**Policy/Procedure Development Plan (PDP)**

This form is to be used to document a plan for developing new or revising existing policies and procedures.

The purpose of the Policy/Procedure Development Plan is to:

* specify the objective and operational impact of the new or revised policy/procedure;
* specify the process timeline for the development or revision of the policy/procedure;
* identify the drafting team and consultation groups; and
* specify the communication strategy and training requirements for the new or revised policy/procedure.

|  |  |
| --- | --- |
| Title of Policy/Procedure |  |
| Approval Authority | Select Approval Authority |
| Development Type | New policy/procedure  Revision of existing policy/procedure Please include a copy of the current official version. |
| Submitted By |  |
| Date | Mmm dd, yyyy |

### Objective

#### Describe the purpose of developing or revising the policy/procedure; please indicate whether there is a legal or regulatory obligation. As well as, outline the scope or revisions required.

### Impact

#### Describe the operational impact of the new or revised policy/procedure, including budget or process implications.

### Timeline

#### Indicate the date or date range of occurrence for each action, as available.

|  |  |  |
| --- | --- | --- |
| Action | Group | Date |
| Approval of PDP | ELT Ops | Mmm dd, yyyy |
| Stakeholder consultation and completion of draft | Drafting Team | Mmm dd, yyyy to Mmm dd, yyyy |
| Governance consultation and revision of draft, as applicable | Drafting Team | Mmm dd, yyyy to Mmm dd, yyyy |
| Review final draft and recommend for approval | Select Consultation Group | Mmm dd, yyyy |
| Approve final draft and authorize publication | Approval Authority | Mmm dd, yyyy |

### Drafting

#### List all individuals involved in the development or revision of the policy/procedure.

|  |  |  |
| --- | --- | --- |
| Name | Title | Department |
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### Consultation

#### List all groups in which consultation is required with respect to the development or revision of the policy/procedure.

|  |  |
| --- | --- |
| Discussion | |
| Select Consultation Group | Mmm dd, yyyy |
|  |  |
| EDI Lens Review | Mmm dd, yyyy |
| Indigenous Lens Review | Mmm dd, yyyy |
| Mental Health Lens Review | Mmm dd, yyyy |

|  |  |
| --- | --- |
| Recommendation | |
| Select Consultation Group | Mmm dd, yyyy |

|  |  |
| --- | --- |
| Approval | |
| Select Consultation Group | Mmm dd, yyyy |

|  |  |
| --- | --- |
| Information | |
| Select Consultation Group | Mmm dd, yyyy |

### Communication

#### Describe the communication strategy of the new or revised policy/procedure, including the communication method(s) and recipient group(s).

### Training

#### Describe any training requirements resulting from the development or revision of the policy/procedure; please indicate the group(s) responsible for developing and implementing the required training.