



Governance Manual

Updated January 2023



Governance Manual

The Board of Rural Doctors Foundation recognises the importance of establishing a comprehensive system of control and accountability as the basis for the administration of corporate governance.

The Board has adopted the following suite of governance policies and procedures. As an organisation with Deductible Gift Recipient Status, it is important that the Board and Executive administer the policies and procedures with openness and integrity.

The Board considers this Governance Manual provides clear guidance for our operations and reflects our commitment to ensuring a high level of accountability. It is an efficient, practical and cost-effective method of directing and managing the Foundation.

With a key goal of growth and expansion across Australia, the implementation of additional policies and frameworks will be reviewed as our activities develop in size, nature and scope.

Rural Doctors Foundation ensures that all financial activities are audited on an annual basis and that information is shared with ASIC and ACNC as required. An Annual General Meeting is held to inform Members of our progress against key strategies and objectives.

This manual includes the following resources:

1. Strategic Plan
2. Board Terms of Reference
3. Finance, Investment and Risk Committee Terms of Reference
4. Nominations Committee Terms of References

A business plan is developed on an annual basis and is available upon request. Terms of reference for working committees are also available upon request.

Vision

Rural doctors for rural communities

Purpose

To support better health in rural and remote communities.

Values

Courage – We will act with conviction and integrity and take informed risks.

Trust – We will be credible, reliable, connected, and selfless.

Care – We will be diligent, compassionate, responsive, and effective.

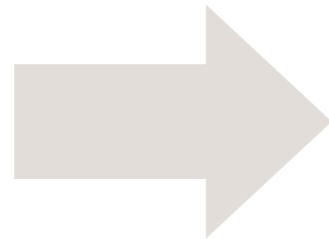
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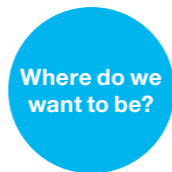
1.0 Strategic Plan – 2022-2024



- Queensland focus
- Minimal fundraising revenue resulting in reliance on investments
- Limited income streams
- Not well known in community
- Governance frameworks in infancy.



Positioning:
Here in your community when you need us
Tagline:
Caring. Committed. Connected.



- National footprint with a Queensland focus
- Fundraising revenue covering expenses and growth opportunities
- Diversity of income streams
- Integral part of communities of focus
- Well respected brand with high awareness
- Governance frameworks and management reporting driving decision making.

	Develop funding streams	Distribute funds to promote better health in rural and remote communities	Well governed organisation
Why	To ensure we can fulfil our purpose	To fulfil our purpose	To meet our compliance requirements
Who	Individual Donors Trusts/Foundation Corporates	Rural Communities	Board and Management
Where	MM 1-3	MM 4-7	Board Meetings Committees
How	Grant Submissions Workplace Giving Partnerships	Grants Program MOU with RDAQ Health Checks Community Education	Robust reporting and decision-making frameworks

Our vision: [Rural doctors for rural communities](#)

Our purpose: [To deliver better health in rural and remote communities](#)

	Develop funding streams	Distribute funds to promote better health in rural and remote communities	Well governed organisation
Where will we be in three years?	Awareness of Rural Doctors Foundation brand Specific marketing and fundraising activity where we have “committed” local influencers Demonstrating the commitment and professionalism of our organisation through sharing personal stories of our committed Directors and doctors.	Grants program offering support to remote and remote communities of focus across Queensland. Demonstrating care and commitment communities of focus (4 in total each year). Health Checks.	Robust reporting and decision-making frameworks informing strategic planning and program delivery.
Where will we be in three to five years?	Respected brand across Queensland. Replication of fundraising and marketing activities with local flavour delivered by large number of influencers driving activity across Queensland. Showcasing our impact across key communities of focus across Queensland.	Grants program offering support to increased number of rural and remote communities of focus across Queensland. Offering a mobile medical service that reaches remote and rural towns across Queensland. Community Education across rural and remote communities of focus in Queensland.	A vibrant and diverse Board on which a Director position is highly sought.
Where will we be in five to ten years?	Highly respected brand across Australia. Replication of fundraising and marketing activities with local flavour delivered by large number of influencers driving activity across Australia. Showcasing our impact across Queensland and beginning to branch out across Australia.	Grants program offering support to rural and remote communities across all Queensland and select rural and remote communities in other parts of Australia. Offering a mobile medical service that reaches remote and rural towns across all Queensland and select rural and remote communities in other parts of Australia. Community Education across all Queensland and select rural and remote communities in other parts of Australia.	A Board and Executive that is the benchmark for rural health.

2.0 Terms of Reference

2.1 Board Terms of Reference

1. Purpose

The Rural Doctors Foundation Board exists to ensure that the Objects of the Company outlined in Clause 3 of The Constitution of Rural Doctors Foundation Ltd ("the Foundation") are met. Decisions made on behalf of the Company are in line with:

- agreed policies and procedures
- good governance principles
- Corporations Act 2001 (Cth).

2. Membership and appointment

The Board is comprised of up to eight (8) Directors plus the immediate past president of RDAQ. At least three (3) directors are rural doctors with the remaining positions available to rural doctors or non-medical business professionals with skills and experience in legal, finance, risk and compliance, governance, marketing, fundraising and human resources.

The RDAQ Nominee position is for one (1) year following their RDAQ presidential term.

To be eligible for a director position, nominees must be a member of Rural Doctors Foundation. Directors are appointed in line with Constitution and existing directors can choose to re-nominate for a position in line with the Constitution.

3. Positions

The Rural Doctors Foundation Board is comprised of the following:

- Chair
- Deputy Chair
- Treasurer
- Secretary
- 4 Directors
- RDAQ Past President (or nominee).

Nominations from the existing Directors for the defined positions are voted upon by the Directors at the Board meeting following the Annual General Meeting.

The Chair is responsible for managing all Board meetings and ensuring meetings are held in accordance with the Constitution and the Terms of Reference.

4. Frequency of meetings and quorum

The Board will meet a minimum of six times per annum, which includes a Planning Meeting and the Annual General Meeting. A simple majority of members of the Board will constitute a quorum. If a vote of the Board is deadlocked the Chair of the Board will have the casting vote.

5. Committees of the Board

Sub-Committees of the Board have been created to advise the Board on key matters. Each of these Committees has a member of the Board as its Chair. Terms of Reference are available for each Committee. The following Sub-Committees have been created.

- Executive Committee – comprised of Chair, Deputy Chair, Treasurer and Secretary.
- Finance, Risk and Investment Committee – comprised of Treasurer (Chair), at least one Director, Chief Executive Officer and one other director or external individual
- Nominations Committee – comprised of Secretary (Chair), Chair, Chief Executive Officer, and at least one other Director.

Other working committees are convened as needed.

6. Recording of minutes and reporting

Board papers will be distributed to Directors five (5) working days prior to the meeting. Minutes will be recorded, retained and distributed to the Board by the Chief Executive Officer or Minute Secretary. Key recommendations of the Board will be reported to the Membership at the Annual General Meeting, unless the nature of the change requires an Extraordinary General Meeting.

7. Responsibilities

The responsibilities of the Board include, but are not limited to:

- Compliance monitoring – ensuring compliance with the objects, purposes and values of the organisation, and with its Constitution
- Organisational governance – setting or approving policies, plans and budgets to achieve those objectives, and monitoring performance against them
- Strategic planning – reviewing and approving strategic direction and initiatives
- Regulatory monitoring – ensuring that the organisation complies with all relevant laws, regulations and regulatory requirements
- Financial monitoring – reviewing the organisation's budget, monitoring management and financial performance to ensure the solvency, financial strength, and performance of the organisation

- Financial reporting – considering and approving annual financial statements and required reports to regulatory bodies
- Organisational structure – setting and maintaining a framework of delegation and internal control
- Leadership selection – selecting, evaluating the performance of, rewarding and, if necessary, dismissing the organisation's Chief Executive Officer
- Succession and remuneration planning – planning for Board, executive succession, and determining senior management remuneration
- Risk management – reviewing and monitoring the effectiveness of risk management and compliance in the organisation; agreeing or ratifying all policies and decisions on matters which might create significant risk to the organisation, financial or otherwise
- Dispute management – dealing with and managing conflicts that may arise within the organisation, including conflicts arising between Board members, staff, members, volunteers, grant recipients and program users
- Social responsibility – considering the social, ethical and environmental impact of all activities and operations and ensuring these are acceptable
- Board performance and composition – evaluating and improving the performance of the Board

8. Associated documents

This Terms of Reference should be read in conjunction with

- Board policy
- Rural Doctors Foundation Constitution

2.2 Finance, Risk & Investment Committee Terms of Reference

1. Purpose

The Finance, Risk & Investment Committee (the Committee) is established pursuant to clause 23 of The Constitution and will oversee, monitor and advise the Rural Doctors Foundation Board (the Board) on:

- Financial performance against budget and audit
- Imminent and projected matters of risk
- Other matters assessed as having potential to impact the performance of Rural Doctors Foundation
- Performance of the Foundation's investment portfolio, if any; and
- Other matters as required from time to time by the Board.

2. Membership and appointment

The Committee shall be made up of the Treasurer of the Foundation, the Chief Executive Officer of the Foundation, a Board member and additional member/s (the Remaining Members), who may or may not be members of the Board.

The Chair of the Rural Doctors Foundation Board is a member of all committees and may choose to participate on an as needs basis.

The Chair, the Treasurer and the Chief Executive Officer are appointed Ex-officio. Members of the Finance, Risk and Investment Committee are appointed for two-year terms (the Term). If a member resigns during the Term, the Rural Doctors Foundation Board will review suitable applicants to replace this member for a further two-year term. Preference for members will be given to people with relevant experience and/or expertise.

3. Positions

The Treasurer of Rural Doctors Foundation is automatically appointed as Chair of the Finance, Risk and Investment Committee, except where the Treasurer is unable to do so. In this case the remaining Committee members will determine the Chair with approval from the Board of Rural Doctors Foundation.

The Finance, Risk and Investment Committee is comprised of the following:

- Treasurer (Chair)
- At least one (1) Director
- Up to three (3) Members
- Chief Executive Officer

4. Frequency of meetings and quorum

The Committee will meet a minimum of three times per annum. A simple majority of members of the Committee will constitute a quorum. If a vote of the Committee is deadlocked, the Chair of the Committee will have the casting vote.

5. Recording of minutes and reporting

Papers will be distributed to Committee members five (5) working days prior to the meeting. Minutes will be recorded, retained and distributed to the Board by the Chief Executive Officer or Minute Secretary.

Key recommendations of the Finance, Risk and Investment Committee will be included in the Finance Report which will be presented by the Treasurer to each Board Meeting.

6. Responsibilities

The Committee's responsibilities will include, but not be limited to:

- budget development and review
- review of the Foundation's investment portfolio
- remuneration review
- financial delegations review
- risk assessment; and
- any other matters required by the Board.

Every three years, or sooner if it considers necessary, the Committee will review the Foundation's investment advisors and auditors, and, report to the Board with respect to same.

7. Associated documents

This Terms of Reference should be read in conjunction with

- Board policy
- Rural Doctors Foundation Constitution
- Delegations Policy
- Delegations Schedule

2.3 Nominations Committee Terms of Reference

1. Purpose

The Nominations Committee is established pursuant to clause 23 of The Constitution of the Rural Doctors Foundation Ltd ("the Foundation") and will oversee, monitor and advise the Rural Doctors Foundation Board (the Board) on matters relating to membership of the Board and associated sub-committees. It is responsible for:

- Ensuring a strong pipeline of nominees for election as Board Directors
- Ensuring a strong pipeline of nominees for appointment to Board sub-committees
- Reviewing nominees against Board and Committee requirements and making recommendations on preferred candidates for review by the Rural Doctors Foundation Board
- Managing the tenure of Directors in line with the Constitution
- Identifying any issues in compliance with Directors and Committee members for review by the Rural Doctors Foundation Board
- Consult with Rural Doctors Association of Qld Inc. (RDAQ) serving President regarding nominees for the role of Rural Doctors Foundation director and their tenure
- Manage casual vacancies between annual meetings.

2. Membership and appointment

The Committee should have no less than four members. It shall be made up of the Secretary of Rural Doctors Foundation, Chair of Rural Doctors Foundation Board, the Chief Executive Officer of Rural Doctors Foundation, and additional member/s (the Remaining Members), who may or may not be a member of the Board.

The Chair, Secretary and Chief Executive Officer are appointed ex-officio. The Board will appoint the Remaining Members for two-year terms (the Term). If a Remaining Member resigns during the Term, the Board will appoint her or his appointment for the balance of the Term. Preference for the Remaining Members will be given to people with relevant experience

3. Positions

The Secretary of Rural Doctors Foundation will chair the Committee, except where the Secretary is unable to do so, in which case the remaining Committee members will determine the Chair.

The Nominations Committee is comprised of the following:

- Secretary (Chair)
- Chair of Rural Doctors Foundation
- Up to one additional (1) Members
- Chief Executive Officer

4. Frequency of meetings and quorum

The Committee will meet a minimum of once per annum in preparation for the Annual General Meeting. Other meetings may be required if a Board or sub-committee vacancy arises during the year. A simple majority of members of the Committee will constitute a quorum. If a vote of the Committee is deadlocked, the Chair of the Committee will have the casting vote.

5. Recording of minutes and reporting

Papers will be distributed to Committee members five (5) working days prior to the meeting. Minutes will be recorded, retained and distributed to the Board by the Chief Executive Officer or Minute Secretary.

Key recommendations of the Committee will be reported to the next business meeting of the Board by the Secretary.

The Committee is to determine that an appropriate and transparent process is in place for the effective succession planning and renewal for the Board and Board Committees.

6. Responsibilities

The Committee's responsibilities will include, but not be limited to:

- Annually present to the Board a list of individuals recommended for nomination for election to the Board and for appointment to the Committees of the Board (including this Committee)
- Before recommending an incumbent, replacement or additional director, the Committee will review his or her qualifications and experience, including capability, availability to serve, independence and other relevant factors (including appropriate background checks)
- Assist in identifying, interviewing and recruiting candidates for the Board with a view to achieving an appropriate balance of skills, knowledge, experience, independence and diversity to discharge the Board's duties and responsibilities, and maintaining a board skills matrix to assist the Committee with this purpose

The Committee also examines any other matters referred to it by the Board.

7. Associated documents

This Terms of Reference should be read in conjunction with

- Board policy
- Rural Doctors Foundation Constitution
- Terms of Reference of sub-committees

3.0 Policies

Governance Policies

3.1 Governance Policy

1. Purpose

The Governance Policy is intended to clarify the content of the Constitution for the Rural Doctors Foundation Ltd by making explicit the underlying principles of governance approved by the Board.

This policy does not cover legal or ethical issues concerning the role of the Board or its members.

2. Scope

This policy applies to all Rural Doctors Foundation Workers. A Worker is a person who carries out work in any capacity for Rural Doctors Foundation including any of the following: an employee, a contractor or subcontractor or an employee of a contractor or subcontractor.

It also covers our Volunteers. Under the WHS Act, volunteers are considered Workers if they carry out work in any capacity for Rural Doctors Foundation.

All Workers (including Volunteers) who carry out work for Rural Doctors Foundation are required to take reasonable care for their own health and safety and not to create risks to others or to the organisation.

This policy applies to all activities of Rural Doctors Foundation both inside and outside the workplace. This includes Board meetings, committees, working groups or advisory bodies, industry functions and conferences. The policy is applicable where a Board Member is operating in the work environment, work-related travel, a Rural Doctors Foundation funded or organised event (including social events) or is using Rural Doctors Foundation resources.

3. Policy Statement

Under the Constitution, the activities of the Foundation are to be managed by, or under the direction of the Board. The Board is accountable for governance, and ultimately the performance of the Foundation. The Board gives direction and exercises judgement in setting the Foundations strategy and objectives and oversees their implementation by management. The Board's role is to govern the Foundation rather than manage it. The Chief Executive Officer is accountable to the Board for the day-to-day management of the Rural Doctors Foundation.

4. Principles

The Board of Rural Doctors Foundation Ltd operates in line with the following principles.

- The determination of Board members is the prerogative of members through the election process.
- No Board member can be mandated to adopt a particular position if they do not believe it to be in the best interests of the Foundation. All Board members are committed to acting selflessly and making decisions and voting on governance decisions solely in the best interests of the Foundation.
- Each Board member has the right to argue for their own point of view and to vote for that position. Once a collective decision has been taken Board members are required to support that decision.
- The function of the Board of Rural Doctors Foundation Ltd is to collectively ensure the delivery of the Foundations objects, to set its strategic direction, and to uphold its values. The Board should collectively be responsible and accountable for ensuring and monitoring that the Foundation is performing well, is solvent, and is complying with all its legal, financial, and ethical obligations.

5. Related documents

This policy must be read in conjunction with, and not limited to the documents below.

- Rural Doctors Foundation Constitution
- Code of Ethics
- Conflict of Interest Policy
- Board Policy
- Strategic Plan.

6. Responsibility and policy owner

The owner of this policy is the Chair of the Board. The owner is responsible for implementing the policy and achieving the desired outcomes.

1.1a	Core Governance responsibilities of the Board
Responsibilities that cannot be delegated	<p>The responsibilities of the Board that cannot be delegated to any other person or body include</p> <ul style="list-style-type: none"> • Compliance monitoring – ensuring compliance with the objects, purposes and values of the Foundation, and with its Constitution • Organisational governance – setting or approving policies, plans and budgets to achieve those objectives, and monitoring performance against them • Strategic planning – reviewing and approving strategic direction and initiatives • Regulatory monitoring – ensuring that the organisation complies with all relevant laws, regulations and regulatory requirements • Financial monitoring – reviewing the Foundation's budget, monitoring management and financial performance to ensure solvency, financial strength and good performance • Financial reporting – considering and approving annual financial statements and required reports to government and regulatory bodies • Organisational structure – setting and maintaining a framework of delegation and internal control • Leadership selection – selecting, evaluating the performance of, rewarding and, if necessary, dismissing the organisation's Chief Executive Officer • Succession and remuneration planning – planning for Board, Chief Executive Officer succession, and determining senior management remuneration • Risk management – reviewing and monitoring the effectiveness of risk management and compliance in the Foundation; agreeing or ratifying all policies and decisions on matters which might create significant risk to the Foundation, financial or otherwise • Dispute management – dealing with and managing conflicts that may arise within the senior levels of the Foundation, or conflicts with the potential to harm the reputation of the Rural Doctors Foundation. This may include conflicts arising between Board members, senior managers and volunteers. Staff matters, grant recipients and program participants would be managed by the Chief Executive Officer but would be brought to the attention of the Board if there is a potential for reputational damage. • Social responsibility – considering the social, ethical and environmental impact of all activities and operations and ensuring these are acceptable • Board performance and composition – evaluating and improving the performance of the Board.

1.1a	Core Governance responsibilities of the Board
Core functions	<p>It shall be the responsibility of the Board to establish and maintain standing orders, policies and procedures, and systems of financial control, internal control, and performance reporting.</p> <p>It shall be the responsibility of the Board to clearly demarcate and delegate the functions of Sub-committees, Officers, the Chief Executive Officer, and other staff and agents.</p> <p>It shall be the responsibility of the Chief Executive Officer to address key management and operational issues within the direction and the policies laid down by the Board, including</p> <ul style="list-style-type: none"> Developing and implementing organisational strategies and making recommendations to the Board on significant strategic initiatives Making recommendations for the appointment of staff, determining terms of appointment, evaluating performance, and developing and maintaining succession plans for staff Developing the annual budget and managing day-to-day operations within the budget Maintaining an effective risk management framework Keeping the Board and regulators informed about any developments with a material impact on the Foundation's performance Managing day-to-day operations in accordance with agreed standards for social, ethical and environmental practices.
1.1b	Ensuring governance is managed
Internal controls	The Board should set and maintain standing orders, policies and procedures, and systems of financial control, internal control, and performance reporting. The Board should ensure there is a system for the regular review of the effectiveness of its financial control, internal control, performance reporting, and policies and procedures.
Managing risk	The Board should undertake a full risk assessment (either periodically or on a rolling basis) and take appropriate steps to manage the Foundation's exposure to significant risks. The Board must regularly review the risks to which the Foundation is subject and take action to mitigate risks identified.
Board review	The Board should ensure there is a system for the regular review of its own effectiveness in meeting its responsibilities.

3.2 Risk Management Policy

1. Purpose

The purpose of this policy is to outline the approach that Rural Doctors Foundation takes when evaluating and managing risk associated with the delivery of a program or service or managing the operations of the Foundation.

A risk is the possibility or likelihood of something happening which may have a negative impact on the organisation's capacity to deliver on its strategic and operational plans.

Risk management is the process which is used to avoid, reduce or control risks.

2. Scope

This policy applies to all Rural Doctors Foundation Workers. A Worker is a person who carries out work in any capacity for Rural Doctors Foundation including any of the following: an employee, a contractor or subcontractor or an employee of a contractor or subcontractor. It also covers our Volunteers.

Under the WHS Act, volunteers are considered Workers if they carry out work in any capacity for Rural Doctors Foundation.

3. Policy Statement

Rural Doctors Foundation identifies and manages risks in a systematic and cost-effective manner.

Risk Management is a fundamental part of sound organisational management. The organisation will not be able to eliminate all risks but will take active steps to prevent or minimise the likelihood level and impact of risk.

By managing risks, Rural Doctors Foundation is better placed to:

- protect the safety and well-being of workers, supporters and visitors
- provide efficient and effective service delivery
- manage and maintain facilities and equipment
- improve confidence and public perception of the organisation
- operate within allocated budgets
- protect or reduce likelihood of legal action
- comply with legislative or funding requirements.

4. Principles

- All Workers and Board members are responsible

for identifying, reporting and managing risks.

- The Board should approve and sign off the Risk Management Framework, Risk Appetite Statement and Risk Register.
- The Chief Executive Officer and Workers are accountable for implementing and maintaining sound risk management processes in their work areas. This includes creating a culture and environment in which all Workers are encouraged and supported to identify and manage risks.
- A breach of this policy may lead to disciplinary action and reporting to relevant authorities.

5. Related documents

This policy must be read in conjunction with, and not limited to the documents below.

- Risk Management Plan
- Risk Appetite Statement
- Risk Register.

6. Responsibility and policy owner

The owner of this policy is the Chair of the Finance, Risk and Investment Committee. The owner is responsible for implementing the policy and achieving the desired outcomes.

3.2.1 Risk Management Framework

1. Risk Management Framework

This Risk Management Framework is based on the AS/NZS ISO 31000:2018 risk management standard. It describes the framework, policies and methodologies to be implemented by Rural Doctors Foundation to effectively manage risk.

It provides the process for embedding risk management within Rural Doctors Foundation processes and developing a risk aware culture. Effective risk management starts with the governance of Rural Doctors Foundation and requires leadership from Board and management.

Rural Doctors Foundation recognises that integration of the Risk Management Framework is a dynamic and iterative process, and that risk management is an integral part of our purpose, governance, leadership, commitment, strategy, objectives and operations.

2. Risk Governance Structure

The Risk Management Framework is primarily deployed through the Board and effective risk management starts with the Board. The Board is supported by the Finance, Investment and Risk Committee.

The Chief Executive Officer acts as the key communication and escalation channel between key stakeholders.

3. Governance Relationships

The Board is responsible for adopting the Risk Management Framework and integrating risk management into the governance of Rural Doctors Foundation. Responsibilities include:

- reviewing and approving the Risk Management Framework and the Risk Appetite Statement
- providing feedback on risk management matters/issues raised by Chief Executive Officer
- supporting management in communicating the importance and benefits of good risk management to stakeholders
- fully considering risk management issues contained in Board reports and otherwise escalated to the Board through Risk Registers, Risk Reports and other review processes
- ensuring necessary resources are allocated to managing risk
- assigning authority, responsibility, and accountability at appropriate levels
- identifying, responding to and monitoring emerging risks.

4. Risk Appetite Statement

The Risk Appetite Statement articulates the Board's appetite for risk and provides the context for the Risk Register. The Risk Appetite Statement is reviewed and updated at least annually and otherwise as needed to reflect any changes in risk appetite, organisation structures or environment.

5. Risk Register

The risk register is maintained by the Chief Executive Officer and included in Board papers. Its purpose is to capture Rural Doctors Foundation response to key risks with potential to impact the organisation. It helps the Board to obtain a clear understanding of the risks involved in adopting and executing its business objectives. These risks may be triggered from inside or outside of the organisation. Understanding and evaluating these risks enables Rural Doctors Foundation to develop and maintain an effective, integrated risk management strategy.

Risks are categorised according to key areas of risk, and ratings applied according to the likelihood and impact of the relevant risks. All risks are aligned to one or more risk categories, rated according to impact and likelihood. They are actioned according to the rating and captured in risk reporting.

6. Risk Culture

Rural Doctors Foundation values a risk culture that is disciplined, consistent and proactive, where risk is everyone's responsibility. We are committed to implementing metrics to ensure continuous improvement.

We acknowledge that by understanding and managing risk, we can provide greater certainty and security for our workers, our donors and funding organisations.

We are committed to the following key principles in applying our Risk Management Framework.

Structured approach: We adopt a structured approach to risk management, using consistent methods for the assessment and treatment of risk, in line with ISO 31000:2018 Risk Management standard. Risk management contributes to the demonstrable achievement of objectives and improvement of performance in staff health and safety, security, legal and regulatory compliance, public acceptance, environmental protection, service quality, efficiency in operations, governance and reputation.

Inclusive: We ensure appropriate and timely involvement of stakeholders enabling their knowledge, views and perceptions to be considered, resulting in improved awareness and informed risk management.

Dynamic and responsive to change: The risk management process continually monitors and responds to change. As external and internal events occur, context and knowledge change, monitoring and review of risks take place, new risks emerge, some change and others disappear. Risk management anticipates, detects, acknowledges, and responds to those changes and events in an appropriate and timely manner. Risk management is based on the best available information. The inputs to managing risk are based on historical and current information, including historical data, experience, incident data, internal and external audit information, stakeholder feedback, observation, forecasts, and expert judgement.

Risk management is customised: Risk management is tailored to the external and internal context of the organisation, taking both human and cultural factors into account. Risk management recognises the capabilities, perceptions and intentions of external and internal people drive behaviour and that human behaviour and culture significantly influence all aspects of risk management.

Continual improvement: We recognise that risk management is continually improved through learning and experience and that the Risk Management Framework needs to continually adapt to address external and internal changes. Rural Doctors Foundation will continue to monitor the effectiveness of the Risk Management Framework by periodically measuring it against its purpose, objectives, implementation, plans, indicators and expected behaviour.

7. Implementing Risk Management

Rural Doctors Foundation has adopted an approach consistent with the Australian and New Zealand Risk Management Standard AS/NZS ISO 31000:2018 to manage risks. Under this approach, there are five key stages to the process of implementing risk management.

1. **Establish context, scope and criteria** – the boundaries
2. **Risk assessment** – identify, analyse and evaluate risks
3. **Treat risks** – implement and assess controls to address risk
4. **Monitor and review** – risk reviews and audit
5. **Communicate and consult** – communicate risks to internal and external stakeholders.



Stage 1 – Establish context

Establishing the internal and external context for risk management is the foundation of good risk management and integral to successful design and implementation of the risk management framework. Context is typically established by the Board and involves setting boundaries around the depth and breadth of risk management efforts to help the organisation stay focused on matters relevant to the risk management framework.

Establishing the organisation's external context may include an examination of social, cultural, political, legal, regulatory, financial, technological, economic and environmental factors; key drivers and trends affecting the organisation's objectives; external stakeholders' relationships, perceptions, values, needs and expectations, contractual relationships and commitments and the complexity of networks and dependencies. In examining the organisation's internal context, the following factors may be considered:

- Rural Doctors Foundation vision, mission and values
- governance, organisational structure, roles and accountabilities
- strategy, objectives and policies
- organisational culture
- standards, guidelines and models adopted by the organisation
- capabilities in terms of resources and knowledge
- data, information systems and information flows
- relationships with internal stakeholders, considering their perceptions and values
- contractual relationships and commitments.

Risk parameters

It is important that the organisation understands its risk parameters and articulates its policies and procedures accordingly. Risk parameters are generally expressed in terms of risk capacity, risk tolerance and risk appetite.

Risk capacity is the amount of risk an organisation can afford to take or sustain. As nearly all risks that cause a failure of some sort ultimately result in a financial impact, risk capacity is typically supported by an organisation's capital or net assets.

Risk appetite is the amount of risk that the organisation wants to take and is willing to accept in pursuit of its objectives. It is about knowing where to draw the line between acceptable risks and unacceptable risks and identifying the level of additional controls that are required. Understanding risk attitude is particularly relevant to an organisation to make choices that are inherently uncertain such as investment strategy, major outsourcing appointments, major projects and long-term strategy formulation.

Risk tolerance is the amount of risk an organisation is willing to bear in respect of a particular business line, function or risk type. Ideally, the tolerance is quantified, and expressed so that relevant management are clear of their responsibilities. Risk tolerance that cannot be expressed in financial terms is more difficult to articulate and needs to be closely assessed as risks are identified and analysed.

Stage 2 - Risk Assessment

The aim of this stage is to identify, analyse & evaluate both strategic and operational risks. The assessment of risks is generally conducted by the Chief Executive Officer and involves identifying risks and analysing the organisation's exposure if the risk occurs.

Risk identification is the process of identifying risks facing Rural Doctors Foundation. This involves thinking through the sources of risks, the potential hazards, the possible causes and the potential exposure. The aim of this stage is to generate a comprehensive list of risks based on those events that might create, enhance, prevent, degrade, accelerate or delay the achievement of objectives. The following categories of risk are currently being considered

- Governance – Legal and Regulatory Risk
- Financial
- Strategy and Reputational Risk
- People Risk
- Operational Risk.

Risk Analysis

Once risks have been identified, they are then analysed. Risk analysis involves consideration of the causes and sources of risk, their positive and negative impacts and the likelihood that those impacts may occur. At this point, no consideration is given to existing controls. The following risk criteria should be used as a guide when analysing risks.

The likelihood of occurrence is the probability of an event occurring. When considering the likelihood of a risk, it is necessary to consider both the probability and frequency of occurrence. See Appendix A.

The impact assessment is the effect or impact of the risk event. It can be measured both financially (in terms of profit/loss or balance sheet impact) and operationally (human & physical). See Appendix B.

Inherent risk is the risk that an activity would pose if no controls or other mitigating factors were in place. Inherent risk will be assessed using the 5 x 5 risk matrix. See Appendix C.

Residual risk is defined as the level of risk when all the measures and controls are in place. The residual risk will be assessed based on the 5 x 5 risk matrix. See Appendix C.

Stage 3 - Control Effectiveness

Relevant controls and control effectiveness will be reported by Chief Executive Officer to Board and Board sub-committees. See Appendix D.

Stage 4 – Monitor and review

Few risks remain static. By nature, they are iterative and dynamic. To address this, risks will be continuously monitored and reviewed; and the effectiveness of the controls in place will be assessed to ensure changing circumstances do not alter risk priorities. Feedback on the implementation and the effectiveness of the Risk Management Framework will be obtained through reporting to the Board. Risks will be monitored regularly in line with their materiality. At a minimum, the Risk Register will be reviewed annually.

Stage 5 – Communication and consultation

Effective communication and consultation with key stakeholders regarding risk management processes, issues and initiatives throughout all stages of the risk management process is critical. Workers must ensure that relevant stakeholders are consulted and informed of risk management activities. This should be done through means such as standing agenda items on management and team meetings, dissemination of policies and procedures and through inviting feedback on key documents. Communication and consultation are integral to effective embedding of the Risk Management Framework and is focussed on bringing together different areas of expertise and ensuring that different views are appropriately considered when evaluating risks.

Appendixes

Appendix A – Likelihood ratings

Rating	Likelihood	Description	Quantification
1	Rare	The event may occur but only in exceptional circumstances. No past event history.	Once every 21 - 50 years or more. Less than 5% chance of occurring within a year.
2	Unlikely	The event could occur in some circumstances. No past event history	Once every six - 20 years. Between 5-30% chance of occurring within a year.
3	Possible	The event may occur sometime. Some past warning signs or previous event history.	Once every two - five years. Between 30-70% chance of occurring within a year.
4	Likely	The event will probably occur. Some recurring past event history.	Once a year. Between 70-90% chance of occurring within a year.
5	Almost certain	The event is expected to occur in normal circumstances. There has been frequent history.	More than once a year. Greater than 90% chance of occurring within a year.

Appendix B – Impact ratings

Risk Impact	Minimal	Minor	Moderate	Major	Extreme
Governance	Minor or internal non-conformances.	Major internal non-conformances.	Major external non-conformance with audit with no direct activity impact. Privacy breach not involving sensitive information.	Third party enforceable sanctions to activity. Sensitive privacy breach affecting a minority of stakeholders. Major breach of legislation.	Major litigation and significant fines. Widespread privacy breach affecting most stakeholders.
Financial	\$20k adverse impact on budgeted revenue or surplus.	\$50k adverse impact on budgeted revenue or surplus.	\$100k adverse impact on budgeted revenue or surplus.	Between \$100k and \$500k adverse impact on budgeted revenue or surplus.	Over \$500k adverse impact on budgeted revenue or surplus.
Strategy and Reputation	Adverse social media.	Adverse reputational event of up to one week duration in mainstream media or high-volume social media activity.	Sustained duration adverse mainstream media or sustained adverse high volume social media.	Damage to reputation that requires sustained Chief Executive Officer and/or Board activity to address.	Damage that leads to resignation of Chief Executive Officer and/or Board members.
People	Injury not requiring overnight hospitalisation. Minor conflict between Workers.	Redundancy Litigation/industrial action resulting for dismissal for performance reasons . Injury requiring more than one week away from work. Conflict between workers requiring intervention by Chief Executive Officer .	More than 50% of staff being made redundant . Litigation/industrial action arising from dismissal for code of conduct breach. Conflict between workers requiring intervention by Chair.	Serious illness of worker due to workplace . Conflict between workers requiring intervention of third party.	Resignation of Chief Executive Officer and/or Board members due to unethical or illegal activity. Death of worker in workplace or due to workplace environment . Conflict between workers resulting in legal action.
Operational	One working day of total disruption to operations.	Up to two working days of total disruption to operations.	Up to 5 working days of total disruption to operations.	Up to 10 working days of total disruption to operations.	Over 10 working day of total disruption to operations.

Appendix C – Risk rating matrix

Impact	Likelihood				
	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain
5 - Extreme	Medium	High	High	Extreme	Extreme
4 - Major	Low	Medium	High	High	Extreme
3 - Moderate	Low	Low	Medium	High	High
2 - Minor	Very Low	Very Low	Low	Medium	Medium
1 - Minimal	Very Low	Very Low	Very Low	Low	Medium

3.2.2 Risk Appetite Statement

1. Purpose

The Risk Appetite Statement articulates the appetite for risk as approved by the Board of Rural Doctors Foundation in pursuit of its strategic objectives, together with risk tolerance limits. It defines the boundaries of acceptable performance variability.

This Risk Appetite Statement is an integral part of Rural Doctors Foundation’s Risk Management Framework. Clearly articulated risk appetite and risk tolerance levels assists in communicating how much risk is acceptable, enabling more consistent risk taking throughout the organisation.

Defining how much risk Rural Doctors Foundation is prepared to accept enables the Board and management to make informed decisions.

2. Rural Doctors Foundation Risk Appetite

2.1 Governance risk – Low

Rural Doctors Foundation is taking a low overall level of risk in relation to governance. We acknowledge that with proper governance structures in place and attention to regular reporting, most risks can be managed or minimised. Should risks arise that may result in a failure to meet our legal or accreditation standards mitigation activities will be prioritised.

Risk resulting in/from	Risk appetite
Not meeting our reporting or accreditation obligations	Very Low
Conducting activity in an illegal or unethical manner	Very Low
Being subject to contractual or legislative disputes	Low
Conflict of interest not being declared	Low
Conflict of interest not being managed	Very low

2.2 Financial risk - Low

Rural Doctors Foundation have a low appetite for financial risk where taking that risk enables us to achieve the growth and scale required for our work to continue in a more highly competitive space.

Risk resulting in/from	Risk appetite
A reduction in our rate of growth	Very Low
Constrained ability to service our planned financial growth	Low
Business model financially unsustainable	Low

2.3 Strategy and reputational risk – Low

There is a low tolerance for risks that result in an adverse impact on our brand, reputation or public awareness.

Risk resulting in/from	Risk appetite
Adverse impact on brand, reputation or public awareness	Low

2.4 People risk – Low

Overall, we have a low tolerance for capability or capacity constraints in our workforce that impact our ability to deliver strategic objectives. Rural Doctors Foundation is committed to providing a safe workplace for all. There is a very low appetite for physical injury to or burnout in workers. We are focused on ensuring positive mental health for all workers.

Risk resulting in/from	Risk appetite
Lacking the capability/capacity to meet expected outcomes	Medium
Significant and preventable harm to a worker	Very Low
Unhealthy culture	Low

2.5 Operational Risk – Medium

We have a medium risk relating to program delivery. We have a low appetite for significant data loss or security/confidentiality risk that has the potential to result in a material privacy breach.

Risk resulting in/from	Risk appetite
Systems not being available or inadequate	Medium
Data systems being breached or compromised	Low
Priority projects not achieving planned benefits	Medium
Disasters impacting operational and fundraising capacity	Medium

3. Related documents

This document must be read in conjunction with, and not limited to the documents listed below.

- Risk Management Framework
- Risk Management Policy
- Risk Register

4. Responsibility and policy owner

The owner of the Risk Appetite Statement is the Chair of the Finance, Risk and Investment Committee. The owner is responsible for ensuring the Risk Appetite statement is applied to key decisions and activities across the organisation to manage our level of risk appropriately and in line with agreed tolerances. They must ensure that Rural Doctor Foundation's risk appetite and tolerance limits remain current and relevant to enable the Board to effectively manage organisational risk.

3.3 Conflict of Interest Policy

1. Purpose

The Conflict-of-Interest Policy provides the framework for Rural Doctors Foundation and its Workers to effectively identify, disclose and manage any actual, potential or perceived conflicts of interest in order to protect the integrity of Rural Doctors Foundation and manage risk.

2. Scope

This policy applies to all Rural Doctors Foundation Workers. A Worker is a person who carries out work in any capacity for Rural Doctors Foundation including any of the following: an employee, a contractor or subcontractor or an employee of a contractor or subcontractor.

It also covers our Volunteers. Under the WHS Act, volunteers are considered Workers if they carry out work in any capacity for Rural Doctors Foundation.

All Workers (including Volunteers) who carry out work for Rural Doctors Foundation are required to take reasonable care for their own health and safety and not to create risks to others or to the organisation.

This policy applies to all activities of the Rural Doctors Foundation both inside and outside the workplace. This includes Board meetings, committees, working groups or advisory bodies, and day to day operations.

A potential conflict of interest occurs when there is a risk that the matter could be considered a conflict of interest.

A real conflict of interest occurs when there is an actual conflict of interest.

A perceived conflict of interest occurs when interests are not in direct conflict, but it is reasonable that stakeholders may interpret the matter to be conflicted.

A disclosed conflict of interest is when there has been an open declaration of a conflict of interest.

There are number of instances in which conflict of interest may occur.

A personal interest (non-financial) occurs when a decision a person makes directly or indirectly affects themselves or associates including (but not limited to):

- immediate and extended family members or other persons with a strong personal bond (e.g. husband, wife, children, brothers, sisters, parents, cousins, aunts, uncles and friends)
- organisations in which the person is actively involved (church, sporting club, etc)
- business partner/s.

A material interest (financial) occurs when a person and/or their associates may indirectly or directly stand to profit personally or financially from the decision being made.

Note: A decision that involves the whole community or a specified demographic group of people does not normally lead to a conflict of interest.

3. Policy Statement

Conflicts of interest commonly arise, and do not need to present a problem to the Foundation if they are openly and effectively managed. It is the policy of Rural Doctors Foundation and a responsibility of the Board that ethical, legal, financial, or other conflicts of interest be avoided and that any such conflicts (where they do arise) do not conflict with the obligations of the Foundation.

Rural Doctors Foundation will manage conflicts of interest by requiring Board members to:

- avoid conflicts of interest where possible
- identify and disclose any conflicts of interest
- carefully manage any conflicts of interest, and
- follow this policy and respond to any breaches.

4. Principles

To manage conflicts of interest, Rural Doctors Foundation operates within the following principles

- Acting with integrity is a cornerstone of the values of Rural Doctors Foundation
- Decision makers will ensure the interest of the Foundation and the communities it seeks to benefit are pursued as a priority in all endeavours of the Foundation
- All decision makers are encouraged to support one another to reflect on, record and manage real and perceived conflicts of interest.

Workers are to avoid any potential, actual or perceived conflicts of interest and to disclose any conflict of interest where it is known or becomes known. This includes any situation which has, or is likely to arise, from a worker having a family, commercial or personal (including a close personal) relationship with another party in relation to dealings with Rural Doctors Foundation.

Where a worker has additional or outside employment, it must not cause a conflict of interest with the worker's duties at Rural Doctors Foundation. Workers must notify Rural Doctors Foundation in writing of their other employment.

Any close personal relationship between staff members where one is in a position of authority over the other is to be avoided as far as practicable, and the Chief Executive Officer and Chair must be notified in writing where these relationships exist.

5. Related documents

This policy must be read in conjunction with, and not limited to the documents below.

- Code of Ethics
- Conflict of Interest Register
- Board Policy .

6. Responsibility and policy owner

The owner of this policy is the Chair of the Board. The owner is responsible for implementing the policy and achieving the desired outcomes.

3.4 Code of Ethics

1. Purpose

The Code of Ethics establishes the direction for Rural Doctors Foundation to meet its ethical responsibilities to its Workers and stakeholders. It is designed to make decision-making easier at all levels by reducing ambiguity and considerations of individual perspectives in ethical standards. It may also help to protect Rural Doctors Foundation's reputation and legal standing in the event of a breach of ethics by an individual Worker.

2. Scope

This policy applies to all Rural Doctors Foundation Workers. A Worker is a person who carries out work in any capacity for Rural Doctors Foundation including any of the following: an employee, a contractor or subcontractor or an employee of a contractor or subcontractor.

It also covers our Volunteers. Under the WHS Act, volunteers are considered Workers if they carry out work in any capacity for Rural Doctors Foundation.

All Workers (including Volunteers) who carry out work for Rural Doctors Foundation are required to take reasonable care for their own health and safety and not to create risks to others or to the organisation.

It applies to all activities of Rural Doctors Foundation both inside and outside the workplace. This includes committees, working groups or advisory bodies, industry functions and conferences. The policy is applicable where a Worker is participating in the work environment, work-related travel, a work funded or organised event (including social events) or is using organisational resources.

3. Policy Statement

Rural Doctors Foundation commits itself to operating in accordance with an ethical code that reflects the organisations values and community expectations of charitable organisations.

The ethical climate is an essential element in establishing Rural Doctors Foundations' credibility and furthering its objects.

Rural Doctors Foundation seeks to foster and maintain an organisational culture that considers ethical implications across all levels of operation and decision making and promotes community interests above all others.

4. Principles

Rural Doctors Foundation is committed to decision making and activities that reflect the:

- values of the organisation, namely Courage, Trust and Care
- specific ethical imperatives that are implied by these values.

5. Related documents

This policy must be read in conjunction with, and not limited to the documents below.

- Rural Doctors Foundation Constitution
- Sexual Harassment Policy
- Bullying Policy
- Conflict of Interest Policy
- Fundraising Policy.

6. Responsibility and policy owner

The owner of this policy is the Chair of the Board. The owner is responsible for implementing the policy and achieving the desired outcomes.

3.5 Delegations Policy

1. Purpose

The purpose of this policy is to establish a framework for delegating authority within Rural Doctors Foundation in a manner that facilitates efficiency and effectiveness and increases the accountability of Workers. It sets out the circumstances under which the Board may delegate its responsibilities. Delegations of authority are the mechanisms by which Rural Doctors Foundation enables officers of Rural Doctors Foundation to act on behalf of the organisation.

2. Scope

This policy applies to all Rural Doctors Foundation Workers particularly Board members. A Worker is a person who carries out work in any capacity for Rural Doctors Foundation including any of the following: an employee, a contractor or subcontractor or an employee of a contractor or subcontractor.

It also covers our Volunteers. Under the WHS Act, volunteers are considered Workers if they carry out work in any capacity for Rural Doctors Foundation.

3. Policy Statement

The Board of Rural Doctors Foundation is responsible for the management of the organisation. Under the Corporations Act 2001 and our Constitution, the Board can delegate any of its functions except:

- the power of delegation
- any functions reserved to the Board under the Corporations Act.

The Board may delegate its functions to:

- member/s of the Board
- a sub-committee of the Board
- employees of or consultant to Rural Doctors Foundation.

However, the Board may not delegate its power to adopt the:

- organisation's strategic plan
- organisation's business plan
- organisation's annual budget.

The Chief Executive Officer is

- charged with the duty of promoting the interests and furthering the development of Rural Doctors Foundation
- responsible for the administrative, financial, and other business of Rural Doctors Foundation
- responsible for management of staff, contractors and volunteers of Rural Doctors Foundation.

The Chief Executive Officer may seek the approval of the Board to delegate any function, power or duty conferred or imposed upon them, subject to this policy, to any Workers of the organisation, or any person or persons, or any committee of persons.

Delegations are a key element in effective governance and management of Rural Doctors Foundation and provide formal authority to specified Workers to commit the organisation and/or incur liabilities for the organisation. The Delegations

policy ensures that decisions are made with appropriate levels of approval and authority and protects the organisation and the Workers.

Delegations of authority within Rural Doctors Foundation Ltd are intended to ensure:

- efficiency and effectiveness of the organisation's administrative processes
- appropriate officers have been provided with the level of authority necessary to discharge their responsibilities
- delegated authority is exercised by the most appropriate and best-informed individuals
- internal controls are effective.

4. Principles

Rural Doctors Foundation is committed to the highest standards of integrity, fairness, and ethical conduct, including full compliance with all relevant legal requirements. It requires that all Workers, particularly Board members meet standards of integrity, ethical behavior, and compliance with legal requirements.

There is no circumstance under which it is acceptable for Rural Doctors Foundation or any of its Workers to knowingly and deliberately not comply with the law or to act unethically while performing or advancing Rural Doctors Foundation activities.

Delegations are to be exercised within the framework of the Act, regulations, rules, policies, and any external legislative requirements.

Any delegation may be made subject to any conditions and limitations as the Board shall approve.

5. Related documents

This policy must be read in conjunction with, and not limited to the documents below.

- Constitution
- Code of Ethics
- Delegations Register.

6. Responsibility and policy owner

The owner of this policy is the Chair of the Board. The owner is responsible for implementing the policy and achieving the desired outcomes.

3.6 Delegations Schedule

1. Purpose

The purpose of this schedule is to define the level of delegation for all financial, operational, human resource and legal matters within Rural Doctors Foundation.

2. Scope

This policy applies to all Rural Doctors Foundation Workers particularly Board members. A Worker is a person who carries out work in any capacity for Rural Doctors Foundation including any of the following: an employee, a contractor or subcontractor or an employee of a contractor or subcontractor.

It also covers our Volunteers. Under the WHS Act, volunteers are considered Workers if they carry out work in any capacity for Rural Doctors Foundation.

3. Delegations

Under the Constitution and the Corporations Act, the activities of the Foundation are to be managed, by, or under the direction of the Board.

The Board has delegated the day-to-day management of the Foundation to the Chief Executive Officer in line with the Chart of Delegations and supported by regular reporting to the Chair, Finance, Risk and Investment Committee and the Board.

3.1 Financial Delegations

The Board has reserved to itself the financial delegations relating to amounts of \$50,000 or greater (excluding GST) for financial transactions, including capital, income and expenditure matters.

This includes:

- one off matters of more than \$50,000
- interdependent matters totalling more than \$50,000 – for instance, a bulk purchase of items each individually less than \$50,000 but collectively more than \$50,000
- total expenditure with an individual supplier of more than \$50,000.

It agrees that multi-year agreements that total more than \$100,000 over the period of the agreement should also be reviewed by the Board.

All payments are to be authorised by two signatories. Signatories to the account are Chair, Deputy Chair, Treasurer, Secretary and Chief Executive Officer – and up to one other director as required.

All payments are viewed as individual amounts and not a total of accumulated payments.

Amount	Approver		To enact the approval
	Budgeted expense or activity	Unbudgeted expense or activity	
\$50,000 or above	Board		Two Director signatures required
\$25,000 - \$50,000	Executive Committee	Board	Two Director signatures required
\$15,000 - \$25,000	Chief Executive Officer	Executive Committee	Two signatures required
\$5,000 - \$15,000	Chief Executive Officer	Chair	Two signatures required Cannot be both Chair and Chief Executive Officer if unbudgeted
Less than \$5,000	Chief Executive Officer	Chair	Two signatures required

3.1a Special purpose Financial Delegations

Specific Matter	Delegation
Staff remuneration changes resulting from updates to Industrial instruments	Chief Executive Officer
Staff remuneration changes resulting from annual performance review	Executive Committee
Implement investment and general reserve directives	Finance, Investment and Risk Committee
Authorising payroll	Two signatures from Executive Committee (not Chief Executive Officer)
Bank account authorities	Board
Asset /debt write off – Less than \$2,000	Chair and Chief Executive Officer
Asset/debt write off – \$2,000 - \$5,000	Executive Committee
Asset/debt write off – Over \$5,000	Board
Endorsing the Annual Financial Report for the Board's approval	Finance, Investment and Risk Committee
Annual Returns to ACNC and ASIC as required	Chief Executive Officer
Intrastate travel	Chief Executive Officer
Interstate travel	Chair
International travel	Board
Budget adjustments (no impact to overall surplus or total income)	Finance, Investment and Risk Committee
Budget adjustments (impact on overall surplus or income)	Board

3.1b Delegation of Financial Authority

To effectively manage the Investment Strategy, the Board have authorised Morgan Tynan Partners to act on behalf of Rural Doctors Foundation to manage equity and investments.

Operational Delegations

The Board has delegated the day-to-day management of the Foundation to the Chief Executive Officer in line with the Chart of Delegations and within the following Framework.

Specific Matter	Delegation
Endorsing the annual Business Plan for the Board's consideration	Executive Committee
Endorsing the annual Budget for the Board's consideration	Finance, Risk and Investment Committee
Approving Policies	Board
Approving Delegations Schedule	Board
Spokesperson for the Foundation	Chair Chief Executive Officer or member of Executive Committee (if Chair unavailable)

3.2 Human Resources Delegations

The Board has delegated the day-to-day management of staff and volunteers to the Chief Executive Officer and delegates approval for the appointment of new positions to the Executive Committee.

Specific Matter	Delegation
Approving new positions	Executive Committee
Recruiting approved non-management positions	Chief Executive Officer
Recruiting approved management positions	Chief Executive Officer /Executive Committee
Terminating or undertaking disciplinary action in relation to team member	Chief Executive Officer /Executive Committee
Terminating or undertaking disciplinary action in relation to Chief Executive Officer	Board
Terminating or undertaking disciplinary action in relation to Board member	Board

3.3 Legal Delegations

Specific Matter	Delegation
Signing of contracts with value up to \$25,000 in line with approved budgeted activity	Chief Executive Officer
Signing of contracts with value of between \$25,000-\$50,000 in line with approved budgeted activity	Executive Committee
Signing of contracts with value of over \$50,000 in line with approved budgeted activity	Board
Signing of contracts with value up to \$15,000 for unbudgeted activity	Chair
Signing of contracts with value between \$15,000- \$25,000 for unbudgeted activity	Executive Committee
Signing of contracts with value over \$50,000 for unbudgeted activity	Board
Review of Constitution	Board

4. Related documents

This schedule must be read in conjunction with, and not limited to the documents below.

- Constitution
- Code of Conduct
- Delegations Policy

5. Responsibility and policy owner

The owner of this Schedule is the Chair of the Board. The owner is responsible for ensuring the schedule is adhered to and achieving the desired outcomes.

3.7 Confidentiality policy

1. Purpose

The purpose of this policy is to facilitate effective governance of Rural Doctors Foundation Ltd by ensuring that confidential information is treated appropriately.

Appropriate treatment of confidential information encourages open and frank discussion at meetings and protects information that is confidential, personal, or relates to employment, commercial or legal matters. It also engenders trust with external partners and stakeholders.

2. Scope

This policy applies to all Rural Doctors Foundation Workers. A Worker is a person who carries out work in any capacity for Rural Doctors Foundation including any of the following: an employee, a contractor or subcontractor or an employee of a contractor or subcontractor.

It also covers our Volunteers. Under the WHS Act, volunteers are considered Workers if they carry out work in any capacity for Rural Doctors Foundation.

All Workers (including Volunteers) who carry out work for Rural Doctors Foundation are required to take reasonable care for their own health and safety and not to create risks to others or to the organisation.

It applies to all activities of Rural Doctors Foundation both inside and outside the workplace. This includes committees, working groups or advisory bodies.

3. Policy Statement

Workers must keep confidential all information pertaining to matters dealt with by Rural Doctors Foundation. This includes, but is not limited to employment contracts, legal matters, meeting minutes, agendas, reports and associated documents, and information contained in those documents.

The obligation to maintain confidentiality continues to apply even after a person is no longer employed or contracted or is no longer a member of the Board or Committees.

For Board Members, maintaining confidentiality will also ensure observance of their legal duties. A person who obtains information because they are, or have been, a member of the Board must not improperly use the information to:

- gain an advantage for themselves or someone else; or
- cause detriment to the organisation.

4. Principles

Rural Doctors Foundation is committed to maintaining confidentiality to ensure the:

- interests of Rural Doctors Foundation are protected
- interests of its Workers are protected
- interests of its Stakeholders are protected
- values of Rural Doctors Foundation are adhered to.

Nothing in this policy is intended to prevent the Board or Workers from seeking confidential legal, accounting, financial or other expert advice from independent professionals to assist in the requirements of the role.

Any person, such as an advisor or consultant who is not a member of the Board or a Worker the Foundation but is present at a meeting (or part of a meeting) must maintain in confidence all information obtained because of their participation in the meeting.

5. Related documents

This policy must be read in conjunction with, and not limited to the documents below.

- Constitution
- Code of Ethics
- Privacy Policy.

6. Responsibility and policy owner

The owner of this policy is the Chair of the Board. The owner is responsible for implementing the policy and achieving the desired outcomes.

3.8 Board Policy

1. Purpose

The Board Policy defines the expected behavior for Directors of Rural Doctors Foundation covering attendance and behavior at Board meetings and while representing Rural Doctors Foundation. It also covers behavior which may reflect on or harm the reputation of Rural Doctors Foundation.

This policy does not cover legal issues concerning the role of the Board.

2. Scope

This policy applies to all Rural Doctors Foundation Directors and Committee Members.

All those who carry out work for Rural Doctors Foundation are required to take reasonable care for their own health and safety and not to create risks to others or to the organisation.

This policy applies to all activities of Rural Doctors Foundation both inside and outside the workplace. This includes committees, working groups or advisory bodies, industry functions and conferences. The policy is applicable where a Worker is participating in the work environment, work-related travel, a work funded or organised event (including social events) or is using organisational resources.

3. Policy Statement

Under the Constitution, the activities of the Foundation are to be managed by, or under the direction of the Board. The Board is accountable for governance, and ultimately the performance of the Foundation. The Board gives direction and exercises judgement in setting the Foundations strategy and objectives and oversees their implementation by management. The Board's role is to govern the Foundation rather than manage it. The Chief Executive Officer is accountable to the Board for the day-to-day management of Rural Doctors Foundation.

4. Principles

4.1 Induction of new Board members

The effective operation of any organisation relies on its Board, and the effective operation of the Board relies on all its members having a full command of the necessary information and expertise. New Board members shall be provided with all the information and training necessary to enable them to contribute appropriately to the operations of the Board.

It shall be the responsibility of the Chief Executive Officer to ensure that the materials specified in this policy are provided to all Board members.

As soon as possible after the Board has confirmed the appointment of a new member the Chair shall contact the new member to let them know the outcome. The Chair will write a letter of congratulations and welcome.

The Chief Executive Officer shall forward to the new member a copy of the Foundation's Governance Manual and Constitution. The manual will serve as an initial introduction to the group as well as an ongoing reference. It should include:

- relevant organisational documents such as the Constitution, strategic plan, policies, year-to-date financial reports, and the most recent annual report
- basic biographical and contact information about Board members, and senior staff
- meeting schedule and calendar of upcoming events
- introduction to the Foundation's operational and committee structure
- information about the Board and Board members' roles and responsibilities
- an overview of officers' insurance cover
- any other necessary background information.

The Chair and Chief Executive Officer shall introduce the new Director to other members of the Board (and senior staff, if appropriate) as soon as possible after their appointment. The Chair shall nominate a member of the Board to act as mentor to the new member.

The Chief Executive Officer shall engage in a face-to-face induction session (where possible) with the new Director, that will:

- draw the new Director's attention to the roles and responsibilities of the Board in general, and the roles and responsibilities they will be expected to undertake
- discuss any concerns they may have
- take the new Director through the minutes of recent meetings and brief them on the issues the Board is currently facing or will be looking at in the future.

4.2 Attendance at Board and Committee meetings

Regular attendance at Board and committee meetings is essential to maintain continuity and cohesion in the management and governance of Rural Doctors Foundation. Board and committee members are expected to demonstrate their commitment by consistent attendance at the Board or Committee meetings on which they sit, except when the director is on leave or due to unforeseeable events.

It is the responsibility of the Chair (supported by the Secretariate) to monitor the attendance of each director and to issue warnings as appropriate. Where Directors are prevented from attending any Board meeting, they should notify the Chair and Chief Executive Officer of their intended absence.

If a director is absent for three consecutive meetings without having notified the Chair of their absence, or is absent for more than half of the Board meetings within a year that Board member is in breach of their obligations and is liable to be removed from the Board, subject to the following processes.

If the director's difficulties are resolvable, then the Chair shall attempt to resolve them.

If no mutually satisfactory resolution is possible, and if the Board member wishes to continue as a director, then the director's response will be put to the Board at its next meeting. The Board member shall be entitled to speak to this item. The Board will then decide what actions to take

regarding that Board member's future membership on the Board.

If the Board decides that termination is justified, the Board may suspend that person's membership of the Board. In the event the director wishes to continue in his or her position, the suspension shall be put to an Extraordinary General Meeting for consideration. The suspended director shall be given an opportunity to be heard, either personally or through a representative, and may submit materials in writing to be circulated.

If a director is removed as a Board Member, they can still retain their Membership of Rural Doctors Foundation, if their behaviour was not deemed illegal or in breach of the values of policies of the Foundation. If a director is removed from the Board, the Board may decide to remove this director from any Board sub-committee for any reason, particularly if the Terms of Reference for the subcommittee indicate that the position on the sub-committee is reserved for directors.

When any person has been removed from the Board or from any committee under this provision, the Board or committee will promptly initiate a process to recruit a new member. The person whose membership has been terminated shall retain the right to stand again at the next election for the Board.

4.3 Circular resolution approvals

Decisions of the Board are ordinarily made through motions moved at Board meetings. Occasionally, it may be necessary for the Board to make decisions outside of the scheduled Board meetings. On these occasions the use of circular resolution will be required. Circular resolutions should be used only for matters that are urgent and do not require lengthy discussion by Board members. If a lengthy discussion is required to support the decision, a Board meeting should be convened.

Circular resolutions are required when a decision is required to be made before the next scheduled board meeting; and

- it is not feasible to call an ad hoc or emergency board meeting (including via technology) and
- the Chair does not believe that in-person debate or discussion would be beneficial.

The Chair, Treasurer or Secretary may after discussion propose a circular resolution. The proposed circular resolution will be circulated by email from the Chief Executive Officer (or representative) on direction of the Chair.

As it cannot be guaranteed that any material submitted by any board member would be considered by other board members before they vote, no debate shall be entertained on any circular resolution. No material amendments can be proposed to a circular resolution. If one or more Board members opposes the use of a circular resolution, the proposed circular resolution must be withdrawn. The proposed resolution may then only be considered at a Board meeting.

Responses to a circular resolution must be made by email and must be a direct response to the email sent to avoid confusion.

Circular resolutions are passed by a simple majority and once passed will be communicated to all Board members. The details and outcome of the circular resolution must be minuted and confirmed as part of the next Board meeting.

4.4 Resolution of disputes/grievances within Board

Disputes will be resolved by mediation. It is the responsibility of the Chair to ensure that disputes are handled respectfully, confidentially, and in accordance with natural justice. The parties to the dispute must notify the Chair and meet to discuss the matter in dispute, and, if possible, resolve the dispute within 14 days of the dispute coming to the attention of all parties.

If the parties are unable to resolve the dispute at such a meeting, or if a party fails to attend that meeting, then the parties must, within 10 days, hold a meeting in the presence of a mediator.

The mediator must be a person chosen by agreement between the parties. The mediator must not be biased, or reasonably be perceived to be biased and must not have a personal interest in the dispute.

The mediator must give all parties to the mediation process every opportunity to be heard and allow due consideration by all parties of any written statement submitted by any part. The mediator must ensure that natural justice is accorded to the parties to the dispute throughout the mediation process.

The mediator must not determine the dispute and the mediation must be confidential and without prejudice. If the mediation process does not result in the dispute being resolved, the parties may seek to resolve the dispute otherwise in the Board or at law.

5. Related documents

This policy must be read in conjunction with, and not limited to the documents below.

- Constitution
- Code of Ethics
- Conflict of Interest Policy
- Confidentiality policy
- Strategic Plan.

6. Responsibility and policy owner

The owner of this policy is the Chair of the Board. The owner is responsible for implementing the policy and achieving the desired outcomes.

3.9 Feedback, Compliments and Complaints Policy

1. Purpose

Rural Doctors Foundation actively seeks and values feedback to ensure we can continue to improve how we operate and that we understand the needs of the rural and remote communities we are seeking to support. The Compliments and Complaints policy is intended to ensure that Rural Doctors Foundation handle all comments fairly, efficiently, and effectively. This policy provides guidance to our Workers and to those who wish to provide feedback to the Foundation.

2. Scope

This policy applies to all Rural Doctors Foundation Workers receiving or managing feedback from the public made to or about Rural Doctors Foundation. This may include complaints or compliments about the Foundation, our processes, our programs and Workers, or our process for managing feedback.

A worker is a person who carries out work in any capacity for Rural Doctors Foundation including any of the following: an employee, a contractor or subcontractor or an employee of a contractor or subcontractor.

It also covers our Volunteers. Under the WHS Act, volunteers are considered Workers if they carry out work in any capacity for Rural Doctors Foundation.

All Workers (including Volunteers) who carry out work for Rural Doctors Foundation are required to take reasonable care for their own health and safety and not to create risks to others or to the organisation.

It applies to all activities of Rural Doctors Foundation both inside and outside the workplace. This includes committees, working groups or advisory bodies, industry functions and conferences. The policy is applicable where a Worker is participating in the work environment, work-related travel, a work funded or organised event (including social events).

Who	Commitment	How
Chair or Chief Executive Officer	Promote a culture that values feedback and effective resolution and acknowledgement	<ul style="list-style-type: none"> Report to each Board meeting on our feedback handling Provide adequate support and direction to key staff responsible for handling complaints and compliments Regularly review reports about complaint and compliment trends and any associated issues Encourage all staff to be alert to complaints and compliments and assist those responsible for to resolve or acknowledge them promptly Encourage staff to make recommendations for system improvements Support recommendations for service, staff and feedback handling improvements arising from the analysis of data.
Workers who may receive complaint or compliment	Demonstrate exemplary feedback handling practices	<ul style="list-style-type: none"> Treat all people with respect Be aware of our Compliment and Complaints Policy and any associated procedures Record all complaints received with action taken in Complaints Register Record all Compliments received with action taken in Compliments Register Assist people who wish to make provide feedback to access any required forms, processes or provide access to Workers who can assist Assist people to make a compliment or complaint, if needed Comply with our policy Provide regular feedback on issues or changes arising from complaints and compliments Provide suggestions to management on ways to improve our compliments and complaints management process Implement changes arising from individual feedback and from the analysis of data as directed by management.

4. Policy Statement

Rural Doctors Foundation expects staff at all levels to be committed to fair, effective, and efficient handling of any feedback received. We are committed to regular monitoring and review of the compliments and complaints process to ensure feedback becomes part of our risk assessment and continual improvement process.

The following outlines the commitment expected from workers and the way that follow up of any compliment or complaint should be implemented.

4. Principles

Effective feedback handling is modelled on the principles of fairness, accessibility, responsiveness, efficiency, and integration into organisational culture.

4.1 Our commitment

Rural Doctors Foundation is committed to seeking and receiving feedback about our programs, systems, practices, procedures, and how we response and manage any feedback received. Any concerns raised will be dealt with within a reasonable time frame.

People wishing to provide feedback will be:

- provided with information about our compliments and complaints handling process and how to access it
- listened to, treated with respect by staff and actively involved in the process where possible and appropriate, and
- acknowledged for taking the time to provide feedback
- provided with reasons for our decision/s and any options for redress or review.

We will take all reasonable steps to ensure that people making complaints are not adversely affected because a complaint has been made by them or on their behalf.

We will appropriately acknowledge all who provide compliments.

We accept anonymous compliments and complaints and ensure the appropriate people are provided with the feedback. In the case of a complaint, if there is a compelling reason to do so, Rural Doctors Foundation will carry out a confidential investigation of the issues raised where there is enough information provided.

We will ensure that information about how and where compliments and complaints may be made to or about us is well publicised, and on our website. We will ensure that our systems to manage compliments and complaints are easily understood and accessible to everyone, particularly people who may require assistance.

If a person prefers or needs another person or organisation to assist or represent them in the making and/ or resolution of their complaint, we will communicate with them through their representative if this is their wish. Anyone may represent a

person wishing to make a complaint with their consent (e.g. advocate, family member, legal or community representative, member of Parliament, another organisation).

4.2 Responding to complaints and compliments

Where possible, complaints will be resolved, and compliments acknowledged at first contact with us. When appropriate we may offer an explanation or apology to the person making the complaint. We will also acknowledge all compliments and complaints even if no action is able to be taken immediately.

We will promptly acknowledge receipt of complaints and compliments.

We will assess and prioritise complaints in accordance with the urgency and/or seriousness of the issues raised. If a matter concerns an immediate risk to safety or security the response will be immediate and will be escalated appropriately.

Rural Doctors Foundation is committed to managing people's expectations, and will inform them as soon as possible, of the following:

- the compliments and complaints process
- the expected time frames for our actions
- the progress of the action and reasons for any delay
- their likely involvement in the process, and
- the possible or likely outcome of their complaint or compliment.

We will advise people as soon as possible when we are unable to deal with any part of their complaint and provide advice about where such issues and/or complaints may be directed (if known and appropriate).

We will also advise people as soon as possible when we are unable to meet our time frames for responding to their complaint or compliment and the reason for our delay.

Our Workers are empowered to respond to compliments and resolve complaints promptly and with as little formality as possible. We will adopt flexible approaches to problem solving to enhance accessibility for people providing feedback. We will assess each compliment or complaint on its merits and involve the people providing feedback and/or their representative in the process as far as possible.

4.3 Objectivity and fairness

We will address each compliment and complaint with integrity and in an equitable, objective, and unbiased manner. We will ensure that the person managing the process is different from any staff member whose conduct or service is being complimented or complained about.

Conflicts of interest, whether actual or perceived, will be managed responsibly. Internal reviews of how a compliment or complaint was managed will be conducted by a person other than the original decision maker.

4.4 Confidentiality

We will protect the identity of people making complaints where this is practical and appropriate. Compliments can also be kept confidential, if that is the wish of the person providing the compliment. Personal information that identifies individuals will only be disclosed or used by us as permitted under the relevant privacy laws, secrecy provisions and any relevant confidentiality obligations.

Where a complaint or compliment involves multiple organisations, we will work with the other organisation/s where possible, to ensure that communication with the person and/or their representative is clear and coordinated.

Subject to privacy and confidentiality considerations, communication and information sharing between the parties will also be organised to facilitate a timely response. Where a compliment or complaint involves multiple areas within our organisation, responsibility for communicating with the person providing the feedback and/or their representative will also be coordinated.

4.5 Empowerment of staff

All Workers managing compliments or complaints are empowered to implement our compliment and complaint management system as relevant to their role and responsibilities. Workers are encouraged to provide feedback on the effectiveness and efficiency of all aspects of our management process.

4.6 Managing unreasonable conduct by people making complaints and compliments

We are committed to being accessible and responsive to all people who approach us with feedback. When people behave unreasonably in their dealings, their conduct can significantly affect the progress and efficiency of our work. As a result, we will take proactive and decisive action to manage any conduct that negatively and unreasonably affects us and will support our workers to do the same in accordance with this policy.

4.7 Alternative avenues for dealing with complaints

We will inform people who make complaints to or about us about any internal or external review options available to them (including any relevant Ombudsman or oversight regulatory bodies).

There are three levels of complaint handling.

Level 1

Rural Doctors Foundation is committed to resolving complaints at the first level, the frontline. Wherever possible workers will be adequately equipped to respond to complaints, including being given appropriate authority, training and supervision.

Level 2

Where this is not possible, we may decide to escalate the complaint to the Chair and provide information on the following internal mechanisms:

- assessment and possible investigation of the complaint and decision/s already made, and/or
- facilitated resolution (where a person not connected with the complaint reviews the matter and attempts to find an outcome acceptable to the relevant parties).

Level 3

Where a person making a complaint is dissatisfied with the outcome of our review of their complaint, they may seek an external review of our decision by the Australian Charities and Not-for-Profits Commission or similar body.

4.8 Accountability

Rural Doctors Foundation will ensure that all compliments and complaints are recorded in a systematic way so that information can be easily retrieved for reporting and analysis by management and the Board. For each Board meeting, we will provide

- the number of compliments and complaints received
- the outcome of compliments and complaints, including matters resolved without escalation
- issues and process changes resulting from arising from any feedback received
- systemic issues identified, and
- the number of requests we receive for internal and/or external review of our compliment and complaint handling process.

We will continually monitor our management process to ensure its effectiveness in responding to compliments and resolving complaints and identify and correct any deficiencies.

5. Related documents

This policy must be read in conjunction with, and not limited to the documents below.

- Code of Ethics
- Complaints Register
- Compliments Register.

6. Responsibility and policy owner

The owner of this policy is the Chair of the Board. The owner is responsible for implementing the policy and achieving the desired outcomes.

Financial Management Policies

3.10 Accounting policy

1. Purpose

The purpose of this policy is to outline the guiding principles relating to finance and accounting activities undertaken by Rural Doctors Foundation.

2. Scope

This policy applies to all Rural Doctors Foundation Workers.

A Worker is a person who carries out work in any capacity for Rural Doctors Foundation including any of the following: an employee, a contractor or subcontractor or an employee of a contractor or subcontractor.

It also covers our Volunteers. Under the WHS Act, volunteers are considered Workers if they carry out work in any capacity for Rural Doctors Foundation.

This policy covers all activities relating to managing, recording and reporting the financial position of the Foundation.

This policy covers:

- revenue recognition
- assets
- credit/debit cards
- writing off debts/assets
- reporting.

3. Policy statement

Financial management within Rural Doctors Foundation is conducted in line with best practice and adheres to our values, as well as abides by industry standards to ensure all our accounting practices are ethical and transparent.

4. Principles

Rural Doctors Foundation is guided by the following principles:

- any expenditure of behalf of Rural Doctors Foundation will be approved by two authorised signatories
- regular reports will be provided to the Finance, Risk and Investment Committee and the Board to ensure visibility of all financial activity
- any reporting will be truthful and transparent and will show financial position against budget for current month and year to date activity
- the person preparing requests for expenditure will not be a signatory to ensure separation of duties
- coding of all expenditure will be determined by Chief Executive Officer in line with existing Chart of Accounts and allocated budget.

5. Accounting process

Rural Doctors Foundation will abide by the following guidelines in relation to key activities:

5.1 Revenue recognition

Drawing from the financial statements, income from donations, sponsorship and dividends is recognised upon receipt. Interest revenue is recognised as accrued. Financial Assets and Liabilities are recognised at fair value through other comprehensive income.

Financial Assets and Liabilities are recognised at fair value to provide further clarity on the performance of the organisation to the Board.

5.2 Assets

Assets acquired on behalf of Rural Doctors Foundation with a value of more than \$1,000 will be recorded on the Asset Register and will be identified with a unique ID tag. The asset register will provide detail of who the asset has been allocated to or who has responsibility for the asset.

Assets with a value of more than \$1,000 will be depreciated over the following period:

Asset type	Depreciation schedule
Information technology and telephony	24 months
Fixtures and fittings (including affixed signage)	36 months
Furniture	36 months

5.3 Credit and debit cards

Debit cards will be provided to Workers if it is agreed by the Board there is a demonstrated need for a debit card and that non-provision puts the worker at personal financial disadvantage. Debit cards will minimise the financial risk to the Foundation. Credit cards will not be provided. The maximum limit for transfer of the funds is capped at \$5,000 unless special permission is provided by the Executive Committee.

Transfer of funds to the debit card is to be authorised by two Director signatories. The accounts representative will request the transfer of funds for approval by two signatories other than the debit card holder (if that circumstance arises).

Receipts must be provided by the debit card holder to the accounts representative by the end of the monthly reporting period. Reconciliation of expenses must be completed monthly in line with Finance, Risk and Investment Committee and Board reporting deadlines.

5.4 Writing off debts

A review of outstanding debts will be conducted on a quarterly basis. All effort will be taken to follow up outstanding debts (or pledges). If a debt is outstanding after twelve months and it is agreed by the identified person or committee (in line with Delegation Schedule) that the recovery of the debt will be too costly or time consuming, the debt will be written off.

Value of assets will be written down in line with the depreciation schedule. If an asset is lost or is not able to be located, and it is agreed by the identified person or committee (in line with Delegation Schedule) that the chance of recovering the asset is unlikely, the asset will be written down and the residual expensed.

5.4 Reporting

Rural Doctors Foundation will ensure a high standard of reporting providing Board, Committees and Members with accurate, timely and clear financial reports.

The Chart of Accounts will be reviewed at least annually to ensure they are aligned with the reporting needs of the Foundation. Feedback will be sought from the Board and Committee to ensure the reporting is meeting their needs and that key issues are clearly laid out and explained.

In the current year, reporting will be against budget for the current month and year to date. With consistent reporting and structures in place, future reporting will work to include comparison to previous financial year.

6. Related documents

This policy must be read in conjunction with, and not limited to the documents below.

- Delegations Policy
- Delegations Schedule
- Asset Register
- Reporting Policy.

7. Responsibility and policy owner

The owner of this policy is the Chair of the Finance, Risk and Investment Committee. The owner is responsible for implementing the policy and achieving the desired outcomes.

3.11 Purchasing policy

1. Purpose

Rural Doctors Foundation supports a culture which promotes transparent, equitable and competitive purchasing practices. This policy ensures a best practice approach to procurement.

2. Scope

This policy applies to all Rural Doctors Foundation Workers. A worker is a person who carries out work in any capacity for Rural Doctors Foundation including any of the following: an employee, a contractor or subcontractor or an employee of a contractor or subcontractor.

It also covers our Volunteers. Under the WHS Act, volunteers are considered workers if they carry out work in any capacity for Rural Doctors Foundation.

All Workers (including Volunteers) who carry out work for Rural Doctors Foundation are required to take reasonable care for their own health and safety and not to create risks to others or to the organisation.

It applies to all activities of Rural Doctors Foundation both inside and outside the workplace. This includes committees, working groups or advisory bodies, industry functions and conferences. The policy is applicable where a Worker is participating in the work environment, work-related travel, a work funded or organised event (including social events) or is using organisational resources.

3. Policy statement

The objective is to obtain goods and services of the most suitable quality at the lowest whole of life cost, while meeting requirements with an acceptable level of risk. This does not necessarily mean selecting the lowest priced goods or service. Value for money and respecting and working as a partner with suppliers guides the purchasing process.

4. Principles

Ethics and integrity

The highest standards of ethics and integrity are to be observed in undertaking all purchasing activities. Workers will act in an honest and professional manner that supports the values of the Foundation.

The following principles, standards and behaviours must be observed and enforced through all stages of the purchasing process to ensure the fair and equitable treatment of all parties.

- Accountability shall be taken for purchasing decisions and the efficient, effective and proper expenditure of supporter monies based on achieving value for money.
- All purchasing practices shall comply with relevant legislation, regulations, and requirements consistent with our policies, values and Code of Conduct.
- Purchasing of budgeted items or services over \$25,000 (or an annual expenditure of \$25,000) is to be undertaken on a competitive basis in which all potential suppliers are treated impartially, honestly, and consistently. Any unbudgeted expenditure of over \$5,000 must be referred to the Chair to determine whether a tender process is required, if reasonable.
- All processes, evaluations and decisions shall be transparent, free from bias and fully documented in accordance with applicable policies, record keeping practices and agreed audit practices.
- Any actual or perceived conflicts of interest are identified, disclosed and appropriately managed.
- Any information provided to Rural Doctors Foundation by a supplier shall be treated as commercial-in confidence and should not be released unless authorised by the supplier or under relevant legislation.

Value for money

Value for money is an overarching principle governing purchasing to allow the best possible outcome for the Foundation. Such assessment should consider:

- relevant whole-of-life costs including acquisition, delivery, distribution, holding costs, consumables, deployment, maintenance, and disposal
- the quality of the goods or services to meet requirements, quality standards, sustainability, service benchmarks, contractual terms, and conditions
- reputation and financial viability of supplier
- a strong element of competition in the allocation of orders or the awarding of contracts. This is achieved by obtaining competitive quotations wherever practicable.

The lowest price offer does not necessarily present best value for money. It is important to take the above into consideration in making the final decision. Where a higher priced offer is recommended, there should be clear and demonstrable benefits over the lower priced offer.

Effective and efficient

Rural Doctors Foundation is committed to using the most efficient, effective and appropriate purchasing processes for the acquisition of goods and services that:

- ensure all purchasing decisions look for the most efficient and effective solution
- ensure the Foundation is compliant with all regulatory obligations
- encourage collaboration where possible
- promotes industry and community confidence in the integrity of our purchasing activities.

Sustainable procurement

Rural Doctors Foundation is committed to sustainable procurement and where appropriate will endeavour to minimise environmental and negative social impacts. Sustainable considerations must be balanced against value for money outcomes.

Supporting rural communities

Rural Doctors Foundation shall seek to maximise the use of smaller rural businesses in goods and services.

5. Responsibility and policy owner

The policy owner is the Chief Executive Officer. The owner is responsible for implementing the policy and achieving the desired outcomes.

3.12 Fundraising policy

1. Purpose

The purpose of this policy is to outline the guiding principles relating to fundraising activities undertaken by Rural Doctors Foundation.

2. Scope

This policy applies to all Rural Doctors Foundation Workers and covers all activities intended to generate funds for Rural Doctors Foundation. Rural Doctors Foundation holds Deductible Gift Recipient (DGR) status.

A Worker is a person who carries out work in any capacity for Rural Doctors Foundation including any of the following: an employee, a contractor or subcontractor or an employee of a contractor or subcontractor.

It also covers our Volunteers. Under the WHS Act, volunteers are considered Workers if they carry out work in any capacity for Rural Doctors Foundation.

All Workers (including Volunteers) who carry out work for Rural Doctors Foundation are required to take reasonable care for their own health and safety and not to create risks to others or to the organisation.

Approved staff manage a portfolio of fundraising activities, including:

- Philanthropic trusts, foundations, and other grant-making bodies
- Major gift fundraising
- Appeals
- Gifts in Will (bequests) including gifts in memory
- Corporate partnerships; and
- Third-party (community) fundraising

This covers donations or grants from the following entities.

- individuals, companies and organisations
- clubs
- corporate partnerships
- major donors
- trusts and foundations

Income received from government funding or government grants is not included in this policy.

Further guidance on fundraising and Deductible Gift Recipient Status can be found on the Australian Tax Office website

Definitions

Donation/Gift - a voluntary transfer of money or property where there is no material benefit or advantage. A tax-deductible receipt is issued for donations of \$2 and over without expectation of a tangible or economic benefit to the donor except tax benefits.

A donation/gift has the following characteristics:

- there is a transfer of money, shares or property to Rural Doctors Foundation for its benefit
- it is made voluntarily

- it does not provide a “material benefit” to the donor; and
- it is motivated by philanthropic intent, and generosity, on the part of the donor.

Material benefit – a donor is considered to receive a “material benefit” where one or more of the following is provided or promised:

- logo acknowledgement
- advertising or promotion
- participation in promotional activities
- rights to intellectual property
- an arrangement for a student to undertake an internship with the donor or
- items of value.

This is often in the form on a sponsorship arrangement and is not tax deductible. Rural Doctors Foundation will consider the circumstances of a proposed gift prior to determine its tax deductibility. Public recognition of a donor’s generosity, for example naming recognition, is not generally a material benefit.

Sponsorship – undertaking a fundraising activity with support received in the form of money in return for a benefit of value. Sponsorship is not considered a donation as a tax-deductible receipt is not issued as per the definitions in the Collections Action 1966 (QLD) and Collections Regulation 2008 (QLD).

Endowed Fund – a donation, bequest, sponsorship or grant to be held in perpetuity, with the capital invested, and income earned on these funds expended in accordance with the terms and conditions of the endowment. The amount disbursed in any year will be affected by the amount of income generated by the endowed fund and will be reviewed annually.

Donor – an individual or their legal representative (in the case of a deceased person’s bequest) or other entity that donates to a cause.

Fundraising – the act of seeking and obtaining donations on behalf of a cause.

Sponsorship – undertaking a fundraising activity with support received in the form of money in return for a benefit of value. Sponsorship is not considered a donation as a tax-deductible receipt is not issued as per the definitions in the Collections Action 1966 (QLD) and Collections Regulation 2008 (QLD).

Pledge – an assurance or commitment from a donor, that they will make a Gift at a future time. It is not a legally binding contract.

Third-party fundraiser – a person or group of persons who conduct fundraising activities to raise money on behalf of Rural Doctors Foundation. Third-party fundraisers are authorised by the Foundation and must act in accordance with the terms and conditions of this authority.

Third-party fundraising activity – an activity conducted by a third-party fundraiser for the purpose of raising money for Rural Doctors Foundation.

3. Policy statement

Fundraising within Rural Doctors Foundation is conducted in line with best practice and adheres to our values, as well as abides by industry and regulator codes of practice to ensure all fundraising practices are ethical, accountable, and transparent. Rural Doctors Foundation recognises the importance of socially responsible fundraising. The Foundation's work in this area will accord with the highest standards of professionalism and abide by the Fundraising Institute of Australia (FIA) Code of Practice.

4. Principles

Fundraising activities are endorsed by the Rural Doctors Foundation Board and delivered by the Rural Doctors Foundation's Chief Executive Officer, consistent with the Foundation's Fundraising Strategy. Where appropriate, the Chief Executive Officer will consult with the Executive Committee and or the Fundraising Committee, regarding approvals for fundraising activities.

All money raised via fundraising appeals and activities will be used for the stated purpose of the appeal or activity and will comply with all relevant Rural Doctors Foundation's policies and procedures.

Rural Doctors Foundation is guided by the following principles:

- our fundraising activities will comply with all relevant laws, regulations and codes of practice
- any communication to the public for the purpose of fundraising shall be truthful
- fundraising activities or donations will not be undertaken or accepted if they may be detrimental to the reputation or community standing of Rural Doctors Foundation
- we will maintain a high standard of transparency, accountability and ethical practice in fundraising initiatives in line with the Collections Action 1966 (QLD) and Collections Regulation 2008 (QLD).

Gift acceptance

A gift made to Rural Doctors Foundation may be accepted if, in its purpose, source and nature, the gift:

- is aligned with Rural Doctors Foundation's values, objectives and strategy, and with the Foundation's purpose
- enhances the reputation and standing of Rural Doctors Foundation
- is consistent with State and Federal legislation in Australia and any other relevant country, in particular the Income Tax Assessment Act 1997 (Cth); and
- is consistent with other relevant Rural Doctors Foundation's policies.

If a donor does not specify or give a direction on a particular purpose or purposes for the gift, the purpose or purposes shall be determined by the Board.

Special purpose gifts

Wherever practical, the wishes of the donor of a special purpose gift will be honoured

The purpose of a special purpose gift should be defined broadly to ensure Rural Doctors Foundation can continue to fulfil the purpose of the gift should circumstances change

The Chief Executive Officer may consult the Fundraising Committee in providing advice to the Board Chair to assist in decision-making regarding where gifts should be applied

Where gifts are pledged over a period, the Chief Executive Officer will provide updates to the Fundraising Committee and Board to ensure allocation of funds is consistent with the donor's instructions and the needs of the Foundation

All special gifts will be recorded in Raisely and will be personally acknowledged by the Chair. The gift will be recorded in Xero with clear identification of its status and source.

Rural Doctors Foundation will seek advice from Legal entities, as appropriate, where a gift is in a form other than money, involves or may involve the law of another country, or is otherwise unusual; and

To keep faith with donor expectations, special purpose gifts are to be used within a reasonable period (usually no more than three financial years) from receipt of gift, unless otherwise specified.

Recognition of gifts

Rural Doctors Foundation may publicly recognise donors and their gifts, unless anonymity is requested by the donor. Public recognition of philanthropic generosity is in accordance with the size and significance of the gift and the wishes of the donor.

Valuing gifts-in-kind, stock or property

Gifts are to be valued in accordance with Australian Taxation Office requirements and credited on the date the donor relinquishes control of the gift to Rural Doctors Foundation.

Rural Doctors Foundation will determine and record the value of the gift independently.

Gifts requiring the outlay of Foundation funds

Rural Doctors Foundation may match donations or grants to attract further philanthropic support. Gifts requiring a financial commitment by the Foundation (e.g., matching funds) will be subject to the prior approval of the Board.

Investment of Endowed Funds

All Endowed Funds will be managed in accordance with Rural Doctors Foundation's investment management practices.

Ethical conduct

Rural Doctors Foundation's employees will act with the highest standards of professionalism and integrity when receiving or accepting gifts on behalf of the Foundation. Rural Doctors

Foundation's employees will not provide financial or legal advice to donors or prospective donors when planning or negotiating a gift.

Rural Doctors Foundation's employees will not knowingly encourage a gift if:

- the making of the gift is contrary to the donor's or potential donor's best interests; or
- the donor does not have the legal capacity to make the gift.

Paid fundraisers, whether employees or consultants, are compensated by a salary, retainer or fee but not by a commission based on the number of gifts received or the value of funds raised.

Third-party (community) fundraisers raising money on behalf of the Rural Doctors Foundation must register with Rural Doctors Foundation and comply with the terms and conditions of the specific activity.

All personal information collected by Rural Doctors Foundation during fundraising activities will remain confidential and will not be sold, given away or disposed of to any third party without the prior written consent of the individuals concerned.

Right to decline gifts

Rural Doctors Foundation reserves the right to decline any gifts, that are:

- inconsistent with the Foundation's values and purpose or otherwise not in its best interests
- may result in adverse publicity or otherwise expose the Foundation to ethical, legal, reputational or financial harm
- that may impose unnecessary and burdensome responsibilities on the Foundation because of the gift's source, restricted condition, or special purpose or potential to compromise the Foundation's integrity or autonomy
- will require expenditure beyond the Foundation's resources or impose unacceptable compliance obligations or administrative costs on the Foundation
- inconsistent with Rural Doctors Foundation's policy statement regarding fundraising.

Rural Doctors Foundation will not accept gifts from organisations, businesses, individuals or entities that lobby for, promote, or derive a majority of income from actions that support or contribute to sex trafficking, human trafficking, slavery, indentured servitude, tobacco, warfare, war crimes, violence (except when required to protect public safety), hate speech or discrimination based on age, gender, gender identity, race, sexuality, religion, or nationality. Prohibited organisations, businesses, individuals and entities also includes those lobbying against, or deriving a majority of income from actions that discourage or frustrate, peace, access to the rights set out in the Universal Declaration of Human Rights and the Convention on the Rights of the Child, peaceful assembly and association (including worker associations), a safe environment or action to curtail democratic processes.

Where appropriate, the Chief Executive Officer will consult with the Board Chair and the Fundraising Committee, regarding a decision to decline a gift.

Right to decline authorisation of third-party fundraiser or fundraising activity

Rural Doctors Foundation reserves the right to decline to authorise a third-party fundraiser or fundraising activity, that is:

- inconsistent with Rural Doctors Foundation's values and purpose and priorities or otherwise not in its best interests.
- may result in adverse publicity or otherwise expose Rural Doctors Foundation to ethical, legal, reputational or financial harm.

Where appropriate, the Chief Executive Officer will consult with the Board Chair and the Fundraising Committee, regarding a decision to decline to authorise a third-party fundraiser or fundraising activity.

Donation processing

Only authorised Rural Doctors Foundation Workers may:

- issue tax-deductible receipts and donor refunds
- process donations via the donor relationship management database
- record and access donor information as required
- organise fundraising events (unless Community Fundraising events).

All Rural Doctors Foundation Workers responsible for receiving and processing donations shall:

- respect and value all who donate
- process donations and issue receipts for tax-deductible gifts in accordance with Australian Taxation Office requirements in a timely manner unless the donor specifically states a receipt is not required
- ensure donation processes are secure and transparent
- build trusting relationships with regular donors and partners
- respond proactively to any issues arising regarding donor queries and donation refunds
- record, acknowledge, recognise and report to donors
- appropriately manage and protect information gathered on donors and prospective donors
- periodically report to the Board, through the Board's Fundraising Committee, regarding the Foundation's fundraising program.

Donor confidentiality

Rural Doctors Foundation will ensure a high standard of privacy and data security. Donor information is private and confidential and will be managed in line with our Privacy Policy.

Refunds and cancellations

Rural Doctors Foundation recognises it is possible for existing regular donors to experience a change in personal circumstances which may require them to decrease or cease regular donations. Our team will comply with the donor's request in line with our Donor refund and cancellation procedure.

We further recognise that errors could also be made by donors, Rural Doctors Foundation or the financial institutions involved in donation transactions. Rural Doctors Foundation will not automatically refund donations but will review all requests individually and endeavour to refund donations made in error or under circumstances that may warrant an approved refund in compliance with our legal obligations.

5. Related documents

This policy must be read in conjunction with, and not limited to the documents below.

- Privacy Policy
- Donation processing procedure
- Code of Conduct

6. Responsibility and policy owner

The owner of this policy is the Chief Executive Officer. The owner is responsible for implementing the policy and achieving the desired outcomes.

3.13 Gift giving and receiving policy

1. Purpose

The Gift giving and receiving policy provides a framework for ensuring fair, transparent and appropriate behaviours and processes are followed.

The policy assists in ensuring the organisation's ethical requirements are met. Its main purpose is to provide direction for what might ordinarily be regarded as acceptable financial conduct for Workers of Rural Doctors Foundation.

2. Scope

This policy applies to all Workers. A Worker is a person who carries out work in any capacity for Rural Doctors Foundation including any of the following: an employee, a contractor or subcontractor or an employee of a contractor or subcontractor.

It also covers our Volunteers. Under the WHS Act, volunteers are considered workers if they carry out work in any capacity for Rural Doctors Foundation.

3. Policy statement

Rural Doctors Foundation is committed to providing quality stewardship of all resources and demonstrating values-based practices that treat all people fairly and with respect and care. We recognise that as an organisation there may be occasions where the purchase of a gift to celebrate achievements and lifetime milestones is appropriate.

This policy outlines principles for what is considered "reasonable" expenditure in relation to the following situations:

- The purchase of gifts for employees
- Christmas parties
- Team building / development days
- Work related meals / catered lunches.

The policy provides clarification of issues and examples of reasonable practices regarding expenditure through staff reimbursement processes and/or Rural Doctors Foundation debit cards.

Rural Doctors Foundation sincerely values its employees, directors and volunteers and believes it is important to demonstrate this in a tangible way. Rural Doctors Foundation is committed to ensure gift giving and general expenses expenditure and gift receiving practices are appropriate and thereby protect our reputation as a Deductible Gift Recipient organisation.

4. Principles

Gifts funded by Rural Doctors Foundation

Gifts are permitted only as modest acknowledgements to the maximum limit of \$150. If individuals wish to provide a larger gift, the difference between the value of the gift and the maximum limitation must be made by the individual/s making the gift unless approval has been provided by the Chief Executive Officer and Chair for provision of a higher valued gift.

Acknowledgement of life events

- Marriage
- Birth or adoption of a child
- Retirement

Expressions of sympathy

- Serious illness
- Serious injury
- Hospitalisation
- Death of an immediate family member

Gifts for volunteers to acknowledge life events or expressions of sympathy require Chief Executive Officer or equivalent approval prior to purchase.

Gifts not funded by Rural Doctors Foundation

Employees may request and/or contribute on a strictly voluntary basis, nominal amounts for a group gift and occasionally for items such as food and refreshments to be shared among employees at the office. Sensitivity is required to ensure employees do not feel uncomfortable if they prefer not to contribute.

Rural Doctors Foundation funds cannot be used to sponsor a social event for birthdays.

Departures

At the discretion of the Chief Executive Officer, a gift may be purchased upon an employee's leaving commensurate with the years of service.

Years of service	Dollar value of gift
5 years and over	\$100.00
10 years and over	\$200.00
15 years and over	\$300.00
20 years plus	\$400.00

Christmas parties

Christmas parties will be funded at a cost of \$100 per head per employee. If individuals wish to spend more than the approved amount, the difference will be at their own personal expense.

Work related meals

Business or work-related meals may be funded by Rural Doctors Foundation where there is a genuine need to facilitate a catered meeting. The costs incurred must be approved by Chief Executive Officer.

Retain receipts

All receipts need to be retained for Accounts purposes.

Gift receiving

A gift has the following characteristics:

- there is a transfer of money, or in-kind support property to Rural Doctors Foundation workers for their own benefit

- it is made voluntarily
- it does not provide a “material benefit” to the giver and
- it is motivated by philanthropic intent, and generosity on the part of the giver.

No Rural Doctors Foundation Worker (or a member of their immediate family) shall accept any favour or gift directed to the Worker from a current, former or potential supplier, agency or body. Gifts to the organisation are permitted and may be used to generate funds for the organisation. The Chief Executive Officer may decide the best course of action is for the employee to keep the gift.

Where a Worker is unsure of appropriate action, they are to consult the Chief Executive Officer for guidance.

In instances where perishable gifts are accepted (eg chocolates, flowers), these should be shared among the team. Where non-perishable items are donated, these should be immediately disclosed to the Chief Executive Officer for appropriate reallocation.

All gifts are to be recorded on the Gift Register which includes date received, who received the gift, description of the gift and what was done with the gift. Both perishable and non-perishable items are to be recorded on the Gift Register.

5. Related documents

- Gift register.

6. Responsibility and policy owner

The owner of this policy is the Chief Executive Officer. The owner is responsible for implementing the policy and achieving the desired outcomes.

Program Management Policies

3.14 Grants policy

1. Purpose

The purpose of this policy is to provide a framework for the evaluation of grant requests to ensure fair and equitable decision making and distribution of funds to grant applicants.

2. Scope

This policy applies to Workers who evaluate and determine which organisations/ individuals will be provided with grant funding from Rural Doctors Foundation.

A Worker is **a person who carries out work in any capacity** for Rural Doctors Foundation including any of the following: an employee, a contractor or subcontractor or an employee of a contractor or subcontractor.

It also covers our **Volunteers. Under the WHS Act, volunteers are considered Workers if they carry out work in any capacity for Rural Doctors Foundation.**

3. Policy Statement

Rural Doctors Foundation is committed to providing funding to innovative and emergency projects that support the objectives of the organisation. The Committee is responsible for reviewing submissions and has authority to approve grants up to \$20,000. Grants over \$20,000 must be approved by the Board.

Requests for funding are to be assessed based on furthering the objectives of Rural Doctors Foundation.

4. Principles

Rural Doctors Foundation will assess each submission based on defined criteria without bias or prejudice.

Rural Doctors Foundation will treat each applicant and their submission with respect, acknowledging the time and effort required by the applicant in preparing the submission.

Each submission will be evaluated applying the following criteria.

- Are outcomes clearly articulated and will they meet or further objectives of Rural Doctors Foundation?
- Does the proposal demonstrate the viability and sustainability of the proposed program?
- Is the proposal a good investment for Rural Doctors Foundation and demonstrate value for money?
- Is the program/initiative focused on rural and remote communities?
- Does this submission deliver further benefits to Rural

Doctors Foundation? Eg: Strategic Partnership, awareness building, access to useful data/health benefits?

- Are conflicts of interest identified and addressed?
- Have potential risks been identified and addressed?
- Is this an ethical and morally responsible proposal?

All applications are to be in writing and applicants will be notified in writing of the outcome of the Committee deliberations. Funds will be released in line with established financial delegations and will be actioned in a timely manner to ensure successful grant recipients can proceed with their program or initiative.

5. Related documents

This policy must be read in conjunction with, and not limited to the documents below.

- Grants Committee Terms of Reference
- Grants Delegation Guidelines
- Grants for Good Health Information pack
- Grants Procedure
- Grants Funding Guidelines.

6. Responsibility and policy owner

The owner of this policy is the Chair of the Grants Committee. The owner is responsible for implementing the policy and achieving the desired outcomes.

Communication and Stakeholder Management Policies

3.15 Branding and logo usage policy

1. Purpose

The purpose of this policy is to ensure the consistent and professional application of the Rural Doctors Foundation brand, and to minimise the risk from misuse by ensuring the appropriate and professional use of our image and visual branding.

Rural Doctors Foundation is committed to developing and maintaining a consistent brand to reinforce its public identity and reputation. Consistent use unifies and strengthens our reputation; and distinguishes Rural Doctors Foundation from other organisations.

2. Scope

This policy applies to all Rural Doctors Foundation Workers. A Worker is **a person who carries out work in any capacity** for Rural Doctors Foundation including any of the following: an employee, a contractor or subcontractor or an employee of a contractor or subcontractor.

It also covers our Volunteers. Under the WHS Act, **volunteers are considered Workers if they carry out work in any capacity for Rural Doctors Foundation.**

All Workers (including Volunteers) who carry out work for Rural Doctors Foundation are required to take reasonable care for their own health and safety and not to create risks to others or to the organisation.

Guidelines for applying the approved Rural Doctors Foundation brand is detailed in the Rural Doctors Foundation Brand Guidelines.

3. Policy Statement

The Rural Doctors Foundation brand and image, and how it is portrayed, is important. It is a representation of who we are and what we stand for. It has a direct impact on the internal and external perception of both the brand and the Foundation.

It is the policy of Rural Doctors Foundation to manage our brand and image through the implementation of a corporate identity and brand policy that considers consistency, compliance, visual language, photographic style and creative concepts.

Adherence with the Rural Doctors Foundation Brand Guidelines is mandatory for all communication. Branding that introduces any new visual identifiers (eg. logo, colour) outside the specifications of the Rural Doctors Foundation Brand Guidelines is not permitted.

Rural Doctors Foundation recognises that a cohesive and aligned approach to our communication ensures our reputation is maintained and positively enhanced.

Rural Doctors Foundation communicates for several purposes:

- to build the profile of the organisation, and increase awareness of its goals, programs and people
- to share knowledge with rural and remote communities and its stakeholders – both external and internal
- to attract funding and expand the programs we can deliver
- to attract donor, volunteer and corporate support.

Rural Doctors Foundation communications target the following:

Internal

- Staff
- Board members
- Members
- Volunteers.

External

- Those who live in rural and remote communities
- Those who work in the health sector with an interest in rural health
- Federal, State and Local Government
- Organisations, Foundations and Trusts with an interest in supporting those living in rural and remote communities.

4. Principles

- The brand of Rural Doctors Foundation is an asset. Workers are required to act in ways that promote and protect the brand.
- All employees and Board members are responsible for ensuring the brand integrity of Rural Doctors Foundation.
- This policy seeks to minimise the proliferation of 'other brands' to protect and promote the Rural Doctors Foundation approved brand as the primary representation of our identity.
- The logo of Rural Doctors Foundation and its associated reputation and credibility has a value. This value should be considered when providing permission for external parties to use our logo.

4.1 External use of the Rural Doctors Foundation brand

- Use of the approved brand by affiliated or external individuals or bodies must be approved by the Chief Executive Officer.
- Affiliated or external individuals or bodies can only use our logo using the approved brand as set out the Brand Guidelines.
- External parties must not use any of Rural Doctors Foundation's official logos for false or misleading purposes, or to endorse any products or services which do not align with our principles.
- Any manufacturer, retailer or vendor producing or selling merchandise bearing the Rural Doctors Foundation brand must either be licensed or contracted by Rural Doctors Foundation to produce such branded merchandise. The use of the brand must also comply with the Rural Doctors Foundation Brand Guidelines.
- Neither the name of Rural Doctors Foundation or any associated trademark, including corporate colours, may be used in any way that gives a false impression, is misleading, or could cause confusion regarding Rural Doctors Foundation's relationship with any person or entity.
- Neither the name of Rural Doctors Foundation or any associated trademark, may be used in connection with any person, entity, product, or service if the association could adversely affect our image or standing or would for any other reason be inappropriate.

4.2 Partnerships

- Rural Doctors Foundation may work in partnership with other organisations. Use of the Rural Doctors Foundation brand alongside the brand of any organisation is subject to the provisions of any agreement with the partnership organisation and must also conform with the Rural Doctors Foundation brand guidelines as well as any brand guidelines from the partner organisation. If a partner logo is appearing on any collateral produced by Rural Doctors Foundation, our logo should always be placed in the more prominent position to identify the publication as originating from Rural Doctors Foundation. At all times, the relationship between both parties must be considered and respected.
- For partnership communication, the statement 'xxx is supported by Rural Doctors Foundation' would be used. Such statements must be positioned at the bottom of communication and be smaller than body copy text.

4.3 Unauthorised use

- The inappropriate or unauthorised use of Rural Doctors Foundation's visual identity will be a breach of this policy. Measures will be taken to correct inappropriate or unauthorised use and may include destruction of material which breaches the guidelines.
- Where non-compliance of this policy occurs, the parties involved will be required to work with the Chief Executive Officer to determine the action needed, which may include redesign of print and/or electronic materials.

5. Related documents

This policy must be read in conjunction with, and not limited to the documents below.

- Brand Guidelines.

3.16 Media policy

1. Purpose

Rural Doctors Foundation has a clear commitment to the appropriate management of its public profile and reputation. To achieve this, Rural Doctors Foundation has developed a media response policy to be followed by all Workers during proactive and reactive media relations.

All relevant positions involved in managing media relations must be identified, outlining the roles that each will play and the principles to be followed when a media plan is developed, or media enquiries are made to Rural Doctors Foundation.

2. Scope

This policy applies to all Rural Doctors Foundation Workers. A Worker is a person who carries out work in any capacity for Rural Doctors Foundation including any of the following: an employee, a contractor or subcontractor or an employee of a contractor or subcontractor.

It also covers our Volunteers. Under the WHS Act, volunteers are considered Workers if they carry out work in any capacity for Rural Doctors Foundation.

All Workers (including Volunteers) who carry out work for Rural Doctors Foundation are required to take reasonable care for their own health and safety and not to create risks to others or to the organisation.

3. Policy statement

Rural Doctors Foundation believes an organisation's ability to respond in an appropriate, timely and informed manner enhances the reputation of Rural Doctors Foundation. Members of the Executive Committee and the Chief Executive Officer are the only persons authorised to speak to the media at any time. The Chair in consultation with the Chief Executive Officer can nominate a designated spokesperson, when specific technical or professional knowledge is required.

4. Principles

All media enquiries at any time must be directed to the Chief Executive Officer. A media policy will ensure that:

the public profile and reputation of Rural Doctors Foundation is upheld

information which is made public is correct

information which is provided to the media as well as interviews are conducted in a timely manner

positive, working relationships are formed with the media

decisions about the newsworthiness of stories or media enquiries are made within the context of the broader social, economic, political and health environment, and stakeholder relationships

communication, tone and content are aligned with Rural Doctors Foundation brand.

4. Related documents

This policy must be read in conjunction with, and not limited to the list of policies and procedures below.

Brand Guidelines

User of Social Media policy

4. Responsibility and policy owner

The policy owner is the Chair. The owner is responsible for implementing the policy and achieving the desired outcomes.

3.17 Privacy policy

1. Purpose

The purpose of this policy is to outline the framework that Rural Doctors Foundation adheres to when collecting, handling, and managing personal information. Rural Doctors Foundation is committed to compliance with the ethical and legal obligations prescribed by the Australian Privacy Principles set out in the Privacy Act 1988 (Cth) as amended by the Privacy Amendment (Enhancing Privacy Protection) Act 2012 (Privacy Act) and other relevant legislation such as the Privacy Amendment (Notifiable Data Breaches) Act 2017 (Cth).

2. Scope

This policy applies to all Rural Doctors Foundation Workers and covers all activities relating to collecting, recording and reporting personal and confidential information.

A Worker is **a person who carries out work in any capacity** for Rural Doctors Foundation including any of the following: an employee, a contractor or subcontractor or an employee of a contractor or subcontractor.

It also covers our Volunteers. Under the WHS Act, **volunteers are considered Workers if they carry out work in any capacity for Rural Doctors Foundation.**

All Workers (including Volunteers) who carry out work for Rural Doctors Foundation are required to take reasonable care to protect the privacy of themselves and individuals and not to create a privacy risk to others or to the organisation.

Personal information is information or opinion that identifies a person or from which a person can reasonably be identified. It includes information such as your name, address, date of birth, contact details and emergency contacts.

3. Policy statement

Rural Doctors Foundation is committed to ensuring that all confidential information is treated with respect and that all necessary steps are taken to protect the privacy of individuals.

4. Principles

Rural Doctors Foundation is guided by the following principles:

Information is collected only if it is helpful to the individual in ensuring our communication and service is appropriate, relevant and timely. It may include name, date of birth, address and other contact details such as telephone numbers and email address.

4.1 Supporters of Rural Doctors Foundation

When donating or registering for an event that requires payment, additional personal information is collected and may include donation history, and payment information including credit card or banking details. This information is collected to provide receipts and to seek ongoing support

for the Foundation. This information is used to issue tax-deductible receipts.

Individuals can elect to opt out of communications from Rural Doctors Foundation and this request will be respected.

4.2 Workers

Rural Doctors Foundation may collect personal information when recruiting staff or volunteers to process information for the purpose of assessing an application. We will collect information from third parties, including referees, to determine a candidate's suitability for employment or volunteering. When conducting reference checks, it is considered that the candidate has given consent to collecting information for the purposes of employment or volunteering.

When considering an applicant for employment, Rural Doctors Foundation may collect additional personal information such as date of birth, tax file number, emergency contact details, ABN (if relevant), bank account and superannuation information, visa, passport and licence details (if relevant) and police check details.

4.3 Other individuals

Rural Doctors Foundation may collect information about individuals or organisations on a commercial basis such as suppliers and contractors from which goods and services are acquired. Personal information including name, position, contact details, licence or registration number, ABN, bank details and other information relevant to the capacity in which you are dealing with Rural Doctors Foundation may be collected.

4.4 Social Networking

Rural Doctors Foundation use social networking services such as Twitter, Facebook, LinkedIn, and YouTube to communicate. Social networking services handle personal information for its own purposes. These services have their own privacy policies and Rural Doctors Foundation cannot accept responsibility for their privacy policies but will advise of their availability as required.

Rural Doctors Foundation web servers automatically log information such as server address, date and time of visit and web pages accessed. No personal information is recorded. These logs are used for website management and improvement. People can generally visit our website without revealing who they are or providing any personal information. Rural Doctors Foundation will not collect any personally identifiable information about visitors to our website, except when visitors take steps to provide personal information to us, for example, when submitting an enquiry. Information provided through our website will be collected, held, used and disclosed

in accordance with this Privacy Policy.

It should be noted the internet is not always a secure method of transmitting information. Whilst Rural Doctors Foundation will take reasonable steps to ensure that information is maintained securely, it cannot ensure that communications conducted via the internet will be secure.

Rural Doctors Foundation is committed to not disclosing personal or sensitive information for any other purpose without first seeking consent, unless authorised or required by law or for any other purposes as expressed in the Privacy Act.

4.5 Storing of personal information

Rural Doctors Foundation holds personal information in paper-based and electronic records systems. Personal information may be collected in paper-based documents and converted to electronic form for storage (with the original paper-based documents either archived or securely destroyed). Information held in paper-based form is securely stored at the offices of Rural Doctors Foundation or in the case of archived records, at a local external storage facility under a commercial contract with best practice security, retention, destruction, and data protection provisions.

Rural Doctors Foundation uses physical security and other measures to protect personal information from misuse, interference and loss, and from unauthorised access, modification and disclosure. Information held in electronic form is held on servers located in Australia either under our direct control or under the control of contracted cloud service providers adhering to best practice data security standards. Rural Doctors Foundation uses physical security, password protection and other measures to protect personal information from misuse, interference and loss and from unauthorised access, modification and disclosure.

Individuals (or legally authorised representative) are generally entitled to access the personal information held under the Australian Privacy Principles 12 and 13, except where access can or must be denied or limited by the Privacy Act. Proof of identification will be required.

4.6 Notifiable Data Breaches

If Rural Doctors Foundation determines that personal information has been accessed without permission, acquired, used or disclosed in a manner which compromises the security of the personal information, Rural Doctors Foundation will assess the risk to affected parties in accordance with the Privacy Act. If it is determined that a breach would be likely to result in harm to an individual, all potentially impacted

individuals and the Office of the Australian Information Commissioner (OAIC) will be notified. The notification will provide advice on the steps Rural Doctors Foundation has taken with recommendations about the steps individuals should take in response to the breach.

5. Related documents

This policy must be read in conjunction with, and not limited to the documents below.

- Code of Ethics
- Database Policy.

6. Responsibility and policy owner

The owner of this policy is the Chair. The owner is responsible for implementing the policy and achieving the desired outcomes.

3.18 Database policy

1. Purpose

The purpose of this policy is to protect the information of supporters and their donation/s. It conforms to the Privacy Act 2020 and the Code of Conduct of the fundraising industry.

2. Scope

This policy applies to all Workers understanding that donation income is centrally processed within the administration office by approved Workers with access to the CRM database.

A Worker is **a person who carries out work in any capacity** for Rural Doctors Foundation including any of the following: an employee, a contractor or subcontractor or an employee of a contractor or subcontractor.

It also covers our Volunteers. Under the WHS Act, **volunteers are considered Workers if they carry out work in any capacity for Rural Doctors Foundation.**

This document outlines the approval process for obtaining access to the CRM database and provides guidelines on use.

3. Policy statement

Rural Doctors Foundation uses a centralised Customer Relationship Management (CRM) database linked to a secure payment gateway. It provides an efficient and effective way to identify and account for donations. Our policy is to ensure the personal and financial information of our supporters is protected and treated with respect and confidentiality.

4. Principles

4.1 Access to the CRM database

To ensure proper maintenance of quality and integrity of the CRM database, the Chief Executive Officer will approve and manage access. Access will be limited to those who have a specific role relating to fundraising and donor support.

4.2 Administrator access

Only those approved will have administrator and management responsibility for the CRM database with the ability to create and remove users from the database. Only the Chief Executive Officer can approve access rights to the CRM. Implementation of business rules and data consistency will be the responsibility of Fundraising Manager supported by the Executive Assistant.

4.3 Level of user access

Only those approved by the Chief Executive Officer will have access to input data and run reports. Access will be provided and limited to those with a direct need to input or extract information from the database. Reports can be run by those with authorised access for those requiring information but do not have a need for direct access.

4.4 Training

Training on the use of the CRM database will be provided by the Chief Executive Officer or an authorised representative of the CRM provider. The levels of access and rules governing the use of the database will be outlined in this training session. Any breach of the conditions of use may result in access being revoked, at the recommendation of the Chief Executive

Officer or Chair.

4.5 System infrastructure

The CRM is a cloud-based system that runs under HTTPs. Logs of activity are kept, and all data is encrypted. Access to the system is online and security protocols are in line with the systems set up by our IT provider.

The data contained within the CRM is the property of Rural Doctors Foundation.

Our IT provider, on behalf of Rural Doctors Foundation, will manage the server that holds the supporter data. Our IT provider will be responsible for SQL server maintenance, backup, security, update and upgrade.

4.6 Security of user passwords

It is the responsibility of all CRM users to ensure that:

- passwords are not divulged to anyone within or outside Rural Doctors Foundation, without express permission of the Chief Executive Officer
- passwords are not an easily recognised word and must include a capital letter, symbol and number
- passwords are not written down in an easily found place.

All CRM database users must be aware of their responsibilities and ensure they comply with the policy and procedure.

4.7 IT support

It is the responsibility of all CRM database users to ensure that they contact either the CRM provider or the IT Helpdesk whenever they have a database related request or issue.

5. Related documents

This policy must be read in conjunction with, and not limited to the documents below.

- Privacy Policy
- Code of Ethics
- Naming Conventions.

6. Responsibility and policy owner

The policy owner is the Chief Executive Officer. The owner is responsible for implementing the policy and achieving the desired outcomes.

Human Resources Policies

3.19 Recruitment Policy

1. Purpose

This recruitment policy provides managers with a framework for ensuring the most capable and suitable applicants are appointed to Rural Doctors Foundation. The policy supports our best-practice approach to recruitment, and ensures a fair, equitable and efficient engagement process.

2. Scope

This policy applies to all potential employees, volunteers, student placements and interns. All persons mentioned in the scope will be referred to throughout the policy as “applicants”.

3. Policy statement

Rural Doctors Foundation encourages diversity and aim to be flexible in our recruitment processes to accommodate the specific needs of applicants, including those from different cultural backgrounds, including Aboriginal and Torres Strait Islander people and/or people with disability.

Rural Doctors Foundation is committed to ensuring a proactive approach to meeting compliance requirements. Prior to commencement of duties, satisfactory clearance from a National criminal history record check is required for all employees.

All checks shall be renewed as mandated by legislative requirements.

4. Principles

Rural Doctors Foundation is committed to acquiring the best and most suitable applicants who match the competencies and requirements of the positions advertised. The principles which guide this commitment are as follows:

Rural Doctors Foundation will ensure that:

- selection to the organisation is based on merit and suitability. Consideration will be given to those from rural backgrounds
- approval of engagement is governed by the Rural Doctors Foundation Chart of Delegations
- recruitment at Rural Doctors Foundation must reflect Equal Employment Opportunity principles (E.E.O.) and fair employment practice
- all information received will be treated in confidence according to Rural Doctors Foundation’s Privacy policy

- where a probationary period is required, it will allow sufficient time to determine the suitability of the applicant for both the position and organisation, assess their capacity to perform the tasks required to the standard expected, and be mindful of legal considerations

Hiring Managers shall ensure that:

- position descriptions for Rural Doctors Foundation positions must accurately reflect relevant information concerning duties, responsibilities, requirements and selection criteria
- all advertisements, position descriptions/ statements will be truthful and provide information to enable applicants to make an informed decision about their suitability for the role
- interviews, reference checks and evaluations will be conducted in a respectful and warm manner acknowledging the time involved and personal circumstances of each applicant/referee
- all people engaging with Rural Doctors Foundation display characteristics that align with our values, by conducting the relevant screening checks, inclusive of considerations of disclosures regarding professional misconduct and obtaining up-to-date information from a minimum of two current (or most recent) role-relevant referees and other appropriate sources
- all contracted workers are suitably qualified, have been appropriately screened and are of good character
- potential conflicts of interest are clearly identified
- if not already in place, the cost of National criminal history record checks will be funded by Rural Doctors Foundation
- contracting agencies are responsible for organising and funding their own screening and risk assessments
- a risk assessment is conducted where an applicant’s Criminal record check has returned a result of disclosable court outcomes before proceeding to appointment. Depending on the nature of the offence, Rural Doctors Foundation may determine not to proceed further in the recruitment process
- recruitment and related practices are carried out free from any form of favouritism, nepotism or discrimination

Rural Doctors Foundation will monitor and evaluate its performance in recruitment and selection by reference to:

- successful engagement with the Employee Contribution and Development plan
- staff retention rates
- trends in tenure, hours of service and performance satisfaction

5. Related documents

This policy should be read in conjunction with, and not limited to the documents below.

- Chart of Delegations
- Privacy Policy
- Recruitment Information Kit
- Recruitment Checklist
- Induction Policy
- Position Description template
- Responsibility and policy owner

The policy owner is the Chief Executive Officer. The owner is responsible for implementing the policy and achieving the desired outcomes.

3.20 Induction policy

1. Purpose

This policy defines the Rural Doctors Foundation’s commitment to provide appropriate and relevant induction to the organisation.

2. Scope

This policy applies to all Workers. A Worker is **a person who carries out work in any capacity** for Rural Doctors Foundation including any of the following: an employee, a contractor or subcontractor or an employee of a contractor or subcontractor.

It also covers our Volunteers. Under the WHS Act, **volunteers are considered Workers if they carry out work in any capacity for Rural Doctors Foundation.**

All Workers (including Volunteers) who carry out work for Rural Doctors Foundation are required to take reasonable care for their own health and safety and not to create risks to others or to the organisation.

3. Policy statement

Rural Doctors Foundation is committed to ensuring all Workers are welcomed to the Foundation in a professional manner in line with the values of the organisation.

We will ensure that all new employees and volunteers are systematically introduced to their roles, co-workers, Members and the organisation, and are provided with the information and tools required to perform the duties of their new role.

4. Principles

A robust and supportive induction process will be achieved by:

- providing an induction kit to all new Workers and a personalised schedule for the induction period
- ensuring regular and timely meetings are set up during the initial period of employment or volunteering to address any questions or concerns
- ensuring access to all tools including logins is provided
- welcoming new Workers and familiarising them with the purpose and function of the Foundation, including an introduction to our values and relevant policies and procedures
- providing information on our strategic priorities, business plan and goals, health and safety information
- providing an overview of the programs offered by the Foundation and how their role may contribute to the delivery

- ensuring any questions relating to conditions of employment are addressed and that any required arrangements are set up in a timely and professional manner
- providing information to enable new staff to perform their job responsibilities and assist with workplace adjustment
- setting up an ongoing support meeting with their manager following the completion of induction
- encouraging commitment to the purpose and values of the Foundation.

Managers/supervisors are responsible for:

- ensuring new Workers are inducted in accordance with this policy and supporting documents
- ensuring Workers are allocated sufficient time within their workload allocation to participate in and complete all induction processes
- ensuring any relevant paperwork is filed in the Employees Online folder.

5. Related documents

This policy should be read in conjunction with, and not limited to the documents below.

- Induction Kit
- Induction Checklist
- Induction schedule
- All relevant HR policies and procedures.

6. Responsibility and policy owner

The policy owner is the Chief Executive Officer. The owner is responsible for implementing the policy and achieving the desired outcomes.

3.21 Remuneration and Benefits policy

1. Purpose

The Remuneration and benefits policy provides staff and managers with a framework for ensuring appropriate practices are in place when setting remuneration levels, conducting payroll processes, and implementing and following reward and recognition strategies.

The policy assists in ensuring Rural Doctors Foundation can best attract and retain skilled, qualified, and motivated individuals.

2. Scope

The policy applies to all employees within Rural Doctors Foundation. It covers both payroll and benefits.

3. Policy statement

Rural Doctors Foundation is committed to attracting and retaining professional, competent, and skilled staff. This policy has been developed to support this aim and ensure fairness in remuneration and benefits decisions.

Rural Doctors Foundation shall strive to:

- fulfil its obligation by paying employees accurately and in a timely manner
- ensure employees are fairly and equitably remunerated for their work
- recover any overpayments in accordance with procedures
- encourage and recognise high performance and value the contributions of its employees
- manage employee leave entitlements to mutual benefit of staff and Foundation
- meet the needs of the organisation's business and strategic objectives
- comply with relevant legislation and obligations
- reinforce and uphold the values of Rural Doctors Foundation.

4. Principles

Principles underpinning this policy aim to ensure that remuneration, benefits, reward, and recognition will be:

- sufficient to attract, retain, and engage high performing employees
- fair and reasonable payment for "whole of job" contribution
- sufficiently flexible to compete effectively in the market, whilst being financially sustainable
- internally equitable and consistently applied
- appropriately transparent and clearly communicated.

4.1 Conditions of employment

Conditions of employment are outlined in the letter of offer for each employee. For those employed under an award, all conditions of the award will apply. For non-award employees, conditions of employment are in line with Fair Work Australia.

4.2 Payroll processing

Payroll is run every second Wednesday and funds are generally available in the employee's bank account on the Thursday. Funds from salary packaging can sometimes take a little longer but are generally available no later than Friday.

Payroll slips are emailed to employees no later than five working days after the payment has been made. Payroll slips include details of payments made and include updated leave entitlements. Leave entitlements are accrued in line with conditions of employment.

4.3 Personal and bank details

It is the responsibility of the employee to inform the Executive Assistant of any discrepancies with their pay or any changes to their personal or banking details. Rural Doctors Foundation will ensure such details are held in a secure environment and treated confidentially.

4.4 Group Certificates

Group Certificates will be available via the MyGov portal within 30 days from the end of the financial year. Any discrepancies should be reported to the Executive Assistant.

4.5 Salary reviews

For award-based employees, salary increases will be in line with award recommendations. For non-award-based employees, salary reviews are conducted at anniversary of service. Salary increases are at CPI + 1%. At the discretion of the Executive Committee, up to an additional 5% can be applied for employees that meet or exceed expectations.

4.6 Superannuation

Superannuation is currently paid at 10.5% and will increase in line with government regulations up to 2025. Superannuation is paid monthly, and employees have the flexibility to select their preferred superannuation provider. Self-managed super funds are also catered for.

4.7 Salary Packaging

As Rural Doctors Foundation is a registered health charity, employees are provided with the option to salary package a component of their salary. This is managed by Salary Packaging Plus. Employees are encouraged to take advantage of this benefit. Seeking advice from their financial advisor is recommended to ensure salary packaging is appropriate for their personal circumstances.

4.8 Motor vehicle use allowance

Where an employee uses their personal vehicle for organisational purposes (other than travel to and from work), they are entitled to claim the cost of this travel. This cost is calculated in line with the guidelines provided by the Australian Taxation Office.

Such expenses will be submitted via an Expense Claim form for approval by the Chief Executive Officer.

4.9 Mobile phone allowance

A mobile phone or phone allowance may be offered to an employee as part of their employment conditions. For those where it is not part of their employment contract, and it is found that extensive use of their mobile is required for them to fulfil their role, an allowance may be provided. This is at discretion of the Chief Executive Officer in consultation with the Chair.

5. Related documents

This policy should be read in conjunction with, and not limited to the list of documents below.

- Privacy Policy
- Chart of Delegations
- Responsibility and policy owner

The policy owner is the Chair. The owner is responsible for implementing the policy and achieving the desired outcomes.

3.22 Training and Development policy

1. Purpose

The Working from home policy provides a framework where an employee may be authorised to complete some of their duties from their home.

2. Scope

The policy applies to employees who are working from home. Employees unable to complete their required work at their workplace (whether home or office) due to medical or personal reasons should apply for personal leave.

An employee is deemed "working from home" for the purposes of this policy if they are conducting Rural Doctors Foundation business from their home for some or all of their working day.

An employee who travels from their home to conduct Rural Doctors Foundation business at an alternative site other than their main workplace is not deemed to be working from home for the purposes of this policy.

3. Policy statement

Rural Doctors Foundation provides safe and suitably equipped primary workplaces for our employees. However, individuals may have reason to work from home in situations where this will not adversely impact their work performance. A crisis may also limit or prevent access to the workplace and Rural Doctors Foundation is committed to ensuring our employees can continue to work remotely in a safe and supported environment.

4. Principles and Guidelines

Although Rural Doctors Foundation provides a suitably equipped primary workplace, Rural Doctors Foundation will provide additional home office equipment for employees if the home workspace does not meet WHS standards.

Employees should obtain financial advice in relation to taxation implications of working from home. Working from home is not provided as a right in Position Descriptions or Letters of Offer.

4.1 Responsibilities of Rural Doctors Foundation

Rural Doctors Foundation has the primary duty of care and must do what is reasonably practicable to ensure the health and safety of their employees, including when allowing employees to work from their home.

Prior to approving working from home, the manager will discuss with their employee as necessary:

- how the employee will maintain effective working relationships with their colleagues, Board members and business partners
- how the work will be performed – demonstrate they have the required home workspace, necessary equipment, access to working files and connectivity
- how confidentiality will be maintained for any sensitive information
- how the employee is to notify Rural Doctors Foundation of any incidents, injuries or hazards
- how supervision can be provided and how work performance can be measured and reported.

4.2 Responsibilities of employees

An employee has an obligation to take care of their own health and safety and follow health and safety policies, procedures and instructions. This includes:

- completing the Working from Home Checklist and informing their manager of any issues with non-compliance
- following procedures about how the work is performed
- following instruction on how to use the equipment provided by the workplace
- maintaining a safe work environment (for example moving furniture to allow adequate workspace and providing adequate lighting, repairing broken steps)
- keeping their equipment safe, well maintained and in good order
- looking after their own in-home safety (for example maintaining electrical equipment and installing and maintaining smoke alarms)
- reporting changes that may affect their health and safety when working from home.

An employee working from home must be available to be contacted during their normal work hours. This may include contact from their manager, colleagues, Board members, or other stakeholders. Managers should ensure regular communication occurs with any employee who is working from home.

Working from home should not impact the ability of employees to attend key meetings except in crisis situations.

Rural Doctors Foundation may decline working from home access where there are reasonable business grounds to do so. We may also rescind authorisation at any time including at the end of a crisis period.

4.3 Crisis periods

The crisis provisions of this policy may be utilised during a crisis period. The Chief Executive Officer, in consultation with the Chair, determines the commencement and conclusion of a crisis period.

During a crisis period:

- Rural Doctors Foundation may request identified employees to work from home
- Any number of days may be approved as working from home.

4.4 Workers compensation and rehabilitation

Injuries sustained while working from home are compensable if the injury arises out of or in the course of your employment, and the employment was a significant contributing factor to the injury.

Injuries sustained while on a recess break from work are also compensable, if the injury is not caused through voluntarily subjecting yourself to an abnormal risk of injury during the recess.

5. Related documents

This policy should be read in conjunction with, and not limited to the documents below.

- Code of Ethics
- Work Health and Safety Policy
- Working from Home Checklist.

6. Responsibility and policy owner

The policy owner is the Chief Executive Officer. The owner is responsible for implementing the policy and achieving the desired outcomes.

3.23 Annual leave policy

1. Purpose

Rural Doctors Foundation supports a culture of balance and encourages all employees to utilise their annual leave throughout each year. The purpose of the annual leave policy is for each employee to have regular and adequate rest from his or her employment.

2. Scope

This policy applies to all permanent and fixed term full-time and part-time employees.

3. Policy statement

Annual leave is cumulative and accrues as follows:

- full-time employees are entitled to four weeks annual leave per year, in line with the National Employment Standard: annual leave is accrued on an hourly basis (In some awards or agreements, an entitlement greater than four weeks is provided, for example, under certain shift arrangements.)
- part-time employees are entitled to annual leave on a pro-rata basis according to the number of hours they work each year.

1.1 Application conditions

Applications for annual leave must be approved in advance by the employee's manager. Employees may apply to take annual leave once the leave has accrued. Applications for annual leave may only be made up to 12 months in advance.

In exceptional circumstances, should employees receive annual leave in advance (up to a maximum of one (1) week only), Rural Doctors Foundation reserves the right to recover it against future accruals or in the employee's final payment upon termination.

1.2 Taking annual leave

Annual leave is to be taken at a mutually convenient time for the employee and Rural Doctors Foundation.

1.3 Recording of annual leave

All requests for annual leave must be made via the "Leave Form" located on the Rural Doctors Foundation server.

1.4 Annual leave at resignation

Employees are not entitled to take their annual leave in lieu of notice. Any accrued annual leave entitlement that has not been taken at the time of the employee's resignation will be paid in full to the employee in their final pay. Any annual leave that has been 'advanced' and not fully accrued at the time of resignation shall be repaid to Rural Doctors Foundation by the employee.

1.5 Excessive annual leave balances

Rural Doctors Foundation recommends employees take annual leave each year to ensure regular and adequate breaks to maintain individual and workplace health and wellbeing. Annual leave balances for individual employees should, therefore, not exceed eight weeks. Any leave balances over eight weeks will be highlighted to the Board.

1.6 Cashing out of annual leave

Employees may “cash out” part of their annual leave. The following applies:

- the employee must retain an entitlement to at least four weeks paid annual leave
- there must be a separate agreement in writing on each occasion
- the maximum amount which can be cashed out in a 12-month period is two weeks.

4. Principles

Rural Doctors Foundation supports a culture of balance and encourages all employees to utilise their annual leave throughout each year. The principles which guide his commitment are as follows:

- leave accrual balances are noted on employee fortnightly payslips
- employees with an accumulated balance of greater than eight weeks may be directed to take their accrued annual leave balance
- such a direction must not:
 - result in the employee having less than six weeks accrued entitlement remaining
 - require the employee to take any period of leave of less than one week
 - require the employee to take any period of leave commencing less than eight weeks or more than 12 months after the day the direction is given; and/or
 - be inconsistent with any leave arrangement agreed between the employer and employee
- employees should be aware that Rural Doctors Foundation may require them to:
 - change their annual leave dates in line with business and resourcing requirements
 - take annual leave during the Christmas/New Year office shutdown
- Rural Doctors Foundation will provide the employee with at least one month's notice of the requirement to take leave.

5. Related documents

This policy should be read in conjunction with, and not limited to the documents below.

- Remuneration and Benefits Policy
- Leave Form.

6. Responsibility and policy owner

The policy owner is the Chief Executive Officer. The owner is responsible for implementing the policy and achieving the desired outcomes.

3.24 Time in Lieu policy

1. Purpose

The purpose of this policy is to ensure that all employees understand time in lieu arrangements for Rural Doctors Foundation and that all employees are treated fairly and consistently.

2. Scope

This policy applies to all permanent and fixed term full-time and part-time employees.

3. Policy statement

The physical and mental health of our employees is a priority for Rural Doctors Foundation. We will work to ensure that work/life balance is maintained for all employees. To protect this work/life balance, time off in lieu of paid overtime is an option to employees who are **required to work hours beyond their normal contractually agreed weekly hours**. This arrangement is designed to ensure that an employee is not working excessive hours and is able to maintain good physical and mental health.

4. Principles

Time in lieu can be accrued and taken only with the prior approval of the Chief Executive Officer in writing, or in the case of the Chief Executive Officer, approval must be sought by the Chair. If employees choose to work additional hours without prior approval, they may not be eligible to make a request for time in lieu.

Time in lieu is recorded on the timesheet and is updated within 5 working days of time being accrued or taken.

The Chief Executive Officer shall ensure that the use of time in lieu is not excessive and does not expose the Foundation to staff shortages.

The following principles also apply:

- Time in lieu must be taken within six months of the additional hours being worked and must be taken in the financial year in which it is accrued unless specific approval is granted
- Employees can be asked to work “reasonable additional hours” and employees can refuse if “unreasonable” for them
- Time in lieu is by agreement. The employer can refuse if deemed as unreasonable. The employee can also refuse to work additional hours if deemed unreasonable
- If employment comes to an end, the time in lieu or overtime must be paid out to the employees in line with their employment agreement
- The minimum amount of time worked in one instance for time in lieu to apply must be of 3 hours or more
- Any time in lieu balances exceeding 10 working days must be communicated to the Board.

5. Related documents

This policy should be read in conjunction with, and not limited to the list of documents below.

- Annual Leave Policy
- Timesheet
- Code of Ethics.

6. Responsibility and policy owner

The policy owner is the Chief Executive Officer. The owner is responsible for implementing the policy and achieving the desired outcomes.

3.25 Volunteers policy

1. Purpose

To give direction and guidance for Rural Doctors Foundation staff supervising and managing volunteers including support, opportunities and expectations of volunteers.

2. Scope

This policy applies to all managers and supervisors who work with volunteers and all volunteers within Rural Doctors Foundation.

3. Policy statement

Rural Doctors Foundation recognises the value and importance of volunteering as one of the key components of a positive and cohesive community and the significant benefits, including personal development and improved health and wellbeing for those involved in volunteering.

Rural Doctors Foundation believes active volunteer participation in our community fosters a strong, harmonious and inclusive society, strengthens partnerships and provides opportunities for people to learn and feel part of something meaningful.

4. Principles

Rural Doctors Foundation will provide:

- appropriate support and direction in relation to tasks volunteers are performing
- activities that preserve the nature and intent of volunteering
- acknowledgement of the volunteer's contribution
- personal accident and public liability cover for all volunteers as required
- induction and training for volunteers to ensure they are comfortable and competent to carry out what is being asked of them
- safe volunteering environment
- information about the rights and responsibilities of volunteers
- training for staff managing volunteers
- satisfying and suitable assignments with due consideration to the personal preference and motivation of the volunteer.

Rural Doctors Foundation expects volunteers will:

- affirm the Rural Doctors Foundation Vision, Purpose and Values statement
- comply with Rural Doctors Foundation policies and procedures
- provide service without expectation of reward or remuneration
- sign the Volunteer Application and Agreement Form.
- Provide details of their police check and appropriate background, in accordance with the Rural Doctors Foundation Recruitment policy.
- Undertake a reference check if it is felt appropriate, prior to volunteer service commencing.

4.1 Frequency of volunteer service

- Individual volunteer service hours at a program should average no more than 16 hours a week. This is to preserve the volunteer nature and intent of the service.
- These hours may be exceeded for special events (for example health checks) but must be limited to a specified period.

4.2 Out of pocket expenses & honorariums

- Rural Doctors Foundation will not provide goods, services or payments for volunteer service other than agreed actual out of pocket expenses
- Reimbursements will be made only from actual out of pocket expenses with an accompanying receipt featuring an ABN number. Standard payments should be avoided so they are not misconstrued as an honorarium
- Honorariums must not be paid
- Chief Executive Officer has discretion on all out-of-pocket expense decisions.

4.3 Appreciation of service

- Rural Doctors Foundation provides certificates to appreciate the contribution of volunteers.

5. Related documents

This policy should be read in conjunction with, and not limited to the documents below.

- Volunteer Information Kit
- Volunteer Application and Agreement Form.
- Recruitment policy
- Induction Kit
- Induction Checklist
- Induction schedule.

6. Responsibility and policy owner

The owner of this policy is the Chief Executive Officer. The owner is responsible for implementing the policy and achieving the desired outcomes.

3.26 Bullying & harassment policy

1. Purpose

This policy sets down the relevant definitions, underpinning principles and the Rural Doctors Foundation's commitment to eliminating harassment, bullying and unlawful discrimination within the workplace or at any event connected with the Foundation.

2. Scope

This policy applies to all Rural Doctors Foundation Workers. A Worker is **a person who carries out work in any capacity** for Rural Doctors Foundation including any of the following: an employee, a contractor or subcontractor or an employee of a contractor or subcontractor.

It also covers our Volunteers. Under the WHS Act, **volunteers are considered Workers if they carry out work in any capacity for Rural Doctors Foundation.**

All Workers (including Volunteers) who carry out work for Rural Doctors Foundation are required to take reasonable care for their own health and safety and not to create risks to others or to the organisation.

This policy applies to any conduct that in the reasonable opinion of the Foundation is connected to the Foundation including conduct that:

- occurs on, or in connection to, premises leased by Rural Doctors Foundation
- takes place at or in connection to any Foundation related function, conference or event
- involves any form of contact or communication, whether initiated in person, by phone, fax, cameras, social networking or media, email, SMS communication or any other means
- occurs in connection with the employment or volunteering of any person associated with the Foundation.

3. Policy statement

Rural Doctors Foundation is committed to ensuring all Workers are treated fairly and with dignity and respect. An important part of this commitment is providing a working environment free from harassment, bullying and unlawful discrimination, thereby laying the foundation for a productive and positive workplace.

Breaches of this policy will be treated seriously and dealt with under the relevant policies or legislation.

4. Definitions

4.1 Harassment

Harassment is unwelcome behaviour that intimidates, offends or humiliates an individual, or group of people, on the basis of race, colour, sex, age, sexual orientation, disability or other attribute protected by any state of federal anti-discrimination legislation.

Harassment, including sexual harassment, is determined by reference to the nature and consequences of the

behaviour, not the intent of the initiator, and occurs in circumstances where a reasonable person would have expected the behaviour to be offensive, humiliating or intimidating.

Harassment may be repeated or a one-off incident.

Harassment includes but is not limited to:

- telling insulting jokes about racial groups
- verbal abuse or comments that put down or stereotype certain groups
- personal insults, comments, name calling or innuendo
- offensive communications including digital communications such as Facebook, Twitter and e-mails
- making derogatory comments or taunts about a person's disability.

4.2 Sexual Harassment

Sexual harassment is unwelcome, unwanted or uninvited behaviour of a sexual nature which makes a person feel offended, humiliated and/or intimidated and where that reaction is reasonable in the circumstances. Some forms of sexual harassment including sexual assault, indecent exposure, stalking and obscene communications may constitute a criminal offence.

The Commonwealth Sex Discrimination Act 1984 and the Queensland Anti-Discrimination Act 1991 declare sexual harassment to be unlawful.

Sexual harassment includes but is not limited to:

- physical contact - e.g. touching, patting, pinching, kissing or embracing someone, deliberately brushing up against someone, sexual assault and rape;
- verbal comments - e.g. insults or taunts of a sexual nature, offensive jokes, suggestive comments about someone's appearance or body, persistently inviting someone out, intrusive questions about a person's private life, requests for sexual favours; and
- nonverbal actions - e.g. leers, stares, displays of sexually explicit material such as posters, magazines or screen savers, offensive body and hand movements, sending sexually explicit emails or text messages, suggestive letters and drawings, including email, indecent exposure, stalking, and inappropriate advances on social networking sites.

Sexual harassment is not behaviour which is based on mutual attraction, friendship, or respect. If the interaction is consensual, welcomed and reciprocated it is not sexual harassment. However, relationships may change and behaviour that was previously consensual and welcome, may become sexual harassment if it is non-consensual, unwelcome, and not reciprocated.

4.3 Bullying

Bullying is defined as repeated and unreasonable behaviour directed towards a person or a group of persons that creates a risk to health and safety.

Unreasonable behaviour includes behaviour that is victimising, humiliating, intimidating, or threatening. Whether a behaviour is unreasonable can depend on whether a reasonable person might see the behaviour as unreasonable in the circumstances.

Bullying can be overt or covert. Examples of behaviour that may be bullying if they are repeated, unreasonable and create a risk to health and safety include:

- physical or verbal abuse
- yelling, screaming or offensive language
- unjustified criticism or complaints
- intimidation
- psychological harassment
- deliberately excluding or isolating employees from workplace activities
- withholding information that is vital for effective work performance
- setting unreasonable timelines or constantly changing deadlines
- setting tasks that are unreasonably below or beyond a person's skill level
- denying access to information, supervision, consultation or resources such that it has a detriment to a worker
- spreading misinformation or malicious rumours
- changing work arrangements, such as rosters and leave, to deliberately inconvenience a particular worker/workers
- excessive scrutiny at work.

Bullying does not include a single incident of unreasonable behaviour or where reasonable management action taken in a reasonable way, including but not limited to:

- setting reasonable performance goals, standards and deadlines
- rostering and allocating working hours where the requirements are reasonable
- transferring an employee for operational reasons
- deciding not to select a worker for promotion where a fair and transparent process has been followed
- informing a person about unsatisfactory performance when undertaken in a reasonable manner and/or in accordance with relevant policies and procedures
- informing a person about inappropriate behaviour in an objective and confidential way
- implementing organisational changes or restructuring
- disciplinary action where appropriate.

Workplace conflict, including differences of opinion and disagreements, are generally not workplace bullying. People can have differences and disagreements without engaging in repeated, unreasonable behaviour that creates a risk to health and safety. However, in some cases, conflict may escalate to the point where it becomes workplace bullying. It is therefore important that conflict is not ignored and, where possible, resolved to avoid escalation.

4.4 Discrimination

Discrimination occurs when a person is treated less favourably than another person because of certain attributes (direct discrimination), or when a requirement that is the same for everyone has an unfair effect on some people because of a defined attribute (indirect discrimination). Under federal and state laws, it is against the law to discriminate against people, in various areas of public life because of their:

- race
- colour
- sex
- sexual orientation, gender identity or intersex status
- pregnancy
- age
- marital status
- physical or mental disability
- family or carers' responsibilities
- religion
- political opinion
- national extraction
- social origin
- any other attribute defined in state or federal legislation.

It is also against the law to treat people unfairly, or harass them, because of the age, disability, carers' responsibilities, homosexuality, marital status, race, sex or transgender status of any relative, friend or colleague.

4.5 Vilification

Vilification is a public act that could incite or encourage hatred, serious contempt or severe ridicule towards people because of their race, colour, national origin, sexual orientation, transgender status, religion, HIV/AIDS status or disability.

5. Principles

Harassment (including sexual harassment), bullying, vilification and unlawful discrimination by any Worker associated with Rural Doctors Foundation is unacceptable and contrary to policy.

Harassment, bullying, vilification and unlawful discrimination may:

- create an intimidating hostile, offensive or distressing work environment
- adversely affect the health and performance of a person or groups of employees
- lead to increased absenteeism, reduced employee productivity and motivation
- result in the loss of experienced and skilled employees through resignation
- adversely affect a person's recruitment, level of appointment, promotion and progression opportunities
- adversely reflect on the integrity and standing of the Foundation
- increase the risk of the Foundation University as an employer and a charity to be exposed as being vicariously liable.

The Foundation expects all Workers to ensure their behaviour meets appropriate standards and contributes to a productive workplace.

The Work Health and Safety Act 2011 imposes an obligation on all Workers to take reasonable care for their own health and safety, and to take reasonable care that their acts or omissions do not adversely affect the health and safety of others, including through incidents of harassment, bullying and unlawful discrimination.

All Workers of Rural Doctors Foundation have:

- a right to work in an environment free from bullying, harassment, vilification and discrimination
- a responsibility to ensure their behaviour does not constitute, or encourage, bullying, harassment, vilification or discrimination
- a right to make a complaint of bullying, harassment, vilification and discrimination, providing that the complaint is not vexatious or frivolous.

Managers, including those who supervise volunteers, have additional responsibilities including:

- ensuring this Policy is adhered to
- ensuring that acceptable standards of conduct are always observed, including a zero tolerance of any behaviour that may constitute bullying, harassment, vilification or discrimination
- taking early corrective action to deal with behaviour that may be inappropriate, offensive or intimidating, even if a complaint has not been made

- providing appropriate support and/or referral for Workers or members of the community.

The Foundation strongly encourages the reporting of incidents of bullying, harassment, and discrimination as a means of identifying and eliminating this behaviour from our work and learning environment.

5.1 Resolution Options

If a person feels they have been bullied, harassed, vilified or discriminated against, they may consider:

- talking to the person directly – Only if they feel able, safe and confident to do so, speak directly to the person involved and advise that their behaviour is unacceptable and must stop
- seeking advice and/or support – Speaking to Chief Executive Officer or Chair to assist in exploring resolution options
- making a complaint – You can make a complaint and all reports and complaints of harassment, bullying, vilification and unlawful discrimination will be treated seriously and dealt with promptly, impartially and confidentially.

Complaints will be handled in accordance with:

Complaints may also be referred to an external body, such as the Anti-Discrimination Board the Australian Human Rights Commission or the Fair Work Commission, if there is not a resolution.

The Foundation expects that any complaint of harassment, bullying or discrimination is made in good faith. The Foundation may consider disciplinary action if a complaint is found to be frivolous or vexatious.

In cases of assault, sexual assault or other behaviour that may constitute a crime, the Foundation may be required to report the incident to police or other relevant authorities.

5.2 Additional Support

Support is available to Workers through the RDAA Employee Assistance Program which provides free, confidential counselling and advice.

6. Related documents

This policy should be read in conjunction with, and not limited to the documents below.

- Code of Ethics
- Complaint Policy

7. Responsibility and policy owner

The policy owner is the Chair. The owner is responsible for implementing the policy and achieving the desired outcomes.

3.27 Termination policy

1. Purpose

This policy articulates the termination obligations of both Rural Doctors Foundation and employees of Rural Doctors Foundation.

2. Scope

This policy applies to all Rural Doctors Foundation Workers. A Worker is **a person who carries out work in any capacity** for Rural Doctors Foundation including any of the following: an employee, a contractor or subcontractor or an employee of a contractor or subcontractor.

It also covers our Volunteers. Under the WHS Act, **volunteers are considered Workers if they carry out work in any capacity for Rural Doctors Foundation.**

All Workers (including Volunteers) who carry out work for Rural Doctors Foundation are required to take reasonable care for their own health and safety and not to create risks to others or to the organisation.

3. Policy statement

Rural Doctors Foundation is committed to ensuring that all employees of Rural Doctors Foundation are treated fairly and with respect during termination of employment. We endeavour to ensure that all employees leave the organisation in a professional manner, they take with them positive experiences of their time in our employment or volunteering and speak highly of the Foundation once they have left their role.

4. Principles

Rural Doctors Foundation has a range of provisions for termination. Staff may terminate their employment through:

- Resignation; or
- Election to retire (which may be through an early retirement scheme).

A staff member (other than casual) resigning will provide notice period in line with the Fair Work Act 2009.

The Foundation may, in writing, terminate a staff member's employment based on:

- Abandonment of employment
- Redundancy
- Cessation of external funding
- Not meeting conditions of employment during probationary period
- Underperformance
- Misconduct.

Periods of notice and severance payments will apply as specified either as per the Terms of Employment or in line with the Fair Work Act 2009.

The termination of a staff member's employment will be effective from the date at which the notice period expires.

4.1 Resignation or Retirement

An employee must put in writing a notice of their intention to resign or retire, indicating the proposed date of termination. The notice should be submitted to the Chief Executive Officer. If an employee fails to give the required notice, Rural Doctors Foundation may withhold leave entitlements equivalent to the required notice. The Chief Executive Officer will advise acceptance of the resignation in writing to the employee.

4.2 Abandonment of Employment

Absence of an employee more than 5 sequential working days without attempting to inform Rural Doctors Foundation (via the Chief Executive Officer) of a reason, will be considered abandonment of employment, and the employee may be deemed to have resigned.

4.3 Redundancy

As a charity, Rural Doctors Foundation is reliant on funding from supporters to ensure its long-term viability. Such funding may change over time, and this could impact the ability of the Foundation to retain staff. Rural Doctors Foundation is committed to avoiding redundancy wherever possible yet understands this may be required if funding sources change or if the nature of our programs are impacted to an extent, where a role is no longer required.

If redundancy of a role is necessary, the redundancy will be managed with compassion and professionalism. For non-award employees, it will be managed in line with Fair Work guidelines or in the case of Award employees, in line with the conditions of their Award.

4.4 Termination of Probationary Employment

If at any time during the probationary period:

- an employee's progress is considered unsatisfactory; or
- if the employee is not satisfied with the position at Rural Doctors Foundation either the employee or Rural Doctors Foundation may terminate the employment subject to giving of the required notice.

4.5 Termination due to Unsatisfactory Performance or General Misconduct

The Chief Executive Officer may terminate employment due to an employee's unsatisfactory performance or General Misconduct.

General Misconduct is behaviour that is inconsistent with employee obligations or duties; a breach of company policy or procedure; or generally unacceptable or improper behaviour. Examples include unauthorised absences, lateness and bad language.

In the case of the Chief Executive Officer, the Chair in consultation with the Executive Committee may terminate the employment of the Chief Executive Officer due to unsatisfactory performance or General Misconduct.

4.6 Managing unsatisfactory performance or General Misconduct

4.6.1 Counselling

Where the performance of an employee is unsatisfactory, the supervisor will first counsel the employee on the nature of the improvement required and develop measurable strategies for improvement. These strategies will be given no less than four weeks to take effect, having regard to the performance issues to be addressed.

A record of the counsel given will be kept on the employee's file and a copy supplied to the employee.

4.6.2 Formal Advice

If after the agreed time, a supervisor believes the employee has demonstrated improvement in performance the supervisor must advise the employee, in writing, of the following:

- the specific areas of performance that are considered unsatisfactory
- a date proposed for a review of the specific areas of performance
- the availability of resources to assist the employee in improving.

A copy will be kept on the employee's file. The employee shall be entitled to 10 working days from the receipt of the supervisor's written advice to respond. The supervisor must consider any response provided by the employee and do one of the following:

- confirm the notice of unsatisfactory performance
- modify any or all the particulars contained in the previous advice
- withdraw the advice and ensure that no records relating to the advice are kept on the employee's file.

4.6.3 Review

The supervisor will review whether satisfactory improvement in the employee's performance has been made at the date proposed in the last advice. If the supervisor is satisfied that the required improvements have been made, the employee will be advised in writing and no further action taken.

4.6.4 Formal Report

If the supervisor believes that the performance of the employee continues to be unsatisfactory, the supervisor will make a formal report to the Chief Executive Officer or Chair. The report must clearly specify the aspects of performance seen as unsatisfactory, the record of attempts to remedy the problem, and the recommended disciplinary action. The supervisor must also provide the employee with a copy of the report.

Following consideration of the report, Chief Executive Officer together with the Chair may decide to:

- take no further action; or
- take disciplinary action, which may include suspension with or without pay or termination of employment.

The Chief Executive Officer must advise the employee in writing of any decision. Any disciplinary action will take effect no earlier than five working days from the date of the written advice.

If the person demonstrating unsatisfactory performance is the Chief Executive Officer, the matter will follow the procedure above and will be managed by the Chair and the Executive Committee.

If the person demonstrating unsatisfactory performance is a member of the Board, the matter will follow the procedure above and will be managed by the remaining Directors.

If the person demonstrating unsatisfactory performance is a volunteer, the matter will follow the procedure above and will be managed by the Chief Executive Officer and Chair.

4.7 Termination due to Serious Misconduct

Rural Doctors Foundation may terminate without notice the employment of an employee or association of a volunteer found to have engaged in serious misconduct.

The definition of serious misconduct under the Fair Work Regulations 2009 ("the Regulations") expands on the common law definition as including:

- wilful or deliberate behaviour by an employee that is inconsistent with the continuation of the contract of employment; or
- conduct that causes serious and imminent risk to the health and safety of a person or the reputation, viability or profitability of the organisation.

Examples of serious misconduct include:

- theft
- fraud
- assault
- intoxication at work
- refusal to carry out lawful and reasonable instructions.

4.8 Investigating allegations of misconduct

Where an allegation of general misconduct or serious misconduct is made, Rural Doctors Foundation will undertake an initial investigation process to establish whether a complaint can be reasonably substantiated or clarified. The investigation process must be conducted with procedural fairness.

Where an allegation of general misconduct is founded, disciplinary action may include suspension with or without pay or termination of employment.

Where an allegation of serious misconduct is founded, immediate termination without notice is the only course of action.

5. Related documents

This policy should be read in conjunction with, and not limited to the documents below.

- Letter of appointment
- Code of Ethics
- Privacy Policy
- All HR policies and procedures.

6. Responsibility and policy owner

The policy owner is the Chair. The owner is responsible for implementing the policy and achieving the desired outcomes.

3.28 Use of social media policy

1. Purpose

The purpose of this policy is to provide guidelines for Rural Doctors Foundation Workers when engaging on social media using their personal accounts or those who are authorised to represent Rural Doctors Foundation on social media channels.

Social media consists of tools such as websites and applications that allow users to create and share content and to participate in social networking. Commonly used social media tools include but are not limited to Facebook, LinkedIn, Twitter, Instagram, YouTube, forums, and discussion boards.

Communication via social media includes all forms of electronic communication (such as posting, commenting, liking, emojis, reposting) through which users create online communities to share information, ideas, personal messages, and other content (such as videos).

Rural Doctors Foundation has official social media accounts that are used to share information with the public and answer general queries. These include our website, Facebook, LinkedIn, Twitter and YouTube.

2. Scope

The policy applies to all Workers within Rural Doctors Foundation.

A Worker is **a person who carries out work in any capacity** for Rural Doctors Foundation including any of the following: an employee, a contractor or subcontractor or an employee of a contractor or subcontractor.

It also covers our Volunteers. Under the WHS Act, **volunteers are considered Workers if they carry out work in any capacity for Rural Doctors Foundation**

The policy does not relate to worker's personal use of social media where no reference is made to Rural Doctors Foundation and/or such usage has no connection to the workplace or work-related matters.

3. Policy statement

Our policy is that only the Executive Committee and the Chief Executive Officer may provide commentary that is attributable to Rural Doctors Foundation. This is equally true, whether it be in mainstream media, social media, or in other online commentary. When a Worker is participating online or in social media, this policy is applicable for any interactions in which they are directly identified as being part of Rural Doctors Foundation.

Should a Worker be invited to provide online content, address a public gathering or make a presentation relating to Rural Doctors Foundation that will be published or recorded, approval must be provided by the Chair or Chief Executive Officer.

The Chief Executive Officer may authorise a Worker to manage or contribute to our social media activity. Any material created or shared on these accounts must comply with this policy and our Code of Conduct.

Rural Doctors Foundation values the role social media plays in sharing ideas and information and is actively encouraging

participation in social media in support of Rural Doctors Foundation. When communicating via social media, Workers should consider how the communication may:

- be perceived by others
- impact upon Rural Doctors Foundation's brand and reputation
- be interpreted as the organisation's view rather than a personal view
- may potentially lead to civil or criminal liability
- could reasonably be found to be offensive, threatening, discriminatory, defamatory or abusive.

4. Principles

When a Worker is identified as being part of Rural Doctors Foundation, what they do, or say can be attributed to Rural Doctors Foundation. This includes online commentary and social media usage.

A direct identification can occur:

- by name or their email address
- by title, for example on LinkedIn
- by image, if Workers are photographed wearing a Rural Doctors Foundation uniform or in front of a branded display
- by comment, if content created includes the Rural Doctors Foundation name or names any of our programs.

When participating in social media in a personal capacity, Workers must:

- not disclose Rural Doctors Foundation's confidential information, proprietary or sensitive information. Information is considered confidential when it is not readily available to the public
- not communicate anything about Rural Doctors Foundation that might damage our reputation, brand, or interests.

Workers must also ensure their communication:

- is lawful
- is not in breach of any Rural Doctors Foundation policy or procedure
- abides by and aligns with our values and Code of Conduct.

As per Rural Doctors Foundation's Code of Conduct, a breach of this policy may lead to disciplinary action, including termination of employment or engagement and reporting of information to relevant authorities.

5. Related documents

This policy should be read in conjunction with, and not limited to the documents below.

- Code of Ethics
- Media Policy

6. Responsibility and policy owner

The policy owner is the Chair. The owner is responsible for implementing the policy and achieving the desired outcomes.

3.29 Work Health and Safety policy

1. Purpose

The purpose of this Policy is to document the governing principles that will guide Workplace Health & Safety (WHS) management at Rural Doctors Foundation.

2. Scope

This policy applies to all Rural Doctors Foundation Workers. A Worker is **a person who carries out work in any capacity** for Rural Doctors Foundation including any of the following: an employee, a contractor or subcontractor or an employee of a contractor or subcontractor.

It also covers our Volunteers. Under the WHS Act, **volunteers are considered Workers if they carry out work in any capacity for Rural Doctors Foundation.**

All Workers (including Volunteers) who carry out work for Rural Doctors Foundation are required to take reasonable care for their own health and safety and not to create risks to others or to the organisation.

3. Policy statement

Rural Doctors Foundation is committed to complying with the relevant WHS legislation and other relevant safety recommendations including codes of practice and/or Australian Standards.

We are committed to providing our Workers with a healthy and safe environment and will integrate health and safety into all aspects of its operations. A further commitment is to improve workplace health and safety performance across the Foundation to reduce or eliminate workplace injury and illness and to promote a positive and proactive WHS Management System based on effective communication, engagement and consultation regarding all safety matters.

4. Principles

Rural Doctors Foundation is committed to providing a healthy and safe environment and will integrate health and safety into all aspects of its operations.

We will work to achieve this objective by using establishing a work environment that eliminates or reduces risks to health and safety in its workplaces by applying the following governing principles to its Workplace Health & Safety management.

- maintain a health and safety management system which meets legal requirements and the requirements of this Policy
- establish annual, measurable WHS objectives and targets with assigned responsibilities as part of the annual Business Plan
- comply with all relevant legislation and industry standards
- train, support, assist and resource Workers to work safely
- enhance the effectiveness of WHS practices through consultation with Workers

- implement a health and safety risk management process to ensure that all workplace hazards are identified, assessed, and controlled, or otherwise managed where they are not able to be eliminated
- encourage Workers to take responsibility for WHS and to report any incidents or potential risks in a timely manner
- ensure that effective return to work processes is in place
- monitor and report WHS performance to each Board meeting as part of the Risk Management process
- review WHS on an annual basis and conduct evaluation of WHS systems.

All Workers must comply with the above governing principles. Those in leadership and/or supervisory roles have a core responsibility to uphold and demonstrate leadership in relation to these principles.

5. Related documents

This policy should be read in conjunction with, and not limited to the documents below.

- Risk Management Framework
- Risk Management Policy
- Risk Register
- Code of Ethics
- All relevant HR policies and procedures
- Working from Home Checklist.

6. Responsibility and policy owner

The policy owner is the Chair. The owner is responsible for implementing the policy and achieving the desired outcomes.



Rural Doctors Foundation.

Caring • Committed • Connected

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