

Compliance Management Procedure

1. Purpose and Scope

- 1.1 The Compliance Management procedure provides a framework for the policies, procedures, and structures that are aimed at identifying and managing AIAT's compliance obligations.
- 1.2 This procedure applies to all applies to all AIAT academic and non-academic staff and all members of Boards and Committees.

2. Definition

Refer to *Glossary of Terms*.

3. Procedure

- 3.1 Compliance Management Framework
 - 3.1.1 The primary purpose of the compliance management framework is to provide a coordinated and managed approach to ensuring legal compliance for AIAT.
 - 3.1.2 The Director: Quality Assurance and Risk Management will provide an annual report on the performance of the framework as a basis for improvement to the Board of Directors.
- 3.2 Identifying compliance obligations
 - 3.2.1 Compliance obligations are identified through
 - a. communication with legal, regulatory and industry bodies;
 - b. legislative updates;
 - c. professional and association memberships;
 - d. internal communications (e.g. workshops);
 - e. attending industry forums and seminars; and
 - f. research and benchmarking with other institutions.
- 3.3 Compliance Register
 - 3.3.1 AIAT maintains a Compliance Register which lists external legislation, regulations, codes, guidelines and standards which identify AIAT's obligations.
 - 3.3.2 The compliance register is reviewed and maintained on an annual basis by the Director: Quality Assurance and Risk Management. This process will include input from across the Institute to ensure all new or modified compliance obligations are identified, reviewed and incorporated onto the register.
 - 3.3.3 The Director, Quality Assurance and Risk Management provides the updated Compliance Register to the Risk, Quality and Audit Committee (RQA) consideration and endorsement, which is presented to Board of Directors for approval.

- 3.4 The Director: Quality Assurance and Risk Management will coordinate the review of all compliance obligations to determine the risk related to the obligation. These risks will be included on the Risk Management Register if appropriate.
- 3.5 Annual Certifications
- 3.5.1 On an annual basis, each member of the Executive Management Group will be required to
- a. review any audit findings or complaints in their area of operations; and
 - b. provide an informed assurance that to the best of their knowledge, AIAT has complied with the obligations relevant to their area of responsibility.
- 3.5.2 This process will be facilitated by the Director: Quality Assurance and Risk Management and reported to the Risk, Quality and Audit Committee for consideration and endorsement, which is presented to Board of Directors for approval.

4. Roles and responsibilities

- 4.1 The Board of Directors is responsible for:
- 4.1.1 exhibiting a high level of commitment to compliance management framework;
 - 4.1.2 fostering and encouraging an environment where compliance is accepted as the day-to-day responsibility of all individuals;
 - 4.1.3 managing compliance on advice from the Risk, Quality and Audit Committee; and
 - 4.1.4 approving the Compliance Register.
- 4.2 The Risk, Quality and Audit Committee:
- 4.2.1 Oversees AIAT's compliance management activities;
 - 4.2.2 Recommends the Compliance Register to the Board of Directors;
 - 4.2.3 Liaises with the Academic Board and the Academic Quality, Compliance and Risk Committee (AQCRC) regarding academic compliance issues;
 - 4.2.4 Liaises with the Executive Management Group regarding non-academic compliance issues;
 - 4.2.5 Liaises with the Finance Committee regarding financial compliance issues;
 - 4.2.6 Monitor the Compliance Register;
 - 4.2.7 Provides annual reporting on compliance management activities including any actions taken.
- 4.3 The Executive Management Group members are responsible for
- 4.3.1 providing assurance that AIAT has complied with the obligations relevant to their area of responsibility on an annual basis; and
 - 4.3.2 fostering and encouraging an environment where compliance is accepted as the day-to-day responsibility of all individuals.
- 4.4 The Director: Quality Assurance and Risk Management is responsible for:
- 4.4.1 maintaining a register and calendar of compliance obligations;

- 4.4.2 coordinating annual compliance risk reporting through the Institute’s risk management processes;
 - 4.4.3 coordinating the annual certification process;
 - 4.4.4 developing educative training programs for relevant obligations to raise awareness of the compliance obligations;
 - 4.4.5 providing advice to responsible officers and other staff on compliance obligations and issues; and
 - 4.4.6 providing annual reports to the Risk, Quality and Audit Committee.
- 4.5 Staff and Board Members are responsible and accountable for their own awareness of, and compliance with, applicable laws, policies and relevant training, and for reporting any non-compliance as per the Institute’s policies, procedures and existing reporting mechanisms.

5. Document Details

Institution	Australian Institute of Advanced Technologies (AIAT)
Procedure name	Compliance Management Framework
Procedure Reference No.	PROC – 03
Procedure Approval	Board of Directors
Procedure Authority	Executive Management Group
Responsible Officer	CEO
Governance Reference Threshold Standards	HESF (2021): 1.5.3, 6.2.1.a
Related Documents	Compliance Management Policy Staff Code of Conduct Compliance Register
Related Legislation	Higher Education Standards Framework (Threshold Standards) 2021 (HESF) AS 3806–2006 Australian Standard: Compliance programs
References	AIAT has referred and benchmarked with the following institutions and policies during the creation of this policy: Deakin University (2014) Compliance Management Framework Southern Cross University (unknown) Compliance Policy, <i>retrieved 31 January 2022</i> University of Otago (2018) Compliance Management Framework
Date of approval	31 March 2022
Review date	December 2024
Policy Category	Governance

6. Document Version Control

Document No	PROC - 03	Last Modify Date	Summary of Changes
Version No	1.0	NA	Initial version approved by Board of Directors
	1.01	31/3/2022	Acronym typos fixed, HESF updated
Created Date	March 2022		