OZFORD
Institute of Higher Education

COMPLIANCE PROCEDURE

Approving authority	Executive Management Team
Purpose	This Procedure sets out how the Institute meets its compliance obligations.
Responsible Officer	President and CEO and the Compliance team
Next scheduled review	**February 2031**
Document Location	R:\Managers\OIHE\Policies
Associated documents	Academic Staff Professional Development Policy and Procedure
	Changes to Registered Provider Ownership or Management Policy
	Delegations Policy and Delegations Schedule
	Governance Framework
	Human Resources Policy and Procedure (Manual)
	Policy Development and Review Policy
	PRISMS Quality Assurance Framework
	Privacy Policy and Procedure
	Procedure Development and Review Policy
	Professional Staff Professional Development Policy and Procedure
	Quality Management Framework
	Registering Courses on CRICOS Policy and Procedure
	Risk Management Framework
	Staff Code of Conduct Policy and Procedure
	Strategic Plan
	Strategic Internal Audit Plan
	Compliance Policy

1.   PRINCIPLES

Ozford Institute of Higher Education (hereafter referred to as 'the Institute') is committed to the highest level of compliance with relevant legislation, regulations, standards and codes. The Institute fulfils its compliance obligations through strong governance and leadership, a culture of compliance and a robust set of policies and values.

The Institute is acutely aware that it will not be able to meet, provide or pursue any form of financial, cultural or environmentally sustainable future unless it is well managed and pursues a sustainable regulatory future. To this end the Institute has developed a strong governance framework and a responsible approach to its operations to ensure compliance with necessary and relevant legislation and regulation.

The Institute has established an Audit and Risk Committee (ARC) with appropriate delegations from the Governing Board to provide advice on financial reporting, risk management, risk mitigation and regulatory and legislative compliance, including improving management performance and internal controls, to oversee compliance and risk functions, and to oversee the integrity of the Institute's operations.

The Institute has developed this policy to promote its culture of good corporate governance and compliance practices and gain assurance through its governance arrangements that the Institute has systems a, processes and practices that enable it to comply with its compliance obligations.

2. SCOPE

This procedure applies to all staff and contractors involved in the Institute's operations.

3. DEFINITIONS

Compliance

Meeting the requirements of laws, regulations, national standards and codes, principles of good governance, and accepted community and ethical standards.

Compliance culture

The values, ethics, beliefs and behaviours that exist across the Institute that lead to and ensure positive compliance outcomes.

Compliance approach

A series of activities that when combined are intended to achieve compliance.

Compliance Obligation

A requirement specified by laws, regulations, codes or organisational standards.

Material Non-compliance

A material non-compliance will depend upon the individual circumstances of the breach. A number of factors may contribute to a material non-compliance - the number or frequency of similar non-compliance, the impact of the non-compliance or likely non-compliance and an application of a lesson is learnt leading to quality improvement and training.

Non-Compliance

An act or an omission whereby the Institute does not meet its compliance obligations. It could be an occurrence of non-compliance with applicable legislation, regulations, standards and codes. An unintentional or deliberate act or omission, which leads to the Institute and/or staff member(s) failing to meet their compliance obligations.

Responsible officer

The Position assigned responsibility for developing, reviewing and maintaining Institute policies or procedures to ensure consistency and quality within a common standard that is relevant and easily understood.

Risk mitigation

A positive action or actions take to divert or address an identified risk.

4. PROCEDURE

4.1 The Executive Management team have responsibility for ensuring that compliance obligations are managed proactively and proportionately according to current risk exposure and effectiveness of existing controls. This includes monitoring compliance with the policy or procedure to ensure the compliance obligations are met. All staff are made aware of the behaviours that create and support compliance and behaviours that compromise compliance and are not tolerated through provision of the **Staff Code of Conduct Policy and Procedure** and **the Student Code of Conduct Policy and Procedure**:

4.2 All staff are expected to engage with the Institute's staff training and development to understand their role in managing compliance obligations as set out in the **Academic Staff Professional Development Policy and Procedure** and the **Professional Staff Professional Development Policy and Procedure.** Compliance training will be provided to all staff during their induction process and staff will be required to complete refresher and/or additional compliance training in accordance with their role and responsibilities.

4.3 The Compliance team, in consultation with key stakeholders, will ensure that the Institute:

- develops policies and procedures that meet its current compliance obligations and comply with the Policy Development and Review Policy and the Procedure Development and Review Policy.

- ensure that the Institute reviews and amends the policy or procedure before they expire and ensure that the policies and procedures are efficient, effective and continues to meet all compliance obligations. This includes seeking approval from the Approving Authority for any new or changed policy or procedure.

- supports timely preparation of external stakeholder applications, reports or responses to requests or queries. The Institute's external stakeholders include but are not limited to TEQSA, the Commonwealth Department of Education and professional bodies.

- provides timely reporting on compliance matters, provides or obtains compliance advice for the Institute's Boards, Committees and staff.

Strategic Internal Audit plan

4.4 The Compliance team, in consultation with the Executive Management team, has responsibility for developing the **Strategic Internal Audit Plan** that cyclically reviews the Institute's business processes and compliance obligations based on the Institute's Risk management Framework. The Strategic Internal audit plan identifies internal audits that are conducted each year.

4.5 The **Strategic Internal Audit Plan** once developed is submitted to the Audit and Risk Committee for endorsement. The **Strategic Internal Audit Plan** is also reported to the Governing Board.

4.6 The Executive Management team have responsibility for supporting and adequately resourcing the internal audit projects.

4.7 The internal audit projects will be scoped by the Compliance team in consultation with the key stakeholders. The internal audit reviewer may be a member of the Compliance team, an independent Institute staff member (such as a newly appointed staff member or member of another team) or an external contractor. A report will be prepared setting out the findings from the internal audit, proposed recommendations and the actions taken in response to the findings.

4.8 The Compliance team will report to the Audit and Risk Committee and where the review involved academic risks, the Academic Board, on the progress implementing internal audit report recommendations until all agreed actions have been completed.

Identification of Non- Compliance

4.9 Non-Compliance with the Institute's compliance obligations may be identified by a number of mechanisms including but not limited to:

- A staff member due to professional development or in the course of their work realises and reports that an Institute policy or procedure or activity is not compliant or not effective.

- An error, omission or lapse in compliance identified as part of business operational oversight processes, ie. a staff member or supervisor identifies the non-compliance or lack of effectiveness.

- Non-compliance or lack of effectiveness is identified as a result of an internal audit conducted as part of the Strategic Internal Audit plan.

- An external review identifies non-compliance or lack of effectiveness.

- In the process of managing an investigation, complaint or appeal it is realised that an Institute policy or procedure or activity is not compliant or not effective.

4.10 Any staff member who becomes aware of non-compliance must:

- coordinate immediate action to contain the instance of non-compliance;

- ensure evidence that may be valuable for an investigation is maintained and not compromised; and

- immediately report the non-compliances to the Compliance team, who will assess the report and escalate it as necessary to the Executive Management team and other stakeholders.

4.11 All staff, who may access confidential and personal information in the course of managing non-compliance must comply with the requirements of the **Privacy Policy and Procedure**.

Addressing Non- Compliance

4.12 The Compliance team, in consultation with the team(s) involved with the non-compliance, will investigate/review the circumstances and develop an action plan that may include:

- Consulting with staff and where necessary seeking external support to address the non-compliance.

- Reviewing the Policy or Procedure and make necessary changes to ensure compliance.

- Reviewing any supporting process or system and make necessary changes to ensure compliance.

- Rectifying errors or omissions in electronic or physical records.

- Provide staff training and professional development to staff involved in the process.

4.13 The President and CEO and the Manager(s) responsible for the team will consider the roles of staff who are involved in or aware of a material non-compliance, whether or not the staff breached the **Staff Code of Conduct Policy and Procedure** and whether or not the staff involved reported and rectified the non-compliance. Based on this assessment the staff may be subject to disciplinary action in accordance with the **Human Resources Policy and Procedure (Manual)**.

4.14 The Compliance team will report the non-compliance and on the completion of the action plan to the Executive Management Team. Internal audit and external reviews will be reported to the Executive Management Team, Audit and Risk Committee and/or Academic Board and/or Education Committee and/or Governing Board.

4.15	In all cases the Institute will ensure it has records to demonstrate through documentation and practice how it has addressed the non-compliance and so demonstrate its compliance with legislation and regulation.

## 5.	QUALITY ASSURANCE

To ensure that this procedure is fit for purpose and meet the requirements of the TEQSA Compliance Frameworks, and other relevant legislation and guidelines, the procedure will be:

5.1	internally approved by the Executive Management Team on initial development and following any subsequent reviews.

5.2	externally reviewed as part of any independent review of the TEQSA Compliance Frameworks approved by the Governing Board.

5.3	internally reviewed by the Responsible Officer every five years from the date of approval (if not earlier).

5.4	referenced to the applicable TEQSA Compliance Frameworks requirement(s) and/or other legislation/regulation.

## 6.	FEEDBACK

Feedback or comments on this procedure is welcomed by the listed Responsible officer of the Institute.

## 7.	ACKNOWLEDGEMENT

This procedure was developed with reference to the following:

- CQU Compliance Management Policy and Procedure (2021) (https://delivery-cqucontenthub.stylelabs.cloud/api/public/content/compliance-management-policy-and-procedure.pdf)

- Deakin University, Compliance management Policy (2022) (Compliance Management policy / Document / Deakin Policy Library)

- James Cook University, Compliance Framework and Compliance Policy (2021) (https://www.jcu.edu.au/policy/corporate-governance/compliance-policy)

## 8.	VERSION CONTROL

Version	Date approved	Description	Approved by
1.0	March 2015	Initial	EMT
2.0	August 2018	Internal review to better meet HESF standards	EMT
2.1	November 2021	Change of procedure title to align with policy	EMT
3.0	August 2023	Internal Review	EMT

4.0	February 2026	Internal Review – inclusion of current legislation and Queensland legislation	EMT
4.1	February 2026	Internal Review to remove under 18 student obligations after change in policy	EMT
Related legislation/ regulation/standard	**Commonwealth** Tertiary Education Quality and Standards Act 2011 (Cth) Higher Education Standards Framework (Threshold Standards) 2021 (Cth) Education Services for Overseas Students Act (ESOS) 2000 (Cth) Education Services for Overseas Students Regulations 2019 (Cth) The National Code of Practice for Providers of Education and Training to Overseas Students 2018 (Cth) Higher Education Support Act 2003 (Cth) FEE-HELP Guidelines 2017 (Cth) Higher Education Provider Guidelines 2012 (Cth) Higher Education Support (HELP Tuition Protection Levy) Act 2020 (Cth) Higher Education (Up-front Payments Tuition Protection Levy) Act 2020 (Cth) Student Identifiers Act 2014 (Clth) Age Discrimination Act 2004 (Cth) Australian Consumer Law (Cth) Australian Human Rights Commission Act 1986 (Cth) Copyright Act 1968 (Cth) Crimes Act 1914 (Cth) Disability Discrimination Act 1992 (Cth) Disability Standards for Education 2005 (Cth) Fair Work Act 2009 (Cth) Fair Work Regulations 2009 (Cth) Privacy Act 1988 (Cth) Racial Discrimination Act 1975 (Cth) Sex Discrimination Act 1984 (Cth) Sexual Offence Crimes Act 1958 (Cth) SPAM Act 2003 (Cth) Workplace Gender Equality Act 2012 (Cth)		

Victoria

Accident Compensation (Occupational Health and Safety) Act 1996 (Vic)

Australian Consumer Law and Fair Trading Act 2012 (Vic)

Charter of Human Rights and Responsibilities Act 2006

Charter of Human Rights and Responsibilities (General) Regulations 2017

Competition and Consumer Act 2010 (Vic)

Compliance Code Psychological Health (Vic)

Corporations (Victoria) Act 1990 (Vic)

Crimes Act 1958 (Vic)

Dangerous Goods Act 1985 (Vic)

Disability Act 2006 (Vic)

Equal Opportunity Act 2010 (Vic)

Gender Equality Act 2020

Health Records Act 2001 (Vic),

Long Service Leave Act 2018 (Vic)

Mental Health and Wellbeing Act 2022 (Vic)Occupational Health and Safety Act 2004 (Vic)

Occupational Health and Safety Regulations 2017 (Vic)

Occupational Health and Safety (Psychological Health) Regulations 2025 (Vic)

Payroll Tax Act 2007 (Vic)

Privacy and Data Protection Act 2014 (Vic),

Public Holidays Act 1993 (Vic)

Public Records Act 1973 (Vic)

Racial and Religious Tolerance Act 2001 (Vic)

Spent Convictions Act 2021 (Vic)

Workplace Injury Rehabilitation and Compensation Regulations 2024 (Vic)

Workplace Injury Rehabilitation and Compensation Act 2013 (Vic)

Queensland

Anti-Discrimination Act 1991 (Qld)

Corporations (Administrative Actions) Act 2001 (Qld)

Crime and Corruption Act 2001 (Qld)

	Disability Services Act 2006 (Qld)
	Domestic and Family Violence Protection Regulation 2023
	Domestic and Family Violence Protection Rules 2014 (Qld)
	Education (Work Experience) Act 1996 (Qld)
	Electrical Safety Code of Practice 2021 Managing electrical risks in the workplace (Qld)
	Environmental Protection Act 1994
	Fair Trading Act 1989 (Qld)
	Fair Work (Commonwealth Powers) and Other Provisions Act 2009 (Qld)
	Health and Wellbeing Queensland Act 2019 (Qld)
	Holidays Act 1983 (Qld)
	Human Rights Act 2019 (Qld)
	Human Rights Regulation 2020 (Qld)
	Information Privacy Act 2009 (Qld)
	Information Privacy Regulation 2025 (Qld)
	Payroll Tax Act 1971 (Qld)
	Payroll Tax Regulation 2019 (Qld)
	<u>Queensland Dangerous Goods Act 1985 (DG Act) (Qld)</u>
	Work Health and Safety Act 2011 (Qld)
	Work Health and Safety Regulation 2011 (Qld)
	Work Health and Safety and Other Legislation Amendment Act 2024 (Qld)
	Workers' Compensation and Rehabilitation Act 2003 (Qld)
	Workers' Compensation and Rehabilitation Regulation 2025 (Qld)

Note:

EMT = Executive Management Team