

# Risk Management Policy



Institute of Health and  
Nursing Australia

Legal entity: Health Careers  
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CRICOS Code: 03386G  
RTO ID: 21985

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## 1. Purpose

- 1.1 This policy sets out a framework for developing a Risk Management Plan which identifies the process to identify, direct, manage, control and/or eliminate risk.

## 2. Scope

- 2.1 This policy applies to all persons employed by or contracted to IHNA and includes categories of Business Processes, Learning and Teaching, Human Resources, Documentation and Paperwork, Policies and Procedures, Property, Assets and Facilities.

## 3. Responsibility

- 3.1 The Audit and Risk Management Committee (ARMC) is accountable for the oversight of this policy and the relevant procedure.
- 3.2 The CEO is responsible for the control and issue of this policy (this may be delegated).
- 3.3 The CEO has delegated the responsibility of scheduling annual Risk Management Assessments and Internal Audits to the Director Quality Management.

## 4. Definitions

- **Risk** is defined as ‘the effect of uncertainty on objectives.
- In general terms, **risk management** refers to the architecture (principles, framework, and process) for managing risks effectively.
- **Managing risk** refers to applying that architecture to risks (Refer to AS/NZS ISO 31000:2009 Risk Management – Principles and Guidelines).
- A **Risk Management Framework** helps to identify risks and mitigate their effect, achieve a comprehensive understanding of the business, create, maintain, and protect value in the business, protect students, staff and continuity of the business, continuous improvement from risk management perspective, meet and maintain quality and compliance to and VET Quality Framework expectations, enable formal monitoring and review of risk and become a low-Risk Provider.
- From a VET Quality Framework context, Risk Management involves 4 steps:
  - **Identification:** Identify Indicators of Risk
  - **Risk Assessment:** Risk Potential and Impact
  - **Response:** Assessment Applications, Audits and Monitoring
  - **Ongoing Review:** Audits, Monitoring Performance

### 5. Policy

- 5.1 In conformity with the NVR Act requirement, IHNA uses a systematic and continuous improvement approach to the management of risk.
- 5.2 IHNA must document and implement procedures to:
  - a) Identify and manage risks concerned with compliance with the VET Quality Framework and Conditions of Registration for the RTO and
  - b) Correct and prevent any failure to comply with the VET Quality Framework and Conditions of Registration for the RTO and the RTO's quality system, policies & procedures.

### 6. IHNA Risk Management Plan

- 6.1 IHNA has instituted the Audit and Risk Management Committee to oversee the IHNA operations audit and risk.
- 6.2 IHNA has written policies and procedures for ensuring quality training and assessment consistent with its scope of registration and operations.
- 6.3 IHNA complies with the VET Quality Framework and Conditions of Registration across all its operations and in all of training/assessment activities.
- 6.4 IHNA provides for examination of documentation and reasonable access to all areas, records and staff as required by the VET Quality Framework.
- 6.5 IHNA has an organisational chart, position descriptions and terms of reference that show the lines of authority in the organisation, the responsibility and allocation of functions.
- 6.6 The CEO in conjunction with the Director Quality Management and/or other relevant management team members, or an external consultant conducts a risk assessment analysis and an internal audit of its compliance with these standards and the policies and procedures at least annually.
- 6.7 IHNA writes plans for its business that is consistent with its scope of registration and scale of operations. This plan is reviewed annually.
- 6.8 IHNA's Financial Management Policy details the policies and procedures in place for monitoring, assessing, and managing the financial viability risk.

### 7. Risk Identification

- 7.1 The CEO is responsible for the identification and management of risks concerned with compliance with the VET Quality Framework and Conditions of Registration for IHNA.
- 7.2 In assessing compliance risks IHNA has defined 4 types of risk categories:

- a) Human Resources- Standards for RTOs 2015, Standard 1
- b) Regulatory Compliances - Standards for RTOs 2015, ESOS framework, VET Student Loan Act, AQF
- c) Financial Management: Standards for RTOs 2015, Clause 7.2, Applicable Accounting Standards, Taxation
- d) Reputational Risk: Build a culture of organisational values

7.3 IHNA evaluates each of the instruments within the VET Quality Framework for compliance within each of these categories. After identifying a compliance risk IHNA applies an appropriate compliance control to manage the risk.

7.4 Data from the Risk Management Assessment Plan will then be transposed into the Risk Management Audit Report where the data will be collated and analysed. Where required, a corrective action will be created with a responsibility and date for completion. This will be managed and monitored for completion and signed off by the CEO or the delegate for closeout verification.

## 8. Management Review Report

- 8.1 To ensure that IHNA continues to improve its services IHNA systematically checks processes to actual outcomes, this is completed via a half yearly Management Review.
- 8.2 Results from audits and reviews of feedback are analysed by CEO in collaboration with the Executive Management Team to identify areas for improvement.

## 9. Corrective Preventive Action Report (CPAR)

- 9.1 A Corrective/Preventive Action Report (Form: HCI-Form-CPAR) will be raised or online in Knowledge Hub, monitored and actioned through the Action Plan and Continuous Improvement Registers, then filed in Knowledge Hub for future reference.
- 9.2 The Executive Management at its fortnightly meetings will go through 'open actions' and discuss the status report on each, actions that have been completed will also be discussed and closed via signoff by CEO or the delegate. At this point in time the Director Quality Management will then complete documentation and update the corrective action register.

## 10. Associated Information

<b>Related Internal Documents</b>	<ul style="list-style-type: none"> <li>• Quality Assurance and Continuous Improvement Policy</li> <li>• Corrective Preventive Action Report Form/CPAR process online</li> <li>• Action Plan Register</li> <li>• Meeting Minutes page in Knowledge Hub</li> </ul>
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	<ul style="list-style-type: none"> <li>• Risk Management Plan</li> <li>• Internal Audit Reports</li> </ul>
<b>Related Legislation, Standards, and Codes</b>	<ul style="list-style-type: none"> <li>• Standards for RTOs 2015, Standard 1 &amp; 2, Clause 7.2</li> <li>• National Code of Practice for Providers of Education and Training to Overseas Students (2018)</li> </ul>
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<b>Approval Authority</b>	Audit and Risk Management Committee
<b>Document Custodian</b>	Director Quality Management
<b>Committee Responsible</b>	Executive Management Committee
<b>PinPoint DocID</b>	QA-RMP

## 11. Change History

<b>Version Control</b>		Version 2.0
<b>Change Summary</b>	Date	Brief description of the change, incl version number, changes, who considered, approved, etc.
	10/03/2021	Separated Policy document from Procedure, revised and updated with pertinent sections