COMPLIANCE MANAGEMENT PROCEDURES

PURPOSE

These procedures support the objectives of the Compliance Policy by providing a uniform approach to ensure compliance with all laws, regulations, industry and internal codes of conduct which impact on the day-to-day activities of the University, promote a compliance culture at CQUniversity, as well as uphold good corporate governance practices.

An effective Compliance Program is an important element of the corporate governance and due diligence of an organisation. It should prevent and, where necessary, identify and respond to non-compliance with laws, regulations, codes or the standards of the University itself. This is best achieved by promoting a culture of valuing compliance obligations within the University, and can only be effective through the actions of all staff and officers of the University. The implementation of a Compliance Program should, in turn, assist in the recognition of the University as a good corporate citizen.

PROCEDURE

The Compliance Program incorporates the following components:

- Compliance Policy;
- Compliance Register that details the key obligations of the University;
- risk-based compliance management procedures;
- education and training as part of the Compliance Program, detailing individual responsibilities, reporting and communication methods;
- integration of obligations, through day-to-day processes and procedures, into the operation of the University;
- regular reviews of the Compliance Program in addition to internal audits;
- a process of continuous improvement with reporting of non-compliance matters, and recognition for high compliance standards; and
- a confidential arena for the reporting of non-compliance matters, in alignment with Public Interest Disclosure.

The Compliance Program:

- affirms the University's commitment to compliance;
- provides education and training;
- identifies obligations and requires a risk rating of compliance obligations;
- establishes monitoring and reporting mechanisms;
- promotes continuous improvement in compliance processes; and
- provides complaint reporting and resolution process.

1 Commitment to Compliance

1.1 The Compliance Program is intended to demonstrate, in the clearest possible terms, the absolute commitment of CQUniversity to the highest standards of ethics and compliance with all applicable laws, regulations, rules and policies, detect and correct compliance failures promptly and eliminate misconduct and other wrongdoing.

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1.2 With compliance, the starting position is a desire and intention to comply; non-compliance is not an option. Compliance also needs to be forward looking, not merely focused on existing legal requirements, hence the emphasis on industry codes and company policies. A true compliance culture will exist where the University is anticipating community expectations and taking a lead in shaping the development of legal requirements.

1.3 Portfolio responsibility for compliance is held by the University Secretary. Reporting to Council on matters of compliance is through the Audit, Compliance and Risk Committee.

1.4 The Compliance Program is built on the principle that compliance and risk are managed at the operational level, with accountability through defined reporting structures.

2 Education and Training

2.1 The Vice-Chancellor and President's Division will disseminate information to the University community on the Compliance Program in order to increase awareness of compliance requirements and responsibilities.

2.2 The further development of staff awareness and commitment to compliance is the responsibility of operational managers, with the support of the People and Culture Directorate and the Vice-Chancellor and President's Division, through avenues such as induction and training programs.

3 Identification and Risk Rating of Compliance Obligations

3.1 The Compliance Register is a list of known key obligations under laws, regulations, codes or organisational standards that are applicable to the University. The Register lists:

- a Responsible Officer for each obligation;
- the areas affected by each obligation;
- potential penalties for non-compliance;
- processes and procedures currently in place to ensure compliance;
- any identifiable gaps in the current processes and procedures; and
- a risk rating for each obligation to assist in understanding the University's level of exposure in terms of likelihood and consequence.

3.2 The University Secretary maintains the Compliance Register.

3.3 Responsible Officers are required to provide and update, at least annually, a risk rating for each obligation.

3.4 New obligations, or changes in obligations, are identified by operational managers by monitoring legislation, advice from staff, or during the course of the annual reporting process.

4 Monitoring and Reporting Mechanisms

4.1 Responsible Officers are required to confirm that they are seeking, in the course of their operational activities, to ensure compliance with each obligation attached to them, and to outline how this is being done. They are also required to certify, at least annually, that the University has been compliant in respect of each obligation for which they are accountable. Information will also be sought annually as to: changes that have occurred and the implications of these changes for the University; any instances of compliance failure; and the remedial action taken to address compliance failures.

4.2 As responsibility for compliance lies with operational managers, non-compliance will be dealt with through existing operational level management processes, requiring reporting to senior management as appropriate. Remedial action will also be determined in the context of usual management processes.

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4.3 While the annual reporting process will seek advice of all incidents of compliance failure and remedial action taken, reports of particular incidents may be lodged at any time. Substantial non-compliance issues – both singular or systemic and recurring – must be reported to the Responsible Officer. A Compliance Action Plan must be developed and tracked until the matter has been resolved. Regular reporting of these matters will also be presented to the Audit, Compliance and Risk Committee.

4.4 Non-compliance issues of a confidential or sensitive nature can be reported directly to the University Secretary.

5 Continuous Improvement

5.1 The Vice-Chancellor and President's Division may assist operational areas in designing systems to ensure compliance with obligations.

5.2 In keeping with the objective of continuous improvement, ongoing reviews will be conducted in all areas. They will be conducted by the Vice-Chancellor and President's Division, with support from the Responsible Officers. The reviews and certifications are in addition to internal audits. The results of these reviews will be reported through the University Secretary to the Audit, Compliance and Risk Committee. This will provide Executive Management with assurance that the Compliance Program is effective, and will highlight areas that can be improved.

5.3 The Compliance Program annual report to Council should include a continuous improvement perspective in regards to systems development. A periodic survey of compliance practices and awareness may be conducted. Operation of the Compliance Program itself will be reviewed each three years.

6 Complaints process

6.1 Complaints about non-compliance, impacts of remedial action, or other issues arising from the Compliance Program will be dealt with at the operational management level, through existing grievance procedures, the Student Ombudsman's Office, or within the parameters of the Whistleblowers legislation.

DEFINITIONS

Code: a statement of recommended practice developed internally by the University or externally by another body (may be mandatory or voluntary).

Compliance: meeting the requirements of laws, organisational standards and codes, principles of good governance, and accepted community and ethical standards.

Compliance culture: the values, ethics and beliefs that exist throughout the University and interact with the University's structures and control systems to produce behavioural norms that are conducive to compliance outcomes.

Compliance failure: an act or an omission whereby the University does not meet its compliance obligations, processes or behavioural obligations.

Compliance program: a series of activities that when combined are intended to achieve compliance.

Obligation: a requirement specified by laws, regulations, codes or organisational standards.

Organisational standards: documented codes of ethics, codes of conduct, good practices and charters that the University has adopted for its operations.

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Responsible Officer: the head of an organisational area allocated responsibility for ensuring compliance with a specific obligation.

Risk rating: the level of risk assessed for each obligation as a function of likelihood and consequence of non-compliance.

RESPONSIBILITIES

In accordance with the CQUniversity Code of Conduct, it is the responsibility of all staff (commensurate with their roles, functions and span of control) to comply with relevant obligations.

For each obligation identified within the Compliance Register, a Responsible Officer will be appointed. The Responsible Officer will be considered the owner for compliance with that particular obligation and is responsible for:

- providing guidance and support to all staff in meeting the obligation;
- liaising with external parties; and
- ensuring that obligations are monitored and met throughout the University.

For Responsible Officers, specific compliance responsibilities should be incorporated into their performance plans.

RECORDS

All records relevant to these procedures are to be maintained in a recognised University recordkeeping system.

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Administrator	University Secretary
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Related Documents	Compliance Policy Risk Management Policy Risk Management Framework and Guidelines

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