GOVERNANCE, LEADERSHIP AND ACCOUNTABILITY POLICY & PROCEDURE

Introduction

The Australian Academy of Commerce (AAC) is committed to maintaining strong, transparent, and accountable governance structures that underpin the quality and integrity of its training, assessment, student support, and administrative functions. Effective governance and leadership are essential to ensuring compliance with the National Vocational Education and Training Regulator Act 2011, the Education Services for Overseas Students Act 2000, and applicable standards including the Standards for RTOs 2025, the ESOS National Code 2018, and the ELICOS Standards 2018.

This policy establishes AAC's approach to governance oversight, leadership, accountability and institutional performance to ensure decisions are evidence-based, ethically sound and aligned with the organisation's strategic objectives and regulatory obligations.

Purpose

The purpose of this policy is to define AAC's governance and leadership framework and ensure clear accountability across all levels of the organisation. It provides a structured approach for monitoring the suitability of governing persons, delineating staff and third-party roles and responsibilities, and ensuring that all personnel are informed, competent, and supported to fulfil their functions in compliance with the Standards for RTOs.

This policy supports implementation of Standards 4.1 and 4.2 of the *Standards for RTOs 2025* by ensuring:
- Governing persons are fit and proper and demonstrate integrity and accountability.
- Responsibilities of staff and third-party providers are clearly defined and appropriately managed.
- Continuous improvement and risk management practices are embedded in all leadership and governance activities.

Scope

This policy applies to all governing persons, staff members, and third-party partners involved in the delivery, support, and administration of nationally recognised training under AAC's scope of registration.

Policy Statement

AAC maintains a structured and transparent governance system that promotes ethical leadership, effective decision-making, and continuous compliance with all applicable legislative and regulatory frameworks. The policy ensures that the organisation's leadership and oversight mechanisms actively support quality education delivery, protect stakeholder interests, and drive continuous improvement.

Governing persons are expected to uphold the highest standards of conduct, maintaining their suitability under the *Fit and Proper Person Requirements* at all times. Staff and third-party personnel operate within clearly defined roles, supported by ongoing guidance, monitoring, and evaluation processes that ensure accountability and performance against AAC's strategic and operational priorities.

The governance framework is operationalised through:
- A formal governance calendar that schedules cyclical compliance, quality assurance, and risk management activities.
- Defined escalation and review protocols where governance or leadership risks are identified.
- Clear documentation of decisions, responsibilities, and outcomes across all governance and operational levels.
- Routine evaluation of governance performance, including action where suitability requirements are not met.

This policy is integrated with AAC's quality assurance systems, including:
- The Quality and Governance Schedule, which outlines regular internal reviews, validation cycles, and compliance checks.
- The Notification of Material Changes Procedure, ensuring timely reporting to regulators and contractual stakeholders.
- Alignment with AAC's *Support for Students Policy* and *Access, Equity and Mutual Obligation Policy,* ensuring governance practices support a safe, fair, and inclusive learning environment.
- Use of the Continuous Improvement Register to document and action governance-related risks, findings, and enhancements.

Definitions

Designated Person	A person who exercises a degree of control over the management or direction of the RTO, including employees or contractors designated by the CEO.
Designated Position	A role that enables a person to exercise control over the RTO's management or operations, automatically conferring 'designated person' status.
Fit and Proper Person Requirements	The conditions outlined under Schedule 1 of the Compliance Requirements for assessing the suitability of key personnel.
Governing Person	Any person with influence over the management or operations of the RTO, including executive officers and directors.
Third Party	Any external individual or organisation delivering services on behalf of the RTO under a written agreement.

Regulatory and Legislative Requirements

- ELICOS Standards 2018
- ESOS Act 2000
- ESOS National Code 2018
- NEAS Quality Assurance Framework
- NVR Act 2011
- Standards for RTOs 2025; Quality Area 4: Governance, Outcome Standards 4.1 and 4.2 and Compliance Requirements - Schedule 1

Governance, Accountability and Leadership Procedure

AAC ensures that all governing persons undergo due diligence checks prior to appointment and annually thereafter. Fit and Proper Person Declarations are submitted to ASQA as required. Where an

individual ceases to meet the Fit and Proper Person Requirements, AAC will take action to reassign, supervise, or remove the individual and notify ASQA within ten (10) business days.

A Governance Register is maintained to record positions, delegations, and renewal dates. Performance issues relating to non-compliance with governance obligations are managed through the *Meeting the Conditions of Registration Policy.*

A Quality and Governance Calendar schedules key activities including internal audits, validation, reporting cycles, professional development, and management meetings. Continuous Improvement meetings are held quarterly to review quality data, stakeholder feedback, risk indicators, and compliance outcomes.

Risk management is embedded in governance through annual compliance risk reviews and regular monitoring of high-risk operational areas. Governance and compliance risks are recorded and responded to using the Continuous Improvement Register. *Quality Assurance and Risk Management Policy and Procedure.*

Quality assurance mechanisms distinguish between quality control (pre-implementation reviews) and quality review (post-implementation evaluation), both of which are built into AAC's systems and referenced during management meetings.

Organisational culture is supported through leadership modelling, cultural safety training, and active staff engagement in continuous improvement and professional development. Staff are supported to act with integrity, transparency, and fairness, and are held accountable to these values.

Procedure Summary Table

Procedure Step	Action	Responsible	Timeframe
1	Conduct due diligence and Fit and Proper Person checks	CEO/Board	Prior to appointment and annually
2	Submit Fit and Proper Person Declarations to ASQA and manage non-compliance.	Compliance Officer	Within 10 business days of change
3	Provide role descriptions and delegation documents to all staff and third parties	Compliance Officer	At induction and as roles change
4	Provide compliance updates and PD on regulatory obligations	Compliance Officer	Quarterly or as changes occur
5	Enter into and monitor third-party agreements	CEO/Compliance Officer	Prior to commencement and annually
6	Conduct and document continuous improvement meetings and take action as needed	CEO/Senior Management	Quarterly
7	Review governance systems, reporting lines, and cultural alignment	Senior Management	Biannually
8	Record risks, feedback, and improvement actions in register	Compliance Officer	Ongoing

Governance and Self-Assurance Framework

Overview
AAC's governance arrangements are strengthened through an integrated self-assurance framework. While governance structures provide leadership, accountability, and decision-making authority, self-assurance ensures that those decisions are monitored, evaluated, and evidenced to demonstrate ongoing compliance and quality outcomes.

Together, they form a continuous cycle of leadership, assurance, and improvement.

Core Principles
1. Integration of Governance and Assurance – All governance decisions are informed by compliance and quality monitoring activities, ensuring decisions are evidence-based.
2. Structured Monitoring and Evaluation – Governance incorporates scheduled internal reviews, validation, audits and risk reviews through the Quality and Governance Calendar.
3. Continuous Improvement – Findings are logged in the Continuous Improvement Register, prioritised, resourced, and monitored to completion.
4. Audit-Readiness and Transparency – Evidence of governance and self-assurance activities is maintained in an audit-ready format, mapped against the Standards for RTOs 2025 and the National Code 2018 (where applicable).
5. Risk Management Linkages – Governance oversees compliance and operational risks recorded in the Risk Register, ensuring timely treatments and escalation of high-risk matters.

Practical Tools Supporting the Framework
- Continuous Improvement Register – records issues, risks, actions, and outcomes.
- Quality and Governance Calendar – schedules audits, validations, meetings, and reporting cycles.
- Compliance Risk Register – identifies and monitors governance and compliance risks.
- Governance Meeting Minutes – document decision-making, assurance outcomes, and follow-up actions.

Governance and Self-Assurance Procedure Summary

Step	Action	Responsible	Evidence / Records
1	Establish annual Quality & Governance Calendar incorporating monitoring, evaluation, and risk reviews.	CEO / Compliance Officer	Governance calendar; approved schedule
2	Conduct regular monitoring activities (audits, validation, trainer file checks, student support reviews).	Functional Managers / Compliance Officer	Monitoring reports; validation records; audit checklists
3	Present monitoring outcomes, risks, and recommendations at governance meetings.	CEO / Managers	Governance meeting minutes; action items
4	Record issues and improvement opportunities in the Continuous Improvement Register.	Compliance Manager	CI Register entries
5	Prioritise and assign actions for improvements and risk treatments, allocating resources where required.	Governance Body / CEO	Action plans; resource allocation records
6	Implement improvements and risk treatments, track progress, and report back to governance meetings.	Assigned Staff	Implementation evidence; updated P&Ps; training records
7	Review and confirm effectiveness of improvements and risk controls.	CEO / Compliance Officer	Follow-up reviews; closed CI Register items

8	Retain all evidence in audit-ready format, mapped against Standards for RTOs 2025 and, where applicable, the National Code 2018.	Compliance Officer	Evidence matrix; mapped registers; audit files

Roles and Responsibilities

Role	Responsibility
CEO / Governing Body	Ensure all governing persons meet Fit and Proper Person Requirements and act within their delegations. Maintain oversight of the Quality and Governance calendar and risk review processes.
Compliance Officer	Maintain governance records and monitor compliance with regulatory obligations.
All Staff	Understand and perform their roles in accordance with defined responsibilities and compliance obligations.

Policy Implementation

The CEO is responsible for implementing this policy and ensuring all governing persons and staff are aware of their responsibilities. The policy is reviewed annually in line with governance evaluation outcomes and compliance monitoring.

Monitoring and Review

AAC has established and implemented a structured approach to performance monitoring, evaluation, and reporting. This process drives continual improvement in both the effectiveness and efficiency of organisational operations. Regular audits of performance and outcomes are conducted to proactively identify and address existing or potential issues, and to highlight opportunities for further enhancement.

AAC reviews the Governance, Accountability and Leadership Policy and Procedure every two years or as necessary to ensure compliance and alignment with legislative and regulatory changes and stakeholder feedback.

Version Control

Version	Date	Description	Approved by	Approval date	Author	Review date
V1.0	May 2025	New Policy in line with the new Standards for RTOs 2025	CEO	20 June 2025	Compliance Officer	May 2027
V1.1	Dec 2025	Added supporting	CEO	13 January 2026	Compliance Officer	Dec 2027

		Governance and Self Assurance Framework				

Policy and Document Information

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