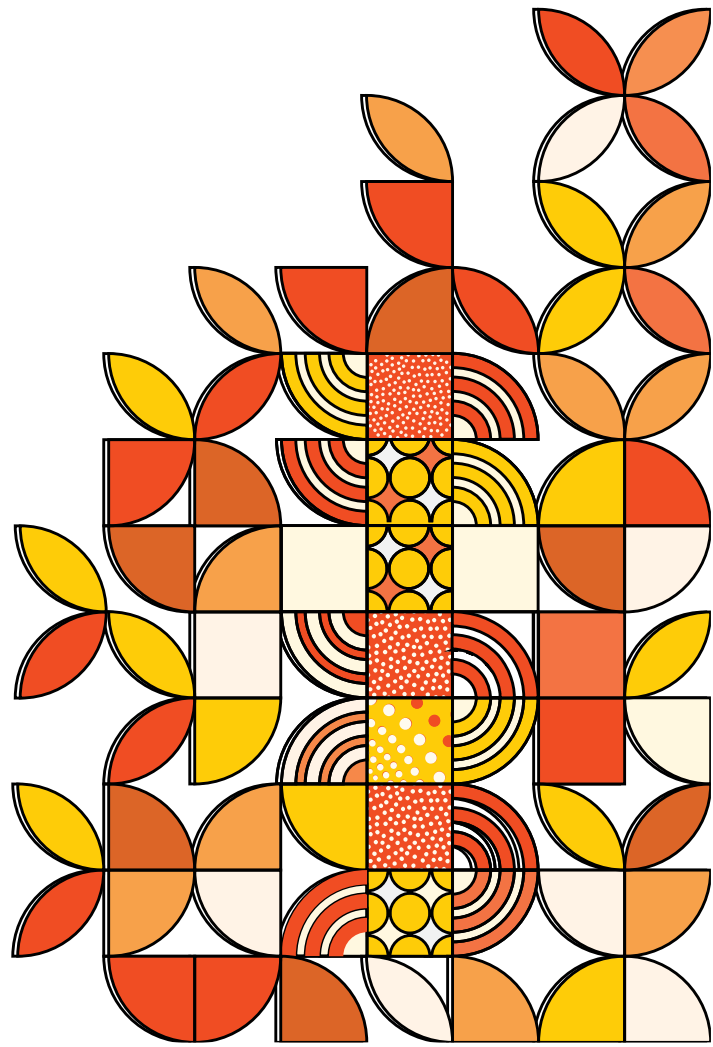


Internal Audit Policy



SECTION 1

Purpose

1. The purpose of the policy is to ensure that all aspects of the internal audit process adhere to a professional standard of operation as described in this document.
2. To contribute to the creation of a positive risk culture and encourage innovation.
3. The purpose of the policy is also to provide a framework to evaluate the scope, effectiveness, reliability and robustness of internal organizational systems, particularly those upon which the organization has greater reliance but are not monitored under any other process.

Scope

4. This policy applies to all HCI employees and their agents, and parties involved with IHM committees, boards and panels in an official capacity.

Definitions

5. Refer to IHM's Glossary of Terms.

Suite Documents

6. This Policy is linked to the following:
 - a) Internal Audit Procedure
 - b) See also the Associated Information listed in the 'Related Internal Documents' in Section 4 below.

SECTION 2

Principle

5. The CEO will ensure that the internal staff or external consultants carrying out an audit is experienced with the policy and procedures for conducting internal audits across IHM's scale of operations, policies and procedures and any organizations that are involved with the training provided by IHM.
6. The delegated staff will ensure that all Internal Audits conducted by IHM are against the HESF Threshold Standards 2021 and will apply to all IHM's training delivery and assessment within the Institute's scope of registration.
7. The Director of Quality Management will ensure that all internal audits conducted by the delegated staff and external consultants are completed with a full report of non-compliance issues and that following the receipt of such a report the next management meeting shall feature the report as an item of business with developmental recommendations designed to remedy any non-compliance.

The CEO shall review all non-compliance issues within 14 days following all Internal Audits.

Policy

The objectives and benefits of IHM's approach to risk management are to achieve the following;

1. Establish a positive audit and continuous improvement culture;
2. Help IHM to protect its assets including its reputation through regular audits;
3. Protect the safety of students and staff via systematic audit of the official risk register;
4. Support achievement of strategic and operational objectives, through timely and credible audits that support outcomes such as staff training, policy and procedure renewal; identify and handle systemic problems not addressed elsewhere
5. Encourage innovation;
6. Support sound decision-making and effective resource management through analysis of audit content;
7. Support adoption of new systems and improvement to established systems that are fit for purpose, and that improve operational efficiencies.

The internal audit process is part of the overall IHM Risk Management Process and is situated as the next step after a comprehensive risk review and just prior to the identification of service delivery gaps.

Ethics

Internal auditors undertake their role within the confines of the law, the auditing profession, the higher education sector with particular attention on best practice as outlined by the national regulator, and within IHM's governance mandates including the Code of Conduct and Ethics Policy.

Independence and Objectivity

1. In order to maintain integrity and credibility of the audit process the parties involved must be permitted to act with freedom from conditions that would reduce their ability to act independently.
2. To ensure the objectivity of the personnel undertaking internal audits their functions are to be kept free from company interests or undue management influence.

Management of Confidential Information

1. All data mining or new information generated from audit processes will be managed in accordance with the Records Management Policy.
2. Content of documents will remain sensitive or if personal details and identifiers are within the data, that content will be managed as confidential.
3. The assignment of a confidential rating also applies to any company information with financial or operational content.
4. Any personal records of stakeholders will be de-identified for any audit function.

Record Retention and Destruction

1. Data collected as a result of audits will be kept on-going in order to develop a useful historical foil for current practices and to measure improvements or slippages in results and systems. These records will be stored as per the Records Management Policy.
2. Details regarding the frequency, planning, execution, recording, data analysis, reporting, monitoring and follow up of audits can be found in the IHM Audit Procedure document.

SECTION 3

Roles and Responsibilities

1. The Quality Assurance Manager (or their delegate) shall take responsibility for planning, executing, monitoring and reporting on all internal audits.
2. Additionally, the Quality Assurance Manager (or their delegate) shall undertake the mitigation process, if needed, to recommend edits to policy, procedure, frameworks or other IHM official documents, to make recommendations for staff or other stakeholder training or recommendations for other forms of risk mitigation.

SECTION 4

Associated Information

Related Internal Documents	Internal Audit Procedure Code of Conduct and Ethics Policy Records Management Policy
Related Legislation, Standards and Codes	Australian Qualifications Framework (2013) Higher Education Support Act (2003) Higher Education Standards Framework (Threshold Standards) 2021 National Code of Practice for Providers of Education and Training to Overseas Students (2018) Tertiary Education Quality and Standards Act (2011) The Institute of Internal Auditors Code of Ethics Complete Global Internal Audit Standards (theiia.org)
Date Approved	02.08.2024
Date of Effect	03.08.2024
Date of Next Review	30.07.2027
Approval Authority	Audit and Risk Committee Endorsed by Board of Directors
Responsibility for implementation	Director Audit and Risk
IHM Doc ID	IHM-IAP1-1.0

Change History

Version Control		
Change Summary	Date	Short description of change, incl version number, changes, who considered, approved etc.
Version 1.0	01.08.2024	New Policy