



## STANDARD OPERATING PROCEDURE

<b>SOP CODE</b>	<b>SOP TITLE</b>
<b>UNI-001-01</b>	<b>MANAGEMENT OF STANDARD OPERATING PROCEDURES AT THE UNIVERSITY OF MALTA</b>

**PART 1**

<b>Author</b>	
<b>Deborah Duca</b> Operations executive - RSSD	

**PART 2**

<b>Approver</b>	<b>Approver</b>
<b>Dr. Jonathan Xuereb</b> Administrator II - QSU	<b>Audrey Ann Cascun</b> Senior executive – Office of the Secretary
<b>Approver</b>	
<b>Dr. Alexander Spiteri</b> Senior executive – QSU	

**PART 3**

<b>Authoriser</b>	<b>Authoriser</b>	<b>Date of issue:</b>
<b>Prof. Ing. Saviour Zammit</b> Pro-Rector - Research & Knowledge Transfer	<b>Prof. Godfrey Baldacchino</b> Pro-Rector - International Development & Quality Assurance	<b>Date of next revision:</b>

**PART 4 (To be filled in by OOTS, QSU or RSSD)**

<input type="checkbox"/> This procedure has been revised and is no longer valid as from:  (Write date)	<input type="checkbox"/> Date of NEXT REVISION is extended until:  (Max. 4 years)	<input type="checkbox"/> SOP rendered obsolete on:  (Write date)
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**1. Reason for revision**

- 1.1. New SOP

**2. Purpose and Scope**

- 2.1. To describe the procedure to write, approve, authorise and administer Standard Operating Procedures at the University of Malta.
- 2.2. This procedure applies to all official university procedures including procedures describing administrative, technical and academic operations.

**3. Definitions**

- 3.1. **SOP** – Standard Operating Procedure
- 3.2. **H&S** – Health and Safety
- 3.3. **Master copy of SOP** – original copy of SOP with all the original signatures
- 3.4. **Academic SOP** – SOPs developed by academics at F/I/C/S level for academic and/or administrative purposes
- 3.5. **Administrative SOP** – procedures describing administrative related facilities and services
- 3.6. **Technical SOP** – procedures describing laboratory related activities including operation, validation and calibration of equipment and laboratory management procedures.
- 3.7. **Health and Safety SOP** – procedures describing general and laboratory related health and safety procedures.
- 3.8. **FICS** – Faculty, Institute, Centre, School
- 3.9. **Responsible Entity** – can be either the Office of the Secretary, Quality Support Unit, or the Research Support Services Directorate
- 3.10. **OOTS** – Office of the Secretary
- 3.11. **QSU** – Quality Support Unit
- 3.12. **RSSD** – Research Support Services Directorate

**4. Responsibilities**

- 4.1. It is the responsibility of all employees to read, understand and follow this SOP when writing, approving, authorising and administering SOPs.
- 4.2. The responsible entities, QSU, OOTS or RRSD are responsible to administer SOPs as follows:
- 4.2.1. It is the responsibility of the Office to the Secretary to administer Administrative SOPs and provide assistance in the writing of the procedures.
- 4.2.2. It is the responsibility of the Quality Support Unit to administer Academic SOPs and provide assistance in the writing of the procedures.
- 4.2.3. It is the responsibility of the Research Support Services Directorate to administer Technical and H&S SOPs and provide assistance in the writing of the procedures.
- 4.3. It is the responsibility of the Office of the Secretary to manage the SOP register.
- 4.4. It is the responsibility of the Office of the Secretary to revise the FICS and Department codes listed in Worksheet A every 6 months, that is in April and October.

**5. Health and Safety Requirements**

- 5.1. N/A

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## 6. Procedure

6.1. ***In the event that this SOP is changed, all previously issued SOP are to remain valid. SOPs are to be updated to reflect the latest version of this SOP once they are re-issued.***

### 6.2. SOP coding system

Each SOP is given a unique **code** made up of 3 levels:

**XXX-YYY-ZZ**

where,

**XXX is the SOP level**

**YYY is the SOP number**

**ZZ is the version number**

The first section of the designated code (**XXX**) describes the **SOP level**. The SOP can be a University wide, FCIS Level or a Departmental (Administrative or Academic) Level SOP.

If the SOP applies to multiple faculties or departments or to all entities at university, the prefix **UNI** is assigned.

FICS and Department level SOPs are assigned distinctive codes depending on the Faculty or Department in question.

- If the SOP is applicable to all administrative departments, the **UNI** is applied.
- If the SOP is applicable to a particular Faculty, for example the Faculty of Science, the prefix **SCI** is applied.
- If the SOP is applicable to a particular Department, for example the Physics Department, the prefix **PHY** is applied.

***A full list of Prefixes can be found in Worksheet A.***

***Worksheet A is revised and updated at least every 6 months that is in April and October by the Office of the Secretary. The updated sheet is to have the date of issue in the header or footer.***

***The superseded sheet is to be filed together with the Master copy of the SOP***

Each SOP is also allocated an **SOP Number (YYY)** to distinguish between SOPs that fall under the same category. The number is to be allocated incrementally starting from 001. The first SOP Number of each category is to start at number 001.

The **Version Number (ZZ)** is updated on each revision of the SOP. The SOP revision number starts from 01.

**Examples:**

**UNI-001-03 is a university wide SOP of SOP number 001 and version number 03.**

**SCI-001-01 is a SOP that applies to the Faculty of Science. SOP number is 001. This is the first version of this SOP.**

**PHY-006-01 is a SOP that applies only to the Department of Physics of SOP number of 006. This is the first version of this SOP.**

**6.2.1. The SOP number is to be requested by the responsible entity (QSU or RRSD) from the Office of the Secretary.**

**6.2.2. Numbering system of Appendices and Worksheets**

- 6.2.2.1. Appendices and/or Worksheets can be correlated to the main SOP document. Refer to Section 6.3.6 for instructions.
- 6.2.2.2. **Appendices** are an extension of the SOP and are updated together with the SOP and share the same SOP number and version. They are labelled as 'Appendix 1', 'Appendix 2' etc.
- 6.2.2.3. **Worksheets** are a separate document connected to the main SOP. Worksheets have the same SOP number as the corresponding SOP, followed by an Extension Code. The Extension code is denoted by an incremental alphabetical letter, starting from the alphabetical letter 'A'.

**XXX-YYY-ZZ-EXT**

where,

**XXX is the SOP level**

**YYY is the SOP number**

**ZZ is the version number**

**EXT is the Extension Code**

**Examples:**

**UNI-001-03-A is Worksheet A of SOP UNI-001-03.**

**UNI-001-03-B is Worksheet B of SOP UNI-001-03.**

**6.3. SOP layout and formatting**

6.3.1. The main text of the SOP is to be written in Calibri font size 11.

6.3.2. The **front page** contains the following information in the format and layout displayed in this procedure (page 1):

- HEADER
- University Logo
  - Type of Document (Standard Operating Procedure)
  - Title of SOP
  - SOP Code
- PART 1
- Author/s (name, job title and signature)
- PART 2
- Approver/s (name, job title and signature)
- PART 3
- Authoriser/s by (name, job title and signature)
  - Date of issue
  - Date of next revision
- PART 4
- This procedure has been revised and is no longer valid as from <DATE> (tick if SOP has been revised and is no longer the current issue and write date)
  - Date of next revision extended until: <DATE> (Maximum 4 years) (tick if relevant and write date)
  - SOP rendered obsolete on <DATE> (tick if relevant and write date)

6.3.3. The **front page layout and design** is standard for all SOPs. However text in empty fields of Parts 1 and 2 can be removed and additional author, approver and/or authoriser fields can be added as required.

6.3.4. The **header of all the other pages** in the SOP contains the SOP title and the SOP code.

6.3.5. The footer of all the pages must contain the page number in the following format:

**Page X of Y**, where **X** is the page number and **Y** is the total number of pages.

6.3.6. Standard Operating Procedures are to be divided into the following sections:

1. **Reason for Revision** (In this section, indicate which sections or points have been changed from the previous version and/or state reason/s for this change. Write 'New SOP' if this is a new SOP)
2. **Purpose and Scope**
3. **Definitions**
4. **Responsibilities**
5. **H&S considerations**
6. **Procedure**
7. **References**
8. **List of Appendices/Worksheets**

6.3.7. A Contents section can be added prior to section 1 as follows:

**0. Contents**

6.3.8. Auxiliary Information is to be included in **Appendices or Worksheets**. Both Appendices and Worksheets are SOP specific and cannot be correlated to more than one SOP. A description of the layout and content of the Appendices and Worksheets as well as an explanation on how to use or fill them in, in the case of forms, labels, spreadsheets, etc., must be included in the main text of the SOP.

6.3.8.1. **Appendices** are to contain supplementary information that is relevant to the main content of the SOPs. This includes fill-in forms, labels, flow charts and photographs/illustrations etc. The content of Appendices must be fixed and well defined. Whenever possible, Appendices must contain the header and footer that are used for the main text of the SOP. Hence if changes to an Appendix are required, the entire SOP has to be updated. Appendices are to be included with the Master copy of the SOP.

6.3.8.2. **Worksheets** are to contain information that is continuously or periodically updated. Worksheets are typically used for lists, tables or spreadsheets containing information such as Department Initiative Codes, Room numbers etc. A template showing the layout and format of the worksheet is to be included with the master copy of the SOP. The header of worksheets is to contain the SOP number and title, as well as the Worksheet number and title. The footer of the worksheets is to contain the page number as described in point 6.3.5. ***Worksheets can be updated without having to update the version number of the SOP. Nevertheless, the Worksheets have to be updated when the main SOP is updated to reflect a new version number.***

#### 6.4. Management of SOPs

6.4.1. University recognizes 3 operating divisions: **Academic, Administrative** and **Technical**

6.4.1.1. The **Academic division** includes the academic functions of all faculties, departments, institutes, schools and centres at University

6.4.1.2. The **Administrative division** comprises all the administrative facilities and services at the University.

6.4.1.3. The **Technical division** covers all laboratory-related and Health and Safety procedures.

6.4.2. **The three entities overseeing and managing SOP systems are:**

6.4.2.1. The **Quality Support Unit (QSU)** is responsible to oversee, manage and assist in the writing and reviewing of academic SOPs.

6.4.2.2. The **Office of the Secretary (OOTS)** is responsible to oversee, manage and assist in the writing and reviewing of administrative SOPs.

6.4.2.3. The **Research Support Services Directorate (RSSD)** is responsible to oversee, manage and assist in the writing and reviewing of technical SOPs.

6.4.3. University-wide procedures are to be managed by the Office of the Secretary or delegated entity.

6.4.4.SOPs can only be issued by the three entities indicated in point 6.4.2. This is important so as to ensure that unique SOP numbers are assigned and to ensure that SOPs are issued in the correct format.

6.4.5.SOPs that fall under more than one entity are to be jointly managed by the respective entities or one entity may choose to lead the management of the SOP.

#### 6.5. **SOP register**

6.5.1.The SOP register is managed by the Office of the Secretary.

6.5.2.The SOP register is used to take stock of all the SOPs that are issued, re-issued and rendered obsolete.

6.5.3.The SOP register is also used to assign SOP numbers.

6.5.4.It is to be managed digitally and regularly backed-up.

6.5.5.The register is to record the following information:

- SOP code
- SOP title
- Author/s
- Approver/s
- Authoriser
- Date of issue
- Issued by (Indicate which entity issued SOP: RSSD/OOTS/QSU)

#### 6.6. **Writing an SOP**

6.6.1.All members of staff can take the role of author. The author is to write the SOP in accordance with the specifications written in this procedure.

6.6.2.The procedure to write a SOP is as follows:

6.6.2.1. Prospective authors inform the relevant entity (RSSD/QSU/OOTS) that they intend to write a SOP.

6.6.2.2. The relevant entity sends the latest version of the SOP template to the author.

6.6.2.3. The author together with the relevant entity, identify an Approver/s and Authoriser/s for the SOP.

6.6.2.4. It is vital that the author consults with the Approver/s and Authoriser/s of the SOP during the writing stage.

6.6.2.5. SOPs must be written in a clear and concise manner to ensure consistent and reproducible performance of the procedures described within the SOP.

6.6.2.6. For new SOPs, it is recommended that an **Impact Analysis** is performed. This is a tool to ensure that all the necessary resources are in place to effectively implement the new procedure. This is mandatory for university-wide SOPs. For all other SOPs, the use of this form is encouraged. Refer to **SOP UNI-002** for detailed instructions.

6.6.2.7. Once the SOP is drafted, the author sends the SOP to the relevant entity to ensure conformance of layout and formatting.

6.6.2.8. The relevant entity requests an SOP number in case of a new SOP or a new revision number for existing SOPs from to the OOTS.

- 6.6.2.9. The SOP is printed by the relevant entity and distributed to the author and approvers for signatures. The original hard copy of the SOP with the signatures of all parties is referred to as the Master SOP.
- 6.6.2.10. Once the Master SOP is signed, it is returned to the relevant entity.
- 6.6.2.11. The relevant entity archives the SOP.
- 6.6.2.12. The SOP is kept for a minimum of 5 years after expiry.
- 6.6.2.13. The OOTS updates the SOP register accordingly.

### 6.7. **Approving and Authorizing SOP**

**RSSD:** Faculty/Department/Institute level SOPs authorised by RSSD Director or by a Pro-rector.  
University wide or multi-faculty/departmental SOPs as well as SOPs describing operations are to be authorised by a Pro-rector

**Office of the Secretary:** SOPs approved by Director/Head  
SOPs authorised by Pro-rector/Secretary

**QSU:** SOPs approved by Head of Department  
SOPs authorised by Dean/Director

- 6.7.1. The persons appointed to approve and authorise the SOP are to scrutinize the content, make recommendations for amendments and liaise with the author of the SOP to finalise the content of the SOP.
- 6.7.2. Once the content is finalised and agreed upon by all parties, the SOP is signed by the author as well as by the persons appointed to approve and authorise the SOP.
- 6.7.3. SOP must have at least one approver. It is recommended to have multiple approvers for multi-disciplinary SOPs or for SOPs that involve multiple departments in the described workflow.
- 6.7.4. SOPs that describe operations of substantial risk or that include a comprehensive Health and Safety assessment need to be approved by the Health and Safety officer or delegate.
- 6.7.5. The **Date of Issue** is filled in by the Authoriser or the Relevant Entity administering the SOP as described in point 6.7.

### 6.8. **Next revision**

- 6.8.1. The SOP automatically expires after 4 years from the assigned **Date of Issue**.
- 6.8.2. The **Date of next revision** is written on the SOP.
- 6.8.3. Before the SOP expires, the author and/or approver of the SOP or delegate review the SOP.
  - 6.8.3.1. **If no changes are required**, the SOP retains the same version number and the expiration date is extended by another **4 years** post the original expiry date. The tick box 'DATE OF NEXT REVISION EXTENDED UNTIL: \_\_\_\_' on the front page



of the SOP (Part 4) is marked and the new revision date is written down in the space provided.

- 6.8.3.2. **If changes are required**, the tick box 'THIS PROCEDURE HAS BEEN REVISED AND IS NO LONGER VALID AS FROM:' on the front page of the SOP (Part 4) is marked and the SOP master copy is archived as described in point 6.6.2. The author makes the necessary changes and a new version of the SOP is issued as per point 6.6.2. The SOP is re-approved and re-authorised as per section 6.9.
- 6.8.3.3. **If the SOP is no longer applicable** and is no longer needed, the SOP is rendered obsolete and a new version is not issued. Refer to section 6.10.

6.8.4. Should the revised SOP **not** be updated in time prior to the date of next revision, the relevant entity is to extend the Date of next revision up to a **maximum of 1 year** post the original expiry date. The extended date of revision is to be written in the space provided in Part 4 on the SOP front page. Should the author and/or approvers fail to once again update the SOP within the granted extension period, the relevant entity is to render the SOP obsolete.

#### 6.9. **Reviewing SOP prior to its expiration date**

- 6.9.1. In the event that the SOP needs to be reviewed prior to its expiration date, the tick box 'This procedure has been revised and is no longer valid as from: \_\_\_' in Part 4 of the front page of the outdated SOP is ticked and the date filled in. Subsequently the SOP master copy is archived as described in point 6.6.
- 6.9.2. The reviewed SOP is issued with a new SOP version number as described in point 6.6.2.
- 6.9.3. The SOP is duly signed by the author, approver and the authoriser of the SOP.

#### 6.10. **Obsoleting SOP**

- 6.10.1. SOPs can be rendered obsolete in the event that the content or subject matter is no longer applicable. For example, in cases where an instrument is written-off or decommissioned, all corresponding SOPs can be obsoleted.
- 6.10.2. If an SOP is to be obsoleted, a request is made to the relevant entity by email stating the reason for obsoleting the SOP. The date on which the SOP is rendered obsolete is written on the Master SOP in the space provided. The hard copy of the SOP is archived for at least 5 years and a digital copy is kept for at least 10 years.

#### 6.11. **Issuing SOPs in different formats and use of SOP Topsheet**

- 6.11.1. SOPs that are already being used effectively can be left in their current format until the next review cycle is due and issued together with a SOP Topsheet (Appendix 1).
- 6.11.2. The SOP Topsheet is to be filled in for each of these SOPs and filed together with a copy of the existing document.
- 6.11.3. The SOP Topsheet is numbered as described in section 6.2
- 6.11.4. The SOP Topsheet is to document the following information:
- SOP code

- FICS/Department
- Title of procedure
- Short description of procedure
- Person responsible for implementation of procedure and respective job title
- Person responsible for review of procedure and respective job title
- Persons to be trained to implement SOP
- Type of training required: Read SOP and/or attend seminar/tutorial
- Approver and respective job title
- Authoriser and respective job title
- Date of issue of SOP
- Date of review of SOP

#### 6.12. **Training**

6.12.1. When a new SOP is issued, all the staff/students that will be making use of the procedure are to read and make sure that they understand the SOP prior to performing the described task.

#### 6.13. **Worksheets A – XXX codes**

6.13.1. **Worksheet A** is split into three categories that denote the 'XXX' codes for numbering SOPs.

- The Academic codes describe Faculties/Institutes/Centres and Departments.
- The Administration codes describe the Administrative Departments and sections within the departments.
- UNI refers to University-wide or multiple department SOPs as is described in point 6.2.
- Each category in the worksheet is further subdivided into 2 columns labelled **Full Description** and **Abbreviation**. Additional Prefixes include UNI for university-wide procedures.

6.13.2. **Worksheet A is to be revised and updated at least every 6 months that is in April and October by the Office of the Secretary.**

### 7. **References**

7.1. UNI-002 SOP Impact Analysis

### 8. **List of Appendices/Worksheets**

8.1. **Worksheet A:** List of 'XXX' codes for SOP numbering

8.2. **Appendix 1:** Topsheet for SOPs

8.3. **Appendix 2:** Summary flowcharts of procedure

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## Appendix 1: Topsheet for SOPs

<b>1. SOP Code:</b> <sup>1</sup>	
<b>2. Faculty:</b> <sup>2</sup>	<b>Department:</b> <sup>3</sup>
<b>3. Institute/Centre/School:</b>	
<b>4. Title of procedure:</b>	
<b>5. Short Description of procedure:</b>	
<b>6. Person responsible for implementation of procedure:</b>	<b>7. Job title:</b>
<b>8. Person responsible for review of procedure:</b>	<b>9. Job title:</b>
<b>10. Person/s</b> <sup>4</sup> <b> who need to be trained to implement this Sop:</b>	
<b>11. Training required</b> <sup>5</sup> : (Please tick 'X')	<input checked="" type="checkbox"/> <b>Read Sop</b> <input type="checkbox"/> <b>Read Sop and attend seminar/tutorial</b>
<b>12. Approver:</b>	<b>13. Job title:</b>
<b>14. Authoriser</b> <sup>6</sup> :	<b>15. Job title:</b>
<b>16. Date of issue</b> <sup>7</sup> : 1 <sup>st</sup> October 2017	<b>17. Latest date for review</b> <sup>8</sup> <b> of SOP:</b> 1 <sup>st</sup> October 2020 <sup>9</sup>

<sup>1</sup> To be filled in by central administration following same procedure as SOP numbering

<sup>2</sup> Fill in no. 2 OR no. 3

<sup>3</sup> Fill in ONLY if SOP is at sub-Faculty level (if not Department, please amend)

<sup>4</sup> Admin staff within the entity who shall be supporting the implementation of this SOP. If there are several persons with different training needs, please use the table on the next page.

<sup>5</sup> Please choose one. By default, reading the SOP is equivalent to training so that option will always be ticked. Kindly tick the other option if further training through a seminar/tutorial is required.

<sup>6</sup> Authorisation is by highest academic authority within entity, e.g. Dean or Director. If the approver and the authoriser is the same person, please fill in the authoriser field only

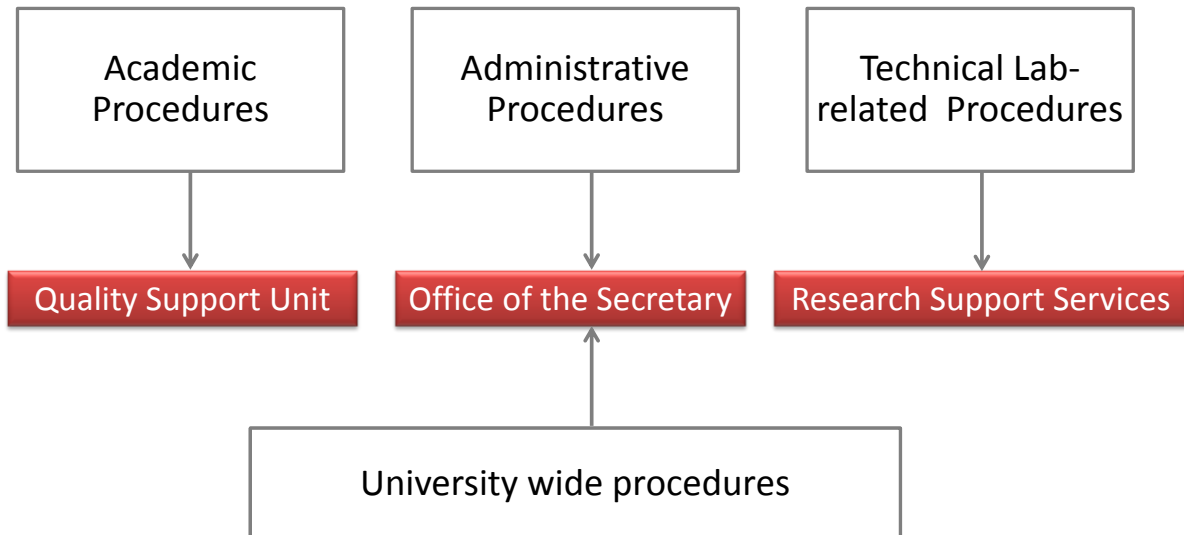
<sup>7</sup> If not available, Date of Issue is considered to be 1<sup>st</sup> October 2017

<sup>8</sup> 'Review' means that entity considers whether SOP is still fit for purpose or requires revision. If it is still fit for purpose by the latest date for review, no changes need to be made and Quality Support Unit is so informed at [quality@um.edu.mt](mailto:quality@um.edu.mt)

<sup>9</sup> SOP may be reviewed at any time prior to this date as the entity deems fit. The revised version of the SOP is then sent to the Quality Support Unit at [quality@um.edu.mt](mailto:quality@um.edu.mt).

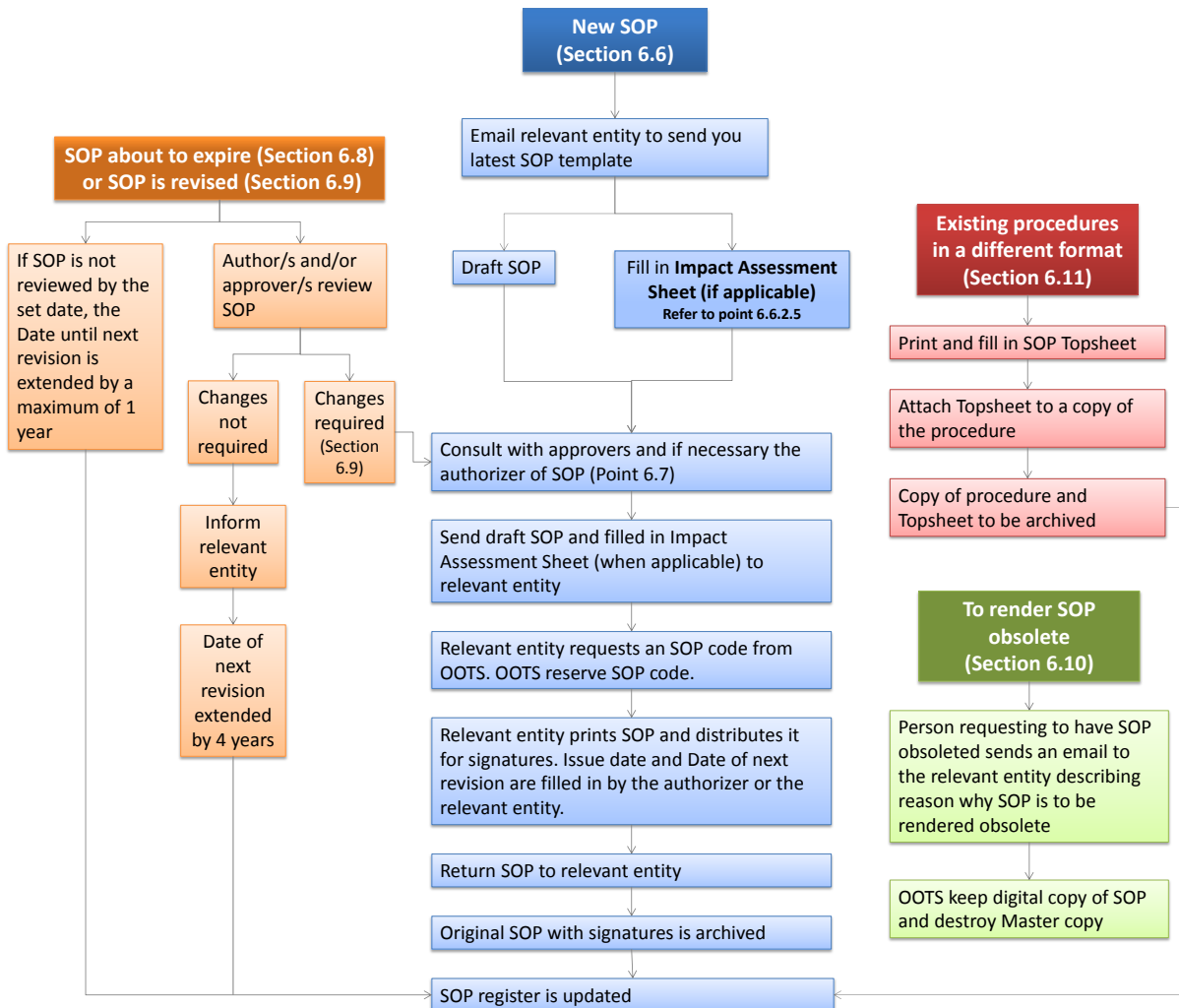
## Appendix 2: Summary flowcharts

### RESPONSIBLE ENTITIES



SOP CODE	SOP TITLE
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## DESCRIPTION OF THE GENERAL PROCEDURE



General	
Full description	Abbreviation

ACADEMIA			
FACULTIES/INSTITUTES/CENTRES		DEPARTMENTS	
Full description	Abbreviation	Full description	Abbreviation

ADMINISTRATION			
DEPARTMENT		SECTION	
Full description	Abbreviation	Full description	Abbreviation