Rural Doctors Foundation.
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GOVERNANCE FRAMEWORK 2025

Version 3.0
Updated May 2025

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

We have adopted an overarching approach to managing the operations of Rural Doctors Foundation which is focused on five key areas.

1. Our Governance – Building a sustainable and well governed organisation
2. Our Finances – Growing reputable and sustainable funding streams
3. Our Operations – Promoting better health in rural and remote communities
4. Our Reputation – Growing our reputation as a rural health charity that operates in line with its values
5. Our People – Building an inclusive and collaborative culture aligned with our values of Courage, Trust and Care.

These five key result areas are reflected in all aspects of our work. They define and guide our direction and are used to manage and monitor our performance. They are included within the following documents.

1. Strategic Plan
2. Operational Plan
3. Business Plan
4. Annual Report
5. Frameworks (supported by a comprehensive suite of policies)
6. Risk Register
7. Board and Committee Reporting
8. Employee Contribution and Development Plans

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

The Board considers this Governance Framework provides clear guidance for our operations and reflects our commitment to ensuring a high level of accountability.

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.

The Strategic Plan, Operational Plan and Business Plan are reviewed annually with reporting against outcomes presented to each Board meeting and the appropriate Committee. Terms of Reference have also been drafted for the Board and each Committee.

Our Vision, Purpose and Values

Our vision

Rural doctors for rural communities.

Our purpose

To support better health in rural and remote communities.

Our 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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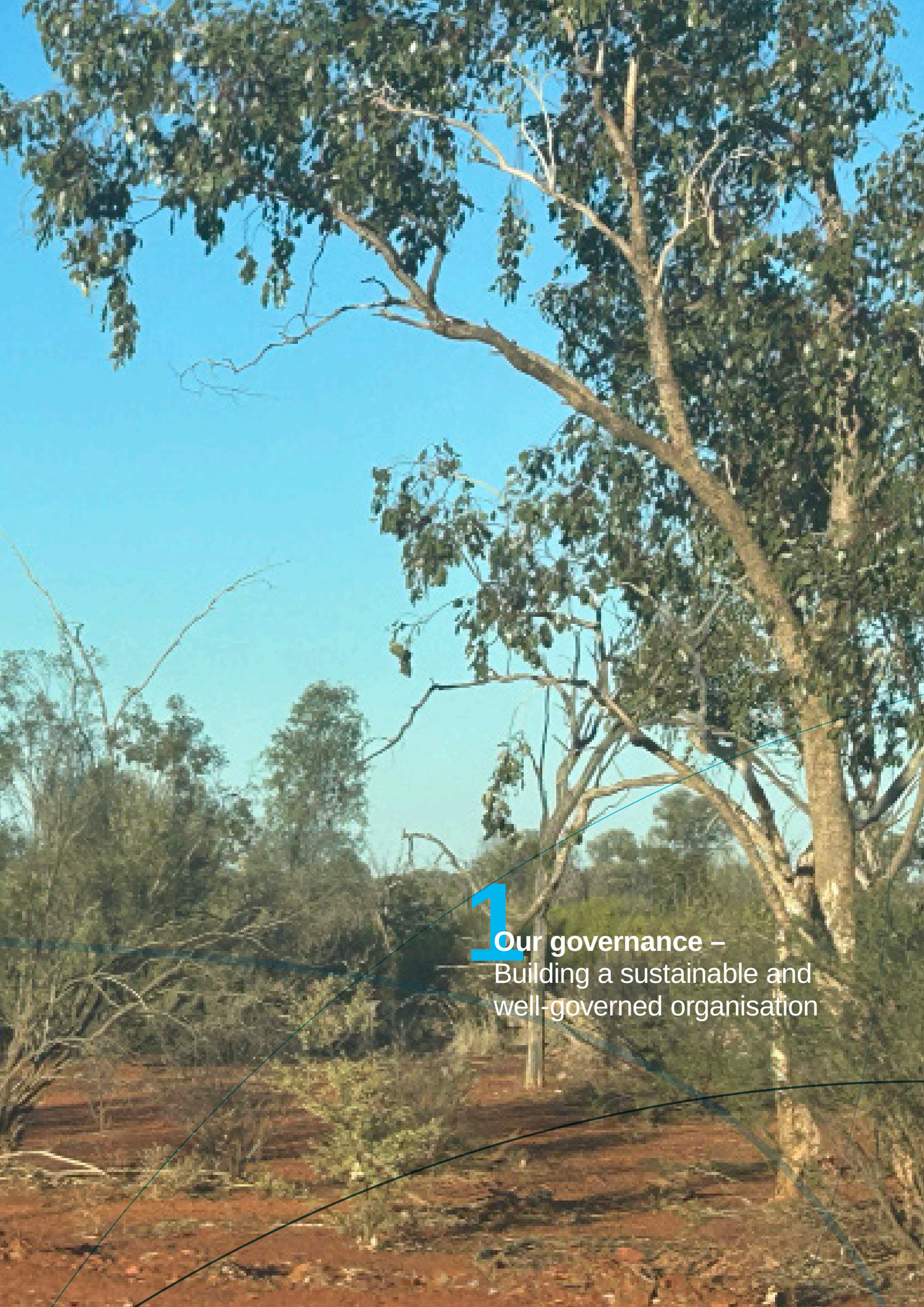


1 **Our governance** – Building a sustainable and well-governed organisation

1.01 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. Related documents

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

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

5. Responsibility and policy owner

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

1.02 Board policy

1. Purpose

The Board Policy defines the expected behaviour for Directors of Rural Doctors Foundation covering attendance and behaviour at Board meetings and while representing Rural Doctors Foundation. It also covers behaviour 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 Foundation.

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 when participating in the work environment, Foundation-related travel, a Foundation funded or organised event (including social events) or is using Foundation resources.

3. Policy statement

Under the Constitution, the activities of Rural Doctors 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 defining the strategic plan 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

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.

4.1 Induction of new Board members

The effective operation of any organisation relies on its Board. The effective operation of the Board relies on its directors having the required skills and expertise, and access to the required information to make informed decisions. New Board members shall be provided with all the information and training necessary to contribute appropriately to the operations of the Board.

It is the responsibility of the Chief Executive Officer to ensure that 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 Director, the Chair shall write a letter of congratulations and welcome.

1.02 Board policy continued

The Chief Executive Officer shall forward appropriate documents to understand their responsibilities as a Director. The documents will also provide an overview of the strategic direction and governance requirements of the Foundation. This information will serve as an introduction to the Foundation as well as an ongoing reference. It should include:

- relevant organisational documents such as the Constitution, terms of reference, strategic plan, policies, current 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 Directors 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 Director.

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

- draw the 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 to 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, except when the director is on leave or due to unforeseeable events.

It is the responsibility of the Chair (supported by the Executive Team) to monitor the attendance of each director and to flag any issues 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 or committee member is absent for three consecutive meetings without having notified the Chair or the Chief Executive Officer or is absent for more than half of the meetings within a year, that Director or Committee member is in breach of their obligations. They are liable and may be removed from the Board or Committee, subject to the following process.

If the 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, or a Committee member wishes to remain on the Committee, then their response will be put to the Board at its next meeting. The Director or Committee member is entitled to speak to this item. The Board will then decide actions regarding future membership on the Board or Committee.

If the Board decides termination is justified, the Board may suspend that person's membership of the Board or Committee.

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 sub-committee indicate that the position on the sub-committee is reserved for directors.

1.02 Board policy continued

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 replacement. The Director whose position has been terminated shall retain the right to stand again at the next election for the Board. Committee members can reapply for membership when a position is available, and they are able to demonstrate their ability to contribute effectively to the Committee.

4.3 Circular resolution approvals

Decisions of the Board are ordinarily made through motions moved at Board meetings. It may be necessary for the Board to make decisions outside of scheduled Board meetings. On these occasions the use of a 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, Deputy Chair, Treasurer or Secretary may 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 Director will be considered by other Directors 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 oppose 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 Approval processes

The Board operates within an approved Delegations Schedule. Review of policies and frameworks are also conducted in line with an approved Policy Review calendar. All decisions are conducted in accordance with the approved schedules, policies and frameworks.

4.5 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.

1.02 Board policy continued

5. Related documents

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

- Constitution
- Code of Ethics
- Conflict of Interest Policy
- Confidentiality policy
- Strategic Plan
- Board Terms of Reference

6. Responsibility and policy owner

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

1.03 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 operations of the Foundation or the delivery of a program. A risk is the possibility or likelihood of something happening which may have a negative impact on the Foundation'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.**

It applies to all activities of the 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 Rural Doctors Foundation funded or organised event (including social events) or is using Rural Doctors Foundation resources.

3. Policy statement

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

Risk Management is fundamental to our operational model and ensures robust organisational management. The Foundation 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 Foundation
- operate within allocated budgets
- protect or reduce likelihood of legal action, and
- comply with legislative or funding requirements.

4. Principles

- All Workers are responsible for identifying, reporting and managing risks.
- The Board should approve and sign off the Risk Management Framework, Risk Appetite Statement and Potential 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 list of policies and procedures below.

- Risk Management Plan
- Risk Appetite Statement
- Potential 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.

1.03a 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 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. Key supporting documents

4.1 Risk Appetite Statement

The Risk Appetite Statement articulates the Board's appetite and tolerance for risk and provides the context for the Board and Executive when engaging in decision making. 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.

1.03a Risk management framework continued

4.2 Risk Register

The risk register is maintained by the Chief Executive Officer and forms the basis of risk reporting to the Board via the Finance Risk and Investment Committee. Its purpose is to capture Rural Doctors Foundation key risks with potential to impact the organisation and associated controls in place to manage those risks. It provides an understanding of the internal and external risks involved in adopting and executing its business objectives. 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. Management of risk is in accordance with the rating and risk appetite. It is captured in risk reporting.

4.3 Risk Report

The Chief Executive Officer provides a Risk Report to each Finance, Risk and Investment Committee. It outlines whether risks are being managed in line with the Risk Appetite Statement. It provides

- an overview by risk area identifying if the risk area is within or outside of risk appetite
- of any risk that falls outside of the agreed Risk Appetite and outlines the approach being taken to manage the risk and current status.

5. 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

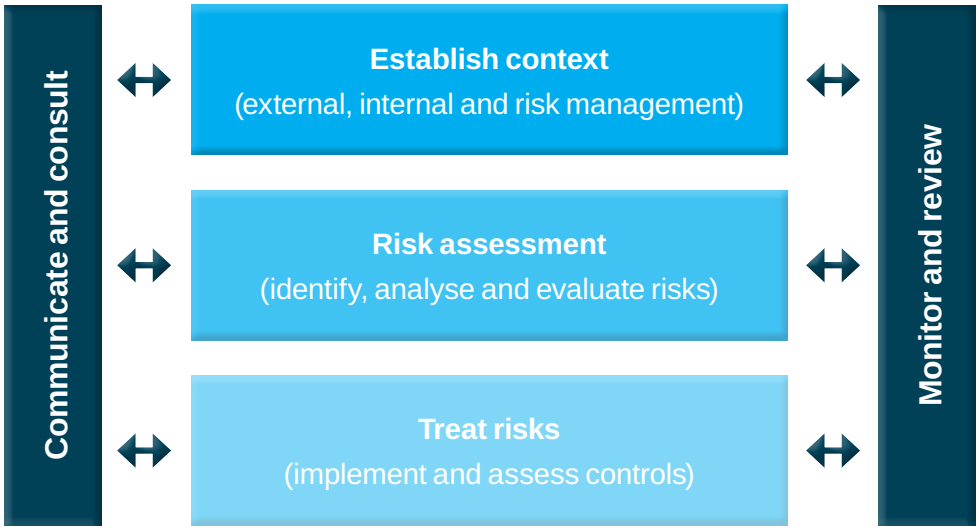
1.03a Risk management framework continued

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.

6. 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



1.03a Risk management framework continued

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:

- 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 accept. The degree of tolerance is quantified, and expressed so management are clear on required actions and reporting.

Stage 2 - Risk Assessment

The aim of this stage is to identify, analyse and 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 Identifying the source of risks, potential hazards, possible causes and the potential exposure. This stage will generate a comprehensive list of potential risks facing the Rural Doctors Foundation.

The following categories of risk are considered

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

Risk Analysis

Once risks have been identified, they are analysed with consideration of the causes, sources, likelihood of occurrence and impact. 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, consider both the probability and frequency of occurrence. See Appendix A.

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

1.03a Risk management framework continued

Residual risk is defined as the level of risk when the risk mitigation strategies 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 the Finance, Risk and Investment Committee.

Identify the existing controls

Determine the controls that are already in place to mitigate the impact of the risk. Existing controls may include but are not limited to policies, procedures, delegations of authority, review and approval processes, staff training, segregation of duties, personal protective equipment and security.

Assess the control effectiveness

Determine if existing controls are operating effectively and their effect in mitigating the risk/s. Control effectiveness should be assessed regularly and staff awareness of control failures (e.g. realised risks, complaints and incidents) should be factored into the assessment of effectiveness.

Control effectiveness is classified as follows:

Strong	Controls are adequate, appropriate and effective. They provide reasonable assurance that risks are being managed and objectives will be met.
Fair	Controls are in place however weaknesses have been identified. The controls are adequate, appropriate and effective to provide some assurance that risks are being managed and the objectives should be met.
Poor	Controls are not adequate, appropriate or effective. They do not provide reasonable assurance that risks are being managed and objectives may not be achieved.

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 and reported to the Board and Finance, Risk and Investment Committee in line with Section 4.3

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.

7. Related documents

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

- Risk Management Policy
- Risk Appetite Statement
- Potential Risk Register
- Finance Risk and Investment Report

8. 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.

1.03a Risk management framework continued

Appendices

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.

1.03a Risk management framework continued

Appendix B – Impact ratings

Risk Impact	Minimal	Minor	Moderate	Major	Extreme
Governance	Minor or internal non-conformances	The event may occur but only in exceptional circumstances. No past event history.	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	$40k (10% of annual income) adverse impact on budgeted revenue or surplus	$100k adverse impact on budgeted revenue or surplus	$160k (10% of annual investment value) adverse impact on budgeted revenue or surplus	Between $160k 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	People Injury not requiring overnight hospitalisation Minor conflict between Workers	Loss of corporate knowledge (support roles) Litigation/ industrial action resulting for dismissal for performance reasons Injury requiring more than one week away from work. Workplace issue intervention by Chief Executive Officer	Significant loss of corporate knowledge (key roles) Litigation/ industrial action arising from dismissal for code of conduct breach Workplace issue requiring intervention of third party	Serious illness of worker due to workplace safety issue that results in workers Compensation claim or extended time away from role Conflict between workers resulting in legal action	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
Operational	Two working days of total disruption to operations	Up to five working days of total disruption to operations	Up to 10 working days of total disruption to operations	Up to 20 working days of total disruption to operations	Over 20 working days of total disruption to operations

1.03a Risk management framework continued

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

1.03b Risk appetite statement

1. Purpose

The Risk Appetite Statement articulates Rural Doctors Foundation's tolerance levels of risks in realising our vision. Our Risk Appetite Statement is set by the Board. It establishes the tolerances and thresholds for the active management, mitigation and escalation actions relating to risk. It ensures that active management of risk is aligned with our governance principles. Risk tolerances and thresholds are measured against six material risk areas identified in our Risk Management Framework.

This Risk Appetite Statement is an integral part of Rural Doctors Foundation's Risk Management Framework. A clearly articulated risk appetite assists in communicating how much risk is acceptable, enabling Management to make informed decisions and to escalate matters which are outside of risk tolerance.

2. Rural Doctors Foundation Risk Appetite

The Board has established the following categories of risk tolerance.

Risk appetite Tolerance	Level of Risk Tolerance	Visual	Action
Zero	The Board actively establish avoidant plans and actions to avoid adverse exposure to these risks, including where potential benefits exceed cost of mitigation.		**Avoid** Immediate escalation to Board when avoidance is not possible
Limited	The Board actively manage to ensure that appropriate controls and risk mitigation is in place, preferring safer options, ensuring minimal residual risk exposure remains, within limited tolerance. This may include purchasing risk transfer agreements i.e. insurance.		**Avoid** Escalation within 48 hours to Chair if identified and executed risk mitigation has been unsuccessful in reducing the risk to an acceptable tolerance.
Moderate	The Board understands there is a level of risk and is focused on outcome delivery with a reasonable degree of protection and certainty.		**Resist** Escalate within five working days to Chair if risk mitigation has not resolved issue
High	The Board accepts this risk understanding it is based more on the benefit of the outcome than the potential exposure.		**Accept** Escalate to Chair after 10 working days only if there is an ongoing risk to the Foundation
Very high	The Board is accepting of this risk understanding that avoidance is either difficult, due to limitations within the organisation, and/ or inherent in the environment and unable to be mitigated.		**Encourage** Escalate to Chair after 15 working days only if there is an ongoing risk to the Foundation.

1.03b Risk appetite statement continued

3. Material Risks

Material Risks are identified and our approach to managing these material risks is defined through the the Risk Management Framework. Our governance, systems, policies, procedures, controls and our people enable the timely identification, evaluation, monitoring, reporting, and controlling or mitigating of material risks that may affect the ability of the Board, to meet its obligations and strategic objectives. Our Risk Management Framework draws on our vision and embedded within the Rural Doctors Foundations values, our Constitution and our Committee Governance and delegated authorities.

3.1 Governance risk – Moderate tolerance

Rural Doctors Foundation is committed to strong governance. There are policies, systems and controls that enable escalation of material risks and the regular reporting to ensure timely notification, assessment, compliance and reporting to the appropriate oversight committee and Board of Directors. There is an understanding at the Board and Executive Committee that some limitations exist, attributable to the small size of the Executive team that manages to a quality standard, yet differs from a large, well-resourced organisation.

We acknowledge that with our journey to enhance our governance structures, mature our risk practices, develop internal systems and resources, and deliver regular reporting, material risks are managed and/or minimised. In the event that risks arise, that may result in a failure to meet our legal or accreditation standards, mitigation activities will be prioritised and incorporated into the Risk Management Framework as our risk experience matures.

3.2 Financial risk – Limited tolerance

Rural Doctors Foundation has a limited tolerance for risk in financial matters. With the implementation of our GPs 4 rural docs program, there is an understanding that this project has potential risk, although acceptable and deemed appropriately strategic to enable the Foundation to build and to deliver on our purpose, commitments, connections and our vision.

3.2.1 Investment Risk - Moderate tolerance

Acknowledging inherent market volatility, the Board is willing to accept a moderate level of risk in its investments. Our investments are managed in line with this tolerance and our Investment Strategy, which is approved by the Finance Risk and Investment Committee.

3.3 Operational risk – Moderate tolerance

We have a moderate tolerance for operational risk. Organisational systems and processes are robust and regularly reviewed and monitored. We have security and backup measures in place to protect the Foundation, our supporters and stakeholders.

3.3.1 Clinical risk – Limited tolerance

With the launch of our GPs 4 rural docs program, there is potential for clinical risk. Much of this risk is held by the treating GPs. Rural Doctors Foundation ensures these contractors have in place effective clinical governance frameworks that are consistently monitored. There is limited tolerance for risk in this aspect of our work as it is fundamental to Rural Doctors Foundation's purpose.

3.4 Reputational risk – Moderate tolerance

There is a moderate tolerance for risks that result in an adverse impact on our brand, reputation or public perception or awareness. We understand that with program delivery and marketing activity there is an inherent level of risk. With enhanced awareness of the Foundation, there is greater potential for individuals and organisation to comment on our performance and activities.

3.5 People risk – Moderate tolerance

Rural Doctors Foundation is committed to providing a safe, inclusive workplace for all. We are conscious of protecting our workers against physical injury, bullying, and/or burnout. We are focused on ensuring positive mental health for all workers. We accept this is a small team and issues surface quickly. All workers are trained and informed of the process in raising issues as they arise and working together to resolve. We are also mindful of resource limitations and that expectations are matched with the capacity of the team.

1.03b Risk appetite statement continued

4. Related documents

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

- Risk Management Framework
- Risk Management Policy

5. Responsibility and policy owner

The owner of the Risk Appetite Statement is the Chair of the Board. The owner is responsible for ensuring the Risk Appetite statement is embedded into the management of operations of the Foundation and applied to key decisions and activities to manage our level of risk appropriately and in line with agreed tolerances. The Policy Owner 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.

1.04 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.

1.04 Conflicts of interest policy continued

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 list of policies and procedures below.

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

6. Responsibility and policy owner

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

1.05 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 Foundation's 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 list of policies and procedures below.

- Constitution
- Work Health and Safety policy
- Conflict of Interest Policy
- Fundraising Policy

6. Responsibility and policy owner

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

1.06 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 operational 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.

1.06 Delegations policy continued

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 behaviour, 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.

The delegated authority relating to financial transactions has been determined in accordance with standard accounting practice and is reviewed annually based on government and industry association recommendations.

Financial limits defined within the Delegations Schedule refer to expenditure within a financial year or within a 12-month period.

5. Related documents

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

- Constitution
- Code of Ethics
- Delegations Schedule

6. Responsibility and policy owner

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

1.06a 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 Governance Delegations

Specific Matter	Delegation
Annual Returns to ACNC and ASIC as required	Chief Executive Officer
Approving Governance Policies and Delegations Schedule	Board
Approving Finance Policies	Finance, Risk and Investment Committee
Approving HR and Strategy and Reputation Policies	Executive Committee
Approving Operational Policies	Appropriate Committee
Approving Clinical Policies	Program Committee
Signing contracts up to $100,000 in line with approved budgeted activity	Chief Executive Officer
Signing contracts of between $100,000-$160,000 in line with approved budgeted activity	Executive Committee
Signing of contracts over $160,000 in line with approved budgeted activity	Board
Signing of contracts up to $40,000 for unbudgeted activity	Chair
Signing of contracts between $40,000- $100,000 for unbudgeted activity	Executive Committee
Signing of contracts over $100,000 for unbudgeted activity	Board
Approval of amendments to Constitution	Members

3.2 Financial Delegations

The Board has financial delegations of $100,000 (unbudgeted) and $160,000 (budgeted) or greater (excluding GST) for expenditure.

This includes total expenditure with an individual supplier within the financial year or the term of the contract of more than $100,000 if unbudgeted and $160,000 if budgeted.

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.

Chief Executive Officer cannot be a signatory on payments relating to their own salary or expenses.

1.06a Delegations schedule continued

Amount*	Approver	To enact the approval	
	Budgeted expense or activity	Unbudgeted expense or activity	
$160,000 or above	Board	Two Director signatures required	
$100,000 - $160,000	Executive Committee	Board	Two Director signatures required
$40,000 - $100,000	Chief Executive Officer	Executive Committee	Two signatures required
Less than $40,000	Chief Executive Officer	Chair	Two signatures - Cannot be both Chair and Chief Executive Officer if unbudgeted

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

Specific Matter	Delegation
Approve the annual Budget and bi-annual Forecast	Board
Implement investment and general reserve directives	Finance, Risk and Investment Committee
Management of Investment Portfolio	Morgans Tynan with review by Finance, Risk and Investment Committee
Authorising payroll and team expenses	Two Directors
Bank account authorities	Executive Committee
Asset /debt write off – Less than $20,000	Chief Executive Officer
Asset/debt write off – Over $20,000	Executive Committee
Endorsing the Annual Financial Report for the Board's approval	Chair/Treasurer
Budget adjustments (no impact on overall surplus or total income)	Chief Executive Officer and Chair
Budget adjustments (impact on overall surplus or income)	Board

3.3 Strategy and Reputation Delegation

Specific Matter	Delegation
Approve the Strategic Plan the Operational Plan and the annual Business Plan	Board
Spokesperson for the Foundation	Chair Chief Executive Officer Member of Executive Committee (if Chair unavailable)

1.06a Delegations schedule continued

3.4 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 and Delegation	Delegation
Domestic travel	Chief Executive Officer
International travel	Chair
International travel for the Chair	Executive Committee
Approve GP contract appointments once credentials have been verified	Medical Director

3.5 People 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
Approve recruitment and appointment, terms of employment, variations to terms of employment within budget, and leave arrangements excluding CEO, including Gifted Days	Chief Executive Officer
Remuneration and performance reviews for employees (except for CEO)	Chief Executive Officer
Approve recruitment and appointment, terms of employment and variations to terms of employment for Chief Executive Officer.	Executive Committee
Approve leave arrangements for Chief Executive Officer with delegation to the Chair	Executive Committee
Remuneration and performance reviews for Chief Executive Officer	Executive Committee
Approving new positions outside of approved budget	Executive Committee
Terminating or undertaking disciplinary action in relation to team member	Chief Executive Officer and Chair
Terminating or undertaking disciplinary action in relation to Chief Executive Officer	Executive Committee
Terminating or undertaking disciplinary action in relation to Board member	Board

1.06a Delegations schedule continued

4. Related documents

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

- Constitution
- Code of Conduct
- Delegations Policy

5. Responsibility and policy owner

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

1.07 Confidentiality policy

1. Purpose

The purpose of this policy is to facilitate effective governance of Rural Doctors Foundation 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, personal details 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 Foundation.

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 classified as a Worker and is present at a Rural Doctors Foundation 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 list of policies and procedures below.

- Constitution
- Code of Ethics
- Privacy Policy

6. Responsibility and policy owner

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

2 **Our finances –** Growing reputable and sustainable funding streams

2.01 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 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.

2.01 Accounting policy continued

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 $5,000 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 Executive Assistant 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 Executive Assistant 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.

5.5 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 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

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.

2.02 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

4.1 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 $100,000 (or an annual expenditure of $100,000) is to be undertaken on a competitive basis in which all potential suppliers are treated impartially, honestly, and consistently. Any unbudgeted expenditure of over $40,000 must be referred to the Board 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.

2.02 Purchasing policy continued

4.2 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.

4.3 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.

4.4 Sustainable

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. All suppliers are vetted to ensure compliance wtih Modern Slavery Act 2018 for full supply chain transparency.

4.5 Supporting rural communities

Rural Doctors Foundation shall seek to maximise the use of rural businesses in supply of 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.

2.03 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 Foundation'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 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:

- purchase of gifts for employees, directors and committee members
- Christmas parties.

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 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

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.

2.03 Gift giving and receiving policy continued

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.

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 Foundation 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.

2.04 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:

- Sponsorship
- Submissions to philanthropic trusts, foundations, and other grant-making bodies
- Corporate partnerships
- Major gifts
- Appeals

Future activities include the possibility of

- Gifts in Will (bequests) including gifts in memory

These activities generate donations or grants from

- individuals
- community organisations
- corporates and organisations
- major donors
- trusts and foundations

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

2.04 Fundraising policy continued

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.

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.

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 team, consistent with the Foundation's Fundraising Strategy. Where appropriate, the team will consult with 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.

2.04 Fundraising policy continued

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.

4.1 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 Chief Executive Officer. In the case of major donations over $50,000, this decision would be made in consultation with the Fundraising Committee.

4.2 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 ThankQ and will be personally acknowledged in line with our defined donor journey. The gift will be recorded in Xero with clear identification of its source and allocation.

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.

4.3 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.

4.4 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.

4.5 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 Fundraising Committee.

4.6 Investment of Endowed Funds

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

2.04 Fundraising policy continued

4.7 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.

4.8 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 knowingly 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.

4.9 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.

4.10 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

2.04 Fundraising policy continued

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.

4.11 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 Technology and Data Governance Policy.

4.12 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.

- Technology and Data Governance Policy
- Donation processing procedure
- Code of Conduct

6. Responsibility and policy owner

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

2.05 Investment policy

1. Purpose

The purpose of the investment Policy is to outline the approach regarding the investment of cash holdings.

2. Scope

This policy applies to the investment of all cash holdings of Rural Doctors Foundation.

This policy applies to all Rural Doctors Foundation Workers who either actively manage investments or provide guidance to those who are managing our investments.

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

Investments of Rural Doctors Foundation are managed in line with the Risk Appetite Statement approved by the Rural Doctors Foundation Board. The Board has agreed to outsource the management of our investments to a reputable Financial Services Organisation. This organisation manages our investments in line with the approved Investment Strategy and Risk Appetite Statement. The Finance, Risk and Investment Committee receive regular updates on the performance of the Investment Portfolio. The Finance, Risk and Investment Committee review the Investment Strategy every two years. The Financial Services Organisation is reviewed every three years.

4. Principles

The Investment Policy establishes the approach that Rural Doctors Foundation will take in making decisions regarding investments.

Decisions are made in line with the following principles.

- Rural Doctors Foundation has a limited tolerance for financial risk and will take a low to moderate risk in financial decisions.
- The Board must abide by the prudent person principles, and in particular to exercise the care, diligence and skill that a prudent person would exercise in managing the affairs of other persons.
- This typically influences them to:
  - invest with a more conservative approach than they may exercise when considering their own investments
  - avoid the inclusion of speculative investments within the portfolio
  - prioritise the preservation of capital over higher returns
  - consider the probable safety of capital when investing; and target a low level of risk and volatility
- the investment strategy remains within our risk appetite
- the investment strategy enables Rural Doctors Foundation to meet its financial obligations as they fall due
- all decisions relating to our investment strategy are made without bias, and with any potential or actual conflicts of interest being declared and managed within the Rural Doctors Foundation's Conflict of Interest policy.
- Rural Doctors Foundation prioritise liquidity to meet financial obligations over increased investment revenue.
- Rural Doctors Foundation investments will only be made with sound and responsible credit-worthy financial institutions.

Authorised signatories to the investment account are the Chair, Treasurer and Chief Executive Officer. All requests to transfer funds from the investment account are in writing.

2.05 Investment policy continued

5. Related documents

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

- Investment Strategy
- Schedule of Delegations
- Conflict of Interest Policy
- Code of Conduct

6. Responsibility and policy owner

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

3 **Our operations** – Promoting better health in rural and remote communities

3.01 Grants and Programs policy

1. Purpose

The purpose of this policy is to provide a framework for the review and management of our major programs and for the evaluation of grant requests to ensure fair and equitable decision making in program delivery and distribution of funds to grant applicants.

2. Scope

This policy applies to Members and Workers who manage the delivery of programs and 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 delivering programs that improve health outcomes for those living in rural and remote communities. These programs may be delivered by Rural Doctors Foundation, in partnership with other organisations or by providing funding to innovative and emergency projects that support the objectives of the Foundation. The Committee is responsible for reviewing program delivery and has the authority to approve grants or expenditure up to $40,000, within approved budgets. Expenditure over $40,000 or unbudgeted expenditure must be approved by the Finance, Risk and Investment Committee.

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?

Grant 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 delivery of the program or initiative.

5. Related documents

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

- Program Committee Terms of Reference.

6. Responsibility and policy owner

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

3.02 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).

3. Policy Statement

Rural Doctors Foundation expects Workers 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.

3.02 Feedback, compliments and complaints policy continued

Who	Commitment	How
Chair or Chief Executive Officer	Promote a culture that values feedback and effective resolution and acknowledgement	• 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	• 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.

3.02 Feedback, compliments and complaints policy continued

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 mange 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.

3.02 Feedback, compliments and complaints policy continued

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 and complaint handling.

Level 1

Level 1 complaints are defined as feedback that is general or of a minor nature. Its impact is only on an individual team member, service or location. Rural Doctors Foundation is committed to resolving complaints at the first level, the frontline with limited additional support, wherever possible.

As much as practically possible workers will be adequately equipped to respond to complaints, including being given appropriate authority, training and supervision.

Feedback may require an informal review within Executive team to determine if ongoing changes to policies or procedures are recommended.

Level 2

Level 2 complaints are defined as follows:

- Feedback is major in nature impacting multiple team members, services or locations. It may include allegations of isolated intentional / serious wrongdoing.
- Feedback has been provided to an external agency, regulator or other independent body resulting in the Foundation having to provide a formal response.
- Feedback will require an internal investigation with CEO oversight.

3.02 Feedback, compliments and complaints policy continued

The CEO 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

Level 3 complaints are defined as follows:

- Feedback includes allegations of intentional / serious wrongdoing that impacts broadly across the Foundation
- Feedback has been provided to an external agency, regulator or other independent body resulting in an external review
- Feedback will require an internal investigation with Board oversight.

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 policies and procedures below.

- Code of Ethics
- Complaints and Compliments Register

6. Responsibility and policy owner

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

4

Our reputation – Growing our reputation as a rural health charity that operates in line with its values

4.01 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 our 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 and values.

5. Related documents

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

- Brand Guidelines
- Use of Social Media policy

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.

4.02 Branding and logo use 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, fonts or branding elements) 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 and Committee 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.

4.02 Branding and logo use policy continued

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 list of documents below.

- Brand Guidelines

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.

4.03 Technology and data governance policy

1. Purpose

The purpose of this policy is to outline the framework that Rural Doctors Foundation adheres to when collecting, handling, and managing personally identifiable and sensitive information. It is about protecting information obtained by Rural Doctors Foundation including that of partners and supporters and their personal and financial information obtained through donations, sponsorship or grants.

Rural Doctors Foundation is committed to compliance with the ethical and legal obligations prescribed by the following Acts:

- Australian Privacy Principles set out in the Privacy Act 1988 (Cth)
- Privacy Amendment (Enhancing Privacy Protection) Act 2012 (Privacy Act)
- Privacy Amendment (Notifiable Data Breaches) Act 2017 (Cth)
- Code of Conduct of the Fundraising Institute of Australia and other relevant legislation and guidelines applicable

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 Storing of personal information

Rural Doctors Foundation holds information in our cloud-based password protected Sharepoint system and on our cloud-based password protected Customer Relationship Management (CRM) system. 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.

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.

4.03 Technology and data governance continued

We use Two Factor authentication wherever possible and our IT supplier has detailed business continuity plans in place. Our organisation can continue to operate remotely for extended periods of time.

4.2 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.

4.3 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 or a contract role, 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.

4.4 GP program recipients

Rural Doctors Foundation offers support for clinical programs to enhance the delivery of GP services. Although Rural Doctors Foundation funds and manages the program logistics, the service delivery relationship remains solely between the treating GP (under contract with Rural Doctors Foundation) and the patient. Therefore, the patients details and health information are not held by, or available to Rural Doctors Foundation. An MOU between the Rural Doctors Foundation and the treating GP outlines the requirement for privacy, confidentiality, and the secure storage of any patient information by the treating GP.

4.5 Research participants

Rural Doctors Foundation conducts evaluation, audits and research that focuses on improving the health outcomes of our rural communities. Data may be collected for these purposes using paper based and/or online data collection methods. All data collected for such purposes is kept securely with policies guiding access to such data. Electronic data are password protected. Before reporting or dissemination of evaluation, audit or research findings, the data are deidentified and aggregated unless specific consent has been granted from an individual that their data such as their story may be shared. Participants in evaluation, audit, or research programs can request that any identifiable data be destroyed by communicating with the Rural Doctors Foundation.

4.6 Suppliers, contractors and grant recipients

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. It will also collect information from organisations and individuals who have been successful in acquiring grant funding from Rural Doctors Foundation. 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. Such information will be stored securely and will be password protected for online storage.

4.7 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

4.03 Technology and data governance continued

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.

4.8 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.

4.9 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 stakeholder management, fundraising and donor support.

4.10 Administrator access

Administrator access to the CRM will be limited to key personnel within Rural Doctors Foundation and external specialists in database administration. Those granted with this level of access agreed to by bound by policies relating to privacy and data security. Administrator rights include the ability to create and remove access for users, setting up of data entry fields, and development of reports.

Other levels of access include Write Access or Read Access. Write Access includes activity such as entering contacts, managing financial data and running reports.

Read Access enables Rural Doctors Foundation team members to review data only but not to modify or download.

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 on approval from CEO for those who do not have a need for direct access.

All levels of access are to be approved by the Chief Executive Officer.

Any breach of the conditions of use may result in access being revoked, at the recommendation of the Chief Executive Officer or Board Chair.

4.11 Training

Training on the use of the CRM database will be provided to all approved users of the CRM database by an authorised representative of the CRM provider or an appropriately trained Rural Doctors Foundation team member. Online training is also available with ongoing access to tutorials and an extensive help menu with step-by-step instructions. Documented data entry rules are in place to ensure consistency and quality of data collected.

4.12 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.

4.03 Technology and data governance continued

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

ThankQ, on behalf of Rural Doctors Foundation, manages the cloud-based server that holds the supporter data. ThankQ is responsible for maintenance, backup, security and updates. Regular upgrades to the software platform are conducted to ensure compliance with latest security and quality standards.

4.13 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.

4.14 IT support

It is the responsibility of all Workers to ensure they seek support to ensure compliance to this policy through our IT supplier or CRM supplier as required.

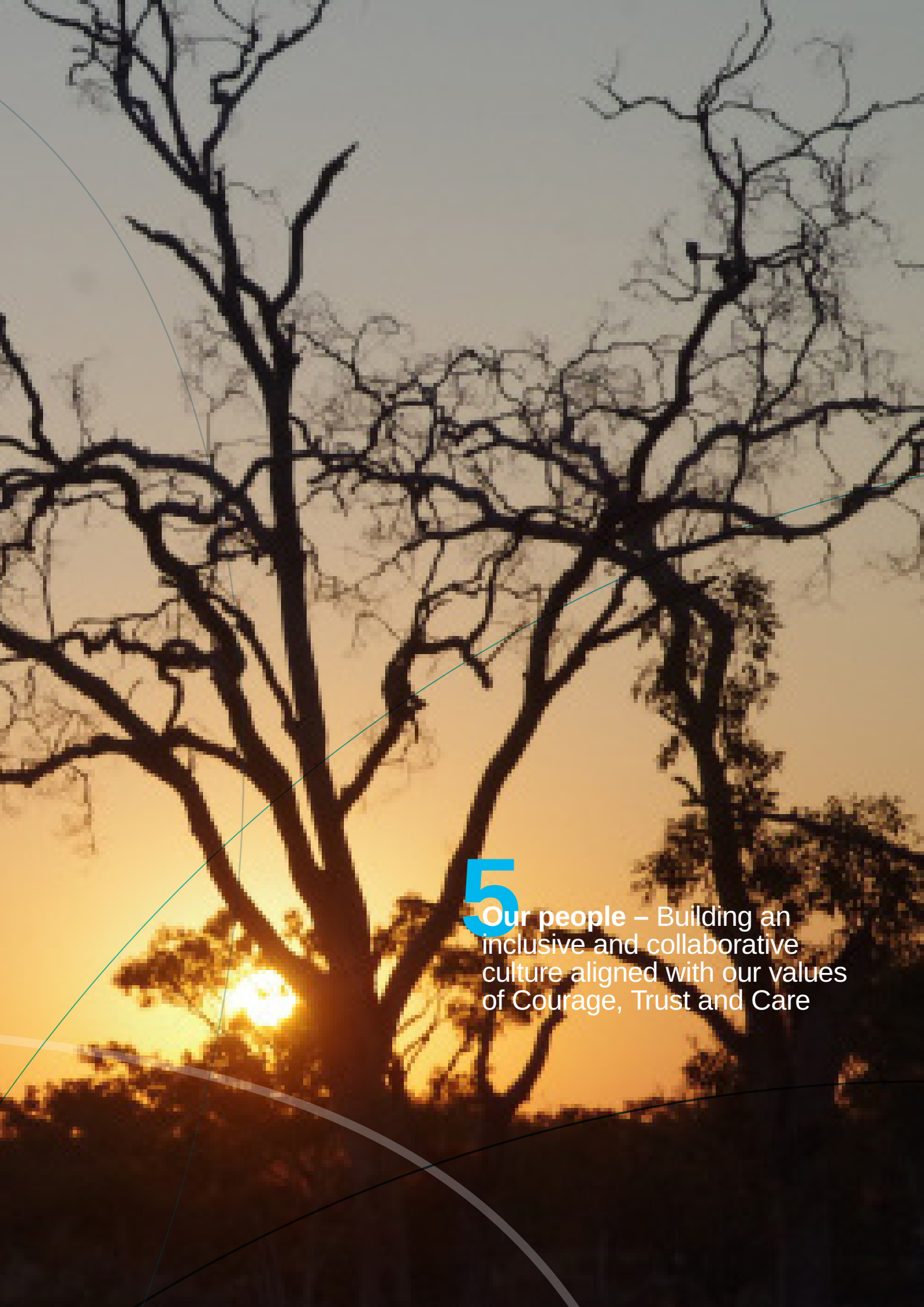
5. Related documents

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

- Code of Ethics
- Classification and Data Entry rules

6. Responsibility and policy owner

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



5

Our people – Building an inclusive and collaborative culture aligned with our values of Courage, Trust and Care

5.01 Training and development policy

1. Purpose

Rural Doctors Foundation encourages its employees to be continually improving their skills and abilities through ongoing training. This policy sets out the principles guiding the support of employees through training and development.

Rural Doctors Foundation acknowledges that training and development provides benefits both its employees in terms of their overall career and prospects for growth and development, as well as being central to the success of the Foundation.

2. Scope

This policy applies to all employees of Rural Doctors Foundation. In the instance where training is offered to contractors, the same principles apply.

3. Policy Statement

Rural Doctors Foundation is committed to providing employees with adequate training, support and guidance to do their job safely and professionally. Training and development is a two-way process. We encourage employees to participate in regular support meetings and training programs, and to highlight any gaps in their own skills or knowledge.

Training includes internal on-the-job training, written instructions such as standard operating procedures, coaching, external training and courses. Safety training takes precedence.

4. Principles

4.1 Training

Rural Doctors Foundation may require employees to undertake specific training related to their role, or as a prerequisite for performing different functions or ensuring optimal performance within the existing role.

Rural Doctors Foundation is committed to ensuring that budget is allocated for each employee to ensure that regular training is provided following their induction period.

Training opportunities may also arise as part of the discussion during the Contribution and Development Plan. Rural Doctors Foundation encourages employees to propose suggestions for employment-related training to assist their development.

The Chief Executive Officer must authorise any training prior to either signing up, or attending, a training course.

Rural Doctors Foundation will also ensure that volunteers are provided with the level of training required to fulfil the function they have been requested to undertake.

4.2 Employee Development

We are committed to ensuring that focus and time is dedicated to ensuring that employees meet with their manager at least two times per month and that a Contribution and Development Plan guides the focus of the training and development.

The Employee Contribution and Development process is designed to:

- encourage constructive dialogue between employees and their manager
- enhance employee's professional development
- clarify job responsibilities and performance goals/ expectations
- establish appropriate development and performance objectives
- help employees identify a possible career path for themselves
- identify ways in which Rural Doctors Foundation might enable improved performance
- ensure that information on performance and achievements is recorded in employment history.

5.01 Training and development policy continued

Rural Doctors Foundation is committed to providing employees with:

- varying degrees of support as employees develop competence and capability
- opportunity to develop new competencies and capabilities to enhance employees career prospects and lifelong learning both within and outside Rural Doctors Foundation
- participation in Employee Contribution and Development process, including identifying opportunities for ongoing training
- engagement in the development of the Business Plan for the Foundation
- an opportunity for an exit interview when employees leave Rural Doctors Foundation, so that feedback and experience may be incorporated into the development programs for others.

Rural Doctors Foundation expects that employees will:

- develop skills and capabilities are aligned to our strategy at the appropriate level
- participate in Employee Contribution and Development process in partnership
- communicate past development and identification of plans
- take personal responsibility to update specific expertise on a regular basis, as appropriate to their role
- contribute to team development and culture where appropriate.

5. Related documents

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

- Employee Contribution and Development Plan
- Training Register
- 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.

5.02 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, and people from rural communities.

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.

5.02 Recruitment policy continued

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
- Recruitment Information Kit
- Recruitment Checklist
- Induction Policy
- Position Descriptions

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.

5.03 Remuneration and benefits policy

1. Purpose

The Remuneration and Benefits Policy provides team members 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 no later than the Friday of the same week. 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 Payment summaries

Payment summaries 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.

5.03 Remuneration and benefits policy continued

4.5 Salary reviews

For award-based employees, salary increases will be in line with award recommendations.

For non-award-based employees remuneration reviews will be conducted and effective in the first pay run of July each year, if applicable.

All employees will be entitled to an annual adjustment of their remuneration with the advertised full year CPI rate of the previous year being used as a guide and subject to budget parameters.

Performance increases in addition to any CPI adjustment may be applied to the employee's salary. Remuneration reviews (except for the CEO) will be at the discretion of the CEO. Remuneration reviews for the CEO will occur prior to July annually and be effective as at 1 july of that year at the discretion of the Executive Committee.

4.6 Superannuation

Superannuation is currently paid at the government rate 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 an external provider. 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 Vehicle allowances and expenses

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.

Parking expenses for travel to meetings outside of the place of employment will be covered by the Foundation and paid on receipt of expense claim. Parking while working within the office will be covered in line with the employee's letter of offer. Such costs are treated as an expense and not part of the employee's package.

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.

5. Related documents

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

- Technology and Data Governance Policy
- Chart of Delegations.

6. Responsibility and policy owner

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

5.04 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 Foundation.

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 team members to perform their role 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.

5.04 Induction policy continued

5. Related documents

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

5.05 Working from home 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 a 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, unless specified.

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.

5.05 Working from home policy continued

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 listed below.

- Code of Ethics
- Work Health and Safety Policy

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.

5.06 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.

3.1 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.

3.2 Taking annual leave

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

3.3 Recording of annual leave

All requests for annual leave must be made via the approved "Leave form" available in Xero and submitted to Manager for approval.

3.4 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.

3.5 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.

3.6 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.

3.7 Gifting of leave

As an acknowledgement of the commitment to staff, Rural Doctors Foundation may provide gifted leave for the period between Christmas and New Year (up to a maximum of three days leave) to all employees. This decision is reviewed annually and is at the discretion of the Chief Executive Officer for staff and the Executive Committee for the Chief Executive Officer. For those employed part time, leave is gifted only for the days the employee would normally be working.

5.06 Annual leave policy continued

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 this 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 listed 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.

5.07 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 within Xero with the approval of the Chief Executive Officer. It is updated within fourteen (14) 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 three (3) hours or more
- Any employee with a time in lieu balance 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
- 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.

5.08 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 our Vision, Purpose and Values
- 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.

5.08 Volunteers policy continued

5. Related documents

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

- 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.

5.09 Travel and Hospitality policy

1. Purpose

The Travel and Hospitality Policy is designed to ensure that work-related travel and hospitality is managed and approved within defined guidelines. It provides clear direction on what expenses will be covered by the Foundation and outlines expectations of Workers when travelling, and hosting or entertaining stakeholders on behalf of 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 Foundation.

This policy applies to all activities of Rural Doctors Foundation both inside and outside the workplace. This includes meetings of the Board, Board sub - committees, working groups or advisory bodies,and attendance at industry functions and conferences. The policy is applicable where a Worker is operating in the work environment, work-related travel, attending an event on behalf of Rural Doctors Foundation (including social events) or is using Rural Doctors Foundation resources. It also applies to situations where Rural Doctors Foundation has agreed to pay for or reimburse external parties for travel, accommodation and food such as contracted GPs working under the GPs4RuralDocs program.

3. Policy statement

Rural Doctors Foundation seeks to balance our need to be visible in rural communities and at rural focused events with sound fiscal management. We will work to maximise safe, cost-effective travel and associated expenses to meet our objectives. We will work within ATO guidelines where possible and will ensure that all approved travellers are protected under our insurance policies.

Travel must only be undertaken after exploring alternatives to travel (such as videoconferencing) or where face to face interaction is fundamental to success of project or initiative.

4. Principles

Rural Doctors Foundation will ensure:

- work-related travel, including but not limited to flights and accommodation is approved in line with the approved Delegations Schedule
- work-related travel including but not limited to flights, accommodation and hire cars is booked through our approved travel agent to ensure an added level of protection and ability to modify travel bookings as required
- travellers are familiar with and confirm their understanding of our policies, particularly those relating to travel, organisational and individual risk, and Worker Health and Safety
- best value for money whilst balancing risk. Ensure all travel is undertaken in the most appropriate, cost effective and direct means possible
- allowances for travel and meals are in line with the most recent ATO ruling, as much as practically possible
- reimbursement of expenses incurred during travel and hospitality are processed in a timely and efficient manner to ensure Workers are not at a disadvantage.

Workers will ensure they:

- comply with all relevant legislation, policies, and procedures where applicable
- act in a manner that is consistent with the values of the Foundation and does not bring the Foundation into disrepute
- understand which bookings need to be approved and managed directly by the Foundation
- understand what is claimable and what needs to be booked directly by the Foundation
- provide all receipts for expenses in a timely manner and understand that claims that do not include appropriate evidence may be rejected
- are not under the influence of alcohol or drugs while representing the Foundation.

5.09 Travel and Hospitality policy continued

What is covered

- Flight costs booked with approved travel agent and in line with principles outlined above
- Hire Car costs booked through Executive team
- Accommodation costs that do not exceed $350 per night. Any accommodation that exceeds this amount would need to be approved by CEO (or in the case of the CEO or Directors by the Chair) or additional cost covered by the traveller
- Meal allowances will be paid in line with ATO guidelines
- Events that include meals such as Board meetings, Christmas functions, and special events will be covered in line with approved budgets.
- The Chief Executive Officer is entitled to one airline club membership. Other staff members may be provided with this entitlement if the amount of travel warrants this. This entitlement for staff members is at the discretion of the CEO.

What is not covered

- Alcohol consumption unless an exception has been approved by the CEO, with an understanding that the function is an extension of the workplace, and appropriate behaviour in line with the Code of Conduct, and our values is expected
- Purchase of personal items required when travelling
- Mini bar purchases.

5. 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.

5.10 Termination policy

1. Purpose

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

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 five (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.

5.10 Termination policy continued

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 employment subject to giving 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

When 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.

4.6.1 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.

4.6.2 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.

4.6.3 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.

5.10 Termination policy continued

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 Foundation.

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 list of policies and procedures below.

- Terms of Employment
- Code of Ethics
- Privacy Policy
- All HR policies and procedures

6. Responsibility and policy owner

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

5.11 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 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 Foundation'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.

5.11 Use of social media policy continued

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 list of policies and procedures below.

- Code of Ethics
- Media Policy

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.

5.12 Workplace 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. It also covers our approach to bullying and harassment in the workplace.

It covers our obligations to

- protect employees, contractors, and visitors
- reduce risks
- improve productivity
- enhance reputation
- support legal compliance.

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, 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 complying with the relevant WHS legislation and other relevant safety recommendations including codes of practice and/or Australian Standards.

To ensure workplace health and safety performance across the Foundation, we are committed to reducing or eliminating workplace injury and illness. We promote a positive and proactive WHS Management System based on effective communication, engagement, and consultation regarding all safety matters.

Rural Doctors Foundation is also 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 safe, productive and positive workplace.

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

4.Roles and responsibilities

4.1 Board Directors and Committee Members

The Board and Committee Members should promote a positive safety culture and providing leadership and direction to senior management. The Executive Committee Board is responsible for establishing and approving Rural Doctors Foundation WHS and HR policies and procedures.

The Board is responsible for approving the budget to ensure that sufficient resources are available to support the implementation of WHS policies and procedures, including funding, personnel, and equipment.

The Board is responsible for monitoring Rural Doctors Foundation performance against the WHS policy to ensure compliance with legislative requirements and the effectiveness of the policies and procedures. This includes receiving regular reports on WHS incidents, risks, and controls, and reviewing the WHS management system.

The Board is responsible ensuring that senior management is held accountable for its implementation.

5.12 Workplace health and safety policy continued

The Finance, Risk and Investment Committee is responsible for ensuring that our WHS risks are identified, assessed, and managed effectively, and providing reports to the Board as required. This includes reviewing and approving risk assessments, ensuring that appropriate control measures are implemented, and monitoring the effectiveness of those controls.

4.2 Chief Executive Officer

The CEO is responsible for demonstrating leadership and commitment to WHS, setting the tone for safety, and promoting a positive safety culture. This includes communicating the importance of WHS to all employees, contractors, and visitors, and ensuring that everyone understands their roles and responsibilities for WHS.

The CEO is responsible for establishing and implementing Rural Doctors Foundation's WHS policies and procedures, ensuring that they are aligned with legislative requirements and industry best practices. This includes ensuring that the policies and procedures are regularly reviewed and updated to reflect changes in legislation and our operations.

The CEO is responsible for allocating sufficient resources to support the implementation of WHS policies and procedures, including funding, personnel, and equipment. This includes ensuring that the budget provided to the Board for approval covers costs for WHS resources and that these are prioritised according to the level of risk.

The CEO is responsible for ensuring that WHS risks are identified, assessed, and managed effectively. This includes ensuring that risk assessments are conducted, and control measures are implemented, monitored, and reviewed on an ongoing basis. It includes developing, implementing, and reviewing WHS policies and procedures to ensure they are in line with legislative requirements and industry best practices. This includes identifying hazards, assessing risks, and implementing controls to mitigate or eliminate risks.

The CEO is responsible for monitoring WHS performance, ensuring that WHS incidents and hazards are reported and investigated, and taking corrective action as necessary.

The CEO is responsible for ensuring that all employees, contractors, and visitors receive appropriate training and supervision on WHS. This includes ensuring that employees are provided with our Governance Framework (including Risk Management Framework, HR and WHS policies), are aware of the hazards and risks associated with their work and that they are trained on the control measures and procedures that are in place to manage those risks.

The CEO is responsible for ensuring that Rural Doctors Foundation complies with all relevant legislative requirements and standards. This includes ensuring that there is a system in place to monitor compliance and that corrective actions are taken where necessary.

The CEO is responsible for managing the reporting to the Finance, Risk and Investment Committee on investigation of workplace incidents, including near-misses, injuries, and illnesses. This includes identifying the root cause of incidents, developing corrective actions, and ensuring they are implemented effectively.

The CEO (working with the Executive Assistant) is responsible for co-ordinating training and education to workers and managers on WHS matters, including induction training, job-specific training, and ongoing professional development.

4.3 Workers

Workers are responsible for complying with WHS policies and procedures, as well as relevant legislative requirements and industry best practices.

Workers are responsible for reporting any hazards, incidents, or near misses to their manager as soon as possible. This includes reporting any injuries, illnesses, or dangerous occurrences that they may witness or experience.

Workers are responsible for participating in WHS training and development programs provided by Rural Doctors Foundation.

Workers are responsible for using appropriate Personal Protective Equipment (PPE) to protect themselves and others from workplace hazards. This includes wearing protective masks and gloves, or other protective equipment as required.

5.12 Workplace health and safety policy continued

Workers are responsible for cooperating with WHS initiatives and providing feedback on WHS issues, and contributing to the development and review of WHS policies and procedures, as required.

Workers are responsible for avoiding unsafe acts and conditions that may pose a risk to their own safety or the safety of others. This includes following safe work procedures, using equipment as intended, and reporting any concerns or issues that may arise.

5. Principles and definitions

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

We apply the following governing principles to our Workplace Health & Safety management.

- maintain a health and safety management system which meets legal requirements and the requirements of this Policy
- 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.

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 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 safe and 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 that is safe and 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.

5.12 Workplace health and safety policy continued

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 placing Workers in an unsafe environment including 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 unsafe practices and 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 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 of harassment, bullying, vilification and unlawful discrimination will be treated seriously and dealt with promptly, impartially and confidentially.

Complaints may 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.

5.3 Definitions

5.3.1 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.

5.3.2 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.

5.12 Workplace health and safety policy continued

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.

5.3.3 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.

5.12 Workplace health and safety policy continued

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.

5.3.4 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.

5.3.5 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.

5.3.6 Hazard identification

All hazards and risks associated with the workplace will be identified, assessed, and controlled through a risk management process. This will include regular workplace inspections, hazard identification and reporting, and consultation with employees and contractors.

6. Related documents

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

- Governance Framework which includes
  - Risk Management Framework
  - Risk Management Policy
  - Code of Ethics
  - Relevant HR policies
- Risk Register

7. Responsibility and policy owner

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

Rural Doctors Foundation.
Caring · Committed · Connected

Rural Doctors Foundation
Level 1 324 Queen Street
Brisbane Qld 4000
GPO Box 1495
Brisbane Qld 4001
(07) 3039 0011
ruraldoctorsfoundation.org.au