

## COMPLIANCE POLICY

<b>Approving authority</b>	Governing Board
<b>Purpose</b>	This policy sets out how the Ozford Institute of Higher Education meets its compliance obligations.
<b>Responsible Officer</b>	President and CEO
<b>Next scheduled review</b>	September 2026
<b>Document Location</b>	R:\Managers\OIHE\Policies
<b>Associated documents</b>	Academic Staff Professional Development Policy and Procedure Changes to Registered Provider Ownership or Management Policy Delegations Schedule Governance Framework Human Resources Policy and Procedure (Manual) Policy Development and Review Policy 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 Internal Audit plan Compliance Procedure

### 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 policy 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. POLICY

- 4.1 The Institute is committed to complying with all compliance obligations including relevant legislation, regulation and standards.
- 4.2 All policies and procedures are developed as set out in the ***Policy Development and Review Policy*** and the ***Procedure Development and Review Policy*** to ensure that they meet compliance obligations.
- 4.3 The Institute will ensure that:
  - compliance obligations are identified and assessed for mitigation;
  - compliance risks are identified and mitigated as set out in the ***Risk Management framework*** noting that the Institute has no appetite for non-compliance with legislative and statutory requirements;

- controls are established to manage key compliance obligations and achieve desired behaviours including the development and maintenance of the ***Delegations Schedule***;
- compliance is managed as far as possible at the operational level, with accountability through defined reporting structures; and
- behaviours that create and support compliance are encouraged and behaviours that compromise compliance are not tolerated as set out in the ***Staff Code of Conduct Policy and Procedure***.

- 4.4 The Institute will support staff and associates to understand their role in managing compliance obligations by providing education, training and information.
- 4.5 The Institute will ensure that the compliance approach and outcomes is regularly reviewed and opportunities for improvement are identified through internal and external review processes. All staff must report actual or potential breaches of a compliance obligation.
- 4.6 The Audit and Risk Committee is responsible for:
- the effective oversight of the Institute’s compliance management processes
  - ensuring that an appropriate program of compliance management is maintained through the development and implementation of the ***Strategic Internal Audit plan*** and its schedule of internal audits.
  - monitoring how actual or potential non-compliances are addressed and rectified, and reporting to:
    - the Academic Board on internal audits involving academic risks and compliance; and
    - the Governing Board on the Strategic Internal Audit plan and outcomes from internal audits.
- 4.7 The Executive Management team are responsible for providing leadership and demonstrating commitment to the Institute's compliance management processes.
- 4.8 Where non-compliance is identified, the Institute will respond promptly developing and implementing an action plan to address the non-compliance and ensure the Institute meets all compliance obligations.
- 4.9 Staff who are involved in or aware of a material non-compliance and fail to report the non-compliance may be subject to disciplinary action in accordance with the ***Human Resources Policy and Procedure (Manual)***.
- 4.10 The Institute will report the outcome of the review and the rectification plan to the relevant Committee, Academic Board or the Governing Board. The Institute will also keep adequate records to demonstrate the actions taken to ensure compliance through documentation and practice.
- 4.11 Staff training and development needs will be identified and managed as set out in the ***Academic Staff Professional Development Policy*** and the ***Procedure and Professional Staff Professional Development Policy and Procedure***.
- 4.12 Staff non-compliance will be addressed through operational management processes as set out in the ***Human Resources Policy and Procedure (Manual)***.

## 5. QUALITY ASSURANCE

To ensure that this policy is fit for purpose and meet the requirements of the HESF (Threshold Standards), and other relevant legislation and guidelines, the policy will be:

- 5.1 internally endorsed by the Executive Management Team on development or review, prior to approval by Governing Board, or the Academic Board or other delegated authority;
- 5.2 externally reviewed as part of any independent review of the HESF (Threshold Standards) approved by the Governing Board;
- 5.3 internally reviewed by the Responsible Officer every three years from the date of approval (if not earlier): and,
- 5.4 referenced to the applicable HESF (Threshold Standard) and/or other legislation/regulation.

## 6. FEEDBACK

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

## 7. ACKNOWLEDGEMENT

This policy 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	GB
2.0	September 2018	Internal review to better meet HESF standards	GB
2.1	November 2021	Internal Review, minor amendments	GB
3.0	September 2023	Internal Review	GB
Related legislation/ regulation/standard	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)		

	<p>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)  Fair Work Act 2009 (Cth)  Fair Work Regulations 2009 (Cth)  Privacy Act 1988 (Cth)  Privacy and Data Protection Act 2014 (Vic),  Health Records Act 2001 (Vic),  Public Records Act 1973 (Vic)  Australian Consumer Law (Cth)  Competition and Consumer Act 2010 (Vic)  Victorian Child Safe Standards  Child Wellbeing and Safety Act 2005 (Vic)  Children, Youth and Families Act 2005 (Vic)  Occupational Health and Safety Act 2004 (Vic)  Occupational Health and Safety Regulations 2017 (Vic)  Dangerous Goods Act 1985 (Vic)  Workplace Injury Rehabilitation and Compensation Act 2013 (Vic)  Crimes Act 1914 (Cth)  Crimes Act 1958 (Vic)  Sexual offence Crimes Act 1958 (Cth)  Racial Discrimination Act 1975 (Cth)  Sex Discrimination Act 1984 (Cth)  Disability Discrimination Act 1992 (Cth)  Disability Standards for Education 2005 (Cth)  Australian Human Rights Commission Act 1986 (Cth)  Workplace Gender Equality Act 2012 (Cth)  Age Discrimination Act 2004 (Cth)  Fair Work Act 2009 (Cth)  Equal Opportunity Act 2010  Racial and Religious Tolerance Act 2001 (Vic)  Spent Convictions Act 2021  SPAM Act 2003 (Cth)  Copyright Act 1968 (Cth)</p>
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Note:

GB = Governing Board