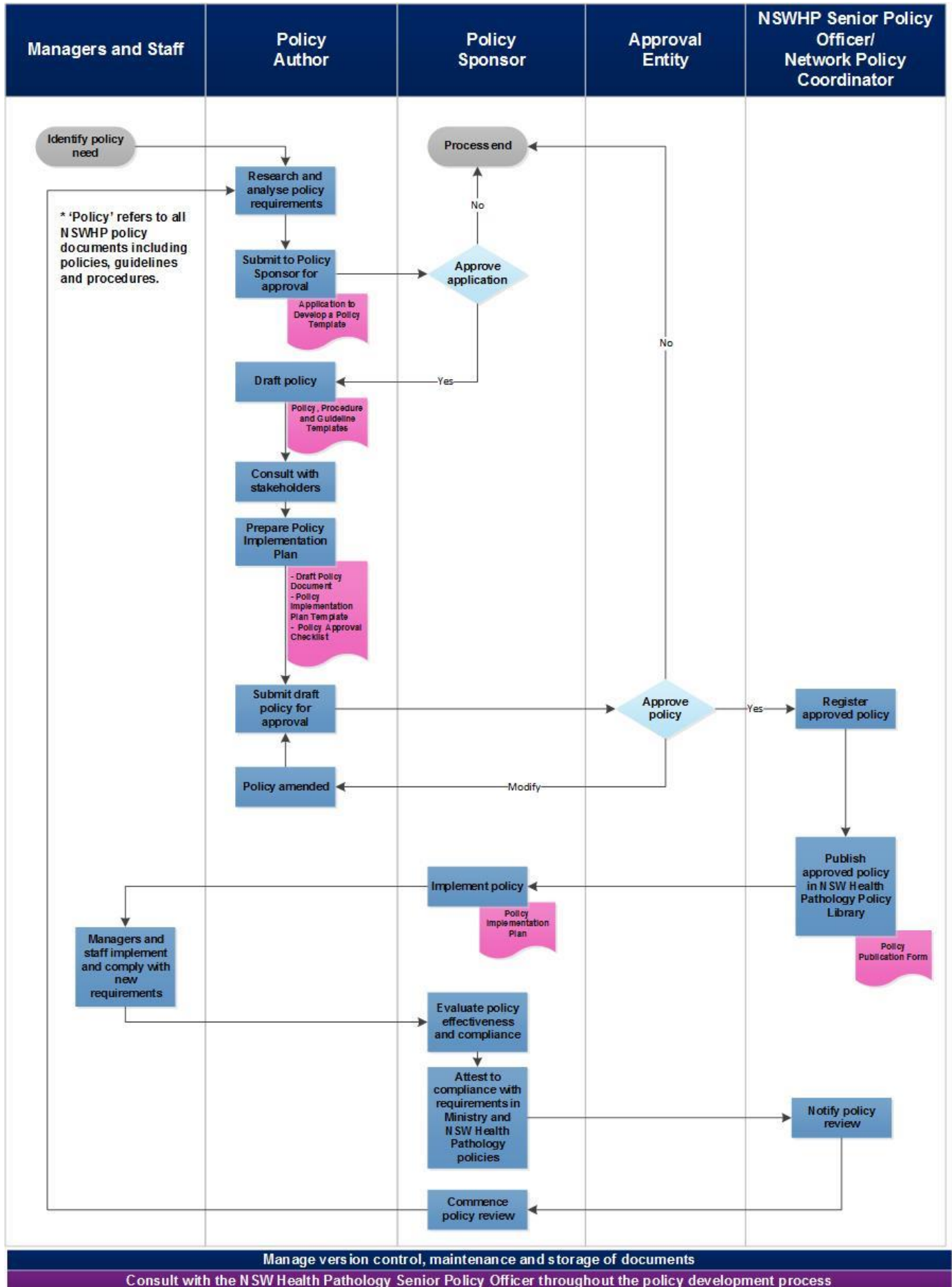- [Guideline Template](#)

13. Version History

The approval and amendment history for this document must be listed in the following table.

Version No	Effective Date	Approved By	Approval Date	Risk Rating	Policy Author	Sections Modified
1.0	03/04/16	ELT	03/04/16	High	Samantha Brookes, Senior Policy Officer	New Framework.
2.0	10/04/17	SLT	10/04/16	Medium	Samantha Brookes, Senior Policy Officer	New approval process, new policy sponsors, removal of network documentation from the policy hierarchy, notation in relation to the transition of network policy and other minor updates.
3.0	25/07/18	Chair, TGC	25/07/18	Medium	Samantha Brookes, Senior Policy Officer	Minor updates such as revised template, position titles, update Aboriginal Health Impact Statement process.
4.0	07/05/19	Chair, TGC	07/05/19	Medium	Samantha Brookes, Senior Policy Officer	Minor updates to include revised organisation structure and revised policy templates.
5.0	03/03/20	SLT	03/03/20	Medium	Tammy Boone, Director Corporate Governance	New approval process and delegations, other minor changes.

14. References

- [National Association of Testing Authorities](#)
- [National Health and Medical Research Council, Guide to the development, evaluation and implementation of clinical practice guidelines 2009](#)
- [National Pathology Accreditation Advisory Council (NPAAC)](#)
- [National Safety and Quality Health Service (NSQHS) Standards 2012](#)
- [NSW Health Aboriginal Health Impact Statement Policy Directive PD2017_034](#)
- [NSW Health Code of Conduct Policy Directive PD2015_049](#)
- [NSW Health Disability Inclusion Action Plan 2016_2019](#)
- [NSW Health Pathology Media Consent Form](#)
- [NSW Health Pathology Templates and Style Guide](#)
- [NSW Health Plan for Healthy Culturally and Linguistically Diverse Communities 2019-2023 PD2019_018](#)
- [NSW Health Policy and Procedure Manuals](#)
- [NSW Health Policy Distribution System (PDS)](#)
- [NSW Health Policy Directives and Other Policy Documents Policy Directive PD2016_049](#)
- [NSW Health Risk Management – Enterprise-Wide Risk Management Policy and Framework Policy Directive PD2015_043](#)
- [NSW Health State Health Forms Policy Directive PD2009_072](#)
- [*NSW Government Information (Public Access) Act 2009 (GIPA)*](#)
- [*NSW State Records Act 1998*](#)
- ['Record Keeping in the Public Sector', NSW Government State Records Website](#)
- [Standards Australia](#)
- [Therapeutic Goods Administration](#)

15. Policy Document Development Flowchart