[Service Letterhead]

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[Service Letterhead]

[Organisation Name]

Workforce Management

Policy

Document Control

Policy Title	Workforce Management Policy
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Accreditation Mapping Code	RACGP – Workforce qualifications and credentials; education and training; clinical governance; safety and quality responsibilities; practice systems; cultural safety; emergency preparedness; infection prevention and control; quality improvement. NSQHS – Standard 1: Clinical Governance, including governance, leadership and culture; organisational leadership; clinical performance and effectiveness; safety and quality training; credentialing and scope of clinical practice; safety and quality roles and responsibilities. NSQPH – Clinical Governance Standard; Partnering with Consumers Standard; Clinical Safety Standard. QIC – Governance; Human Resources and Workforce Management; Service Delivery; Cultural Safety; Risk Management; Quality and Continuous Improvement.

1. Purpose

The purpose of this policy is to establish [Organisation Name]'s overarching framework, expectations and accountabilities for workforce governance and human resource management.

[Organisation Name] recognises that a capable, culturally safe, appropriately qualified, supported and sustainable workforce is fundamental to the delivery of safe, high-quality and responsive healthcare and to the effective operation of the organisation.

As an Aboriginal Community Controlled Health Service (ACCHS), [Organisation Name] recognises its responsibility to develop and sustain a workforce that reflects the organisation's values, responds to community need, strengthens Aboriginal and Torres Strait Islander employment and leadership, and operates in a manner consistent with community control, cultural safety and self-determination.

Workforce management extends beyond employment administration. It encompasses governance, workforce planning, workforce establishment, recruitment and selection, credentialing, scope of practice, employment arrangements, orientation, training and development, supervision, performance, professional accountability, workplace conduct, cultural safety, health and wellbeing, workforce consultation, workforce risk, succession, continuity and the systems necessary to assure the organisation that workers are suitable and supported to perform their roles.

[Organisation Name] will maintain integrated workforce governance and human resource systems that ensure the right people, with the right qualifications, capability, support and authority, are available to safely and effectively deliver the organisation's services.

2. Scope

This policy applies to all persons undertaking work for or on behalf of [Organisation Name], including the Board / Governing Body, employees, executives, managers, healthcare practitioners, Aboriginal Health Workers and Aboriginal Health Practitioners, contractors, consultants, agency workers, locums, students, trainees, volunteers and visiting practitioners, as relevant to their role and engagement.

It applies across all organisational services, programs, locations and models of service delivery.

Requirements under this policy will be applied according to the nature of the person's role, employment or engagement arrangement, professional responsibilities, level of authority and associated risk.

3. Definitions

Workforce – All persons undertaking work or providing services for or on behalf of [Organisation Name], whether employed, contracted, honorary, temporary, agency, locum, student, trainee, volunteer or otherwise engaged.

Workforce Governance – The structures, responsibilities, systems and assurance mechanisms through which the organisation oversees workforce capacity, capability, accountability, safety, conduct, performance, culture and alignment with organisational and clinical governance requirements.

Human Resource Management – Organisational systems for managing the employment lifecycle, including recruitment, employment arrangements, orientation, performance, development, workplace relations, remuneration, leave, records and separation.

Workforce Planning – The systematic assessment of current and future workforce requirements and strategies to ensure sufficient workforce capacity, capability and sustainability.

Workforce Establishment – The approved number, type, classification and distribution of positions required to support organisational and service delivery needs.

Credentialing – The formal process used to verify a healthcare practitioner's qualifications, registration, experience, professional standing and other relevant attributes for the purpose of determining their suitability to provide specified services.

Recredentialing – The periodic review and confirmation that a practitioner continues to meet organisational and professional requirements for credentialing and authorised clinical practice.

Scope of Practice – The professional activities a healthcare practitioner is educated, competent and authorised to perform within their professional, organisational and regulatory requirements.

Position Description – A controlled document defining the purpose, responsibilities, accountabilities, reporting arrangements and essential requirements of a role.

Orientation / Induction – The structured process through which a new workforce member is introduced to the organisation, their role, responsibilities, systems, policies, safety requirements and workplace.

Mandatory Training – Education or training that the organisation requires a workforce member to complete because of legislation, regulation, accreditation, professional requirements, organisational risk or the responsibilities of their role.

Performance Development – A structured process for establishing expectations, reviewing performance, providing feedback, identifying development needs and supporting achievement of organisational and professional responsibilities.

Professional Development – Activities undertaken to maintain or develop knowledge, skills, competence and professional capability relevant to a person's role.

Supervision – Formal or informal oversight, guidance and support provided to assist a workforce member to perform their role safely, competently and effectively.

Workforce Consultation – Engagement with workers and, where applicable, their representatives about matters that affect workforce arrangements, health and safety, work design, organisational change or other employment matters.

Workforce Risk – A risk to organisational performance, service continuity, workforce or patient safety arising from workforce capacity, capability, conduct, culture, wellbeing, employment systems or other workforce-related factors.

4. Policy Statement

[Organisation Name] is committed to maintaining a workforce that is capable, culturally safe, appropriately qualified, supported, accountable and sufficient to meet organisational and community needs.

Workforce governance and human resource management will be integrated with organisational governance, clinical governance, cultural governance, strategic planning, risk management, work health and safety and continuous quality improvement.

The following principles are non-negotiable:

Workforce governance is an organisational responsibility. The Board / Governing Body and executive leadership must have appropriate oversight and assurance regarding workforce capacity, capability, culture, safety and sustainability.

Workforce decisions will be appropriately authorised. Recruitment, appointment, remuneration, employment variation, credentialing, scope-of-practice, performance and cessation decisions must occur within approved governance and delegation arrangements.

Employment systems will be fair and accountable. Workforce decisions will comply with applicable legislation, industrial instruments, employment contracts, organisational requirements and principles of procedural fairness.

Cultural safety is fundamental. Workforce systems, behaviours and workplace culture must support culturally safe care and a culturally safe working environment.

Aboriginal workforce participation will be strengthened. The organisation will seek to recruit, develop, support, retain and advance Aboriginal and Torres Strait Islander people across clinical, operational, management and leadership roles.

Roles and accountabilities will be clear. Workforce members must understand what is expected of them, their authority and reporting relationships, and their responsibilities for safety, quality and organisational performance.

People must be suitable for their roles. Qualifications, registration, credentials, licences, checks, competencies and other requirements must be verified where applicable.

Clinical practice must be appropriately authorised. Healthcare practitioners must practise within their professional and organisational scope of practice, competence and authority.

Capability must be maintained. Orientation, supervision, mandatory training, professional development and performance systems will support workforce members to perform their roles safely and effectively.

Workforce wellbeing affects quality and safety. Psychosocial safety, fatigue, workload, workplace culture and workforce wellbeing must be recognised and managed as organisational risks.

Workers will be consulted. Workforce members will have meaningful opportunities to contribute to decisions affecting work design, workforce change, health and safety and workforce systems.

Workforce concerns must be safe to raise. Workers must have appropriate pathways to raise safety, cultural, ethical, employment and professional concerns without inappropriate retaliation.

Workforce information will inform decisions. Workforce data, experience, risks and trends will be used to support planning, governance and improvement.

5. Policy

5.1 Workforce Governance

[Organisation Name] will maintain workforce governance arrangements that establish clear accountability for workforce strategy, management, safety, capability and performance.

Workforce governance will be integrated with the organisation's broader governance and clinical governance frameworks and will support oversight of:

- workforce capacity and establishment;
- workforce capability and skill mix;
- workforce planning and sustainability;
- Aboriginal and Torres Strait Islander workforce participation;
- recruitment and retention;
- workforce qualifications and credentials;
- clinical scope of practice;
- mandatory training and competence;
- workforce conduct and performance;
- workplace culture and cultural safety;
- workforce health, safety and wellbeing;
- workforce consultation;
- significant workforce risks;

- succession and business continuity; and
- compliance with applicable employment, industrial, professional and regulatory requirements.

Workforce decisions and authorities must operate within approved governance and delegation arrangements. Recruitment, appointment, remuneration, employment variations, credentialing, scope-of-practice decisions, performance action and cessation of employment or engagement must be authorised at the appropriate organisational level.

Significant workforce risks and trends must be reported through appropriate governance structures.

The Board / Governing Body will receive sufficient information to provide assurance that required workforce systems are in place and operating effectively and that the workforce is appropriately staffed, capable, culturally safe, supported and able to deliver safe and effective services.

5.2 Workforce Planning and Establishment

[Organisation Name] will undertake workforce planning appropriate to the size, complexity, service model and needs of the organisation.

Workforce planning will consider current and projected service demand, community health needs, approved workforce establishment, workforce capacity, required skills and professions, workforce demographics, vacancies, turnover, leave, recruitment challenges, geographic and market factors, service growth and identified workforce risks.

Planning should also consider:

- clinical and non-clinical skill mix;
- workforce availability;
- Aboriginal and Torres Strait Islander workforce participation;
- emerging service needs;
- leadership and management capability;
- critical and difficult-to-recruit roles;
- succession requirements;
- workforce development pathways;
- reliance on temporary, agency or locum workers;
- planned and unplanned absences; and
- service continuity.

Workforce planning must consider whether staffing levels, workforce establishment and skill mix remain appropriate to the volume, complexity and risk of services being delivered.

Persistent vacancies, staffing deficits, excessive workload or reliance on temporary workforce arrangements that may compromise safety, access, service quality or sustainability must be identified and escalated as organisational risks.

Workforce planning will be aligned with organisational strategic, operational and service planning.

5.3 Organisational Structure and Position Accountability

[Organisation Name] will maintain an organisational structure that clearly identifies governance, management, operational and clinical reporting relationships.

Roles must have current position descriptions or equivalent documented role requirements appropriate to the nature of the engagement.

Position descriptions should identify, as relevant:

- role purpose;
- reporting relationships;
- key responsibilities;
- delegations and authority;
- required qualifications and experience;
- registration or licensing requirements;
- safety and quality responsibilities;
- cultural safety responsibilities;
- mandatory competencies or training; and
- other inherent or essential role requirements.

Roles with responsibility for clinical governance, workforce management, supervision or significant organisational risk must have clearly defined accountabilities.

Position descriptions and organisational structures will be reviewed where significant role, service or organisational changes occur.

5.4 Recruitment and Selection

Recruitment and selection processes will be fair, transparent, culturally appropriate, merit-based and consistent with organisational requirements and applicable employment law.

Recruitment decisions must consider the qualifications, skills, experience, values, cultural capability and suitability required for the role.

Pre-employment and pre-engagement checks must be completed according to role requirements and may include:

- identity verification;
- qualifications;
- employment history;
- professional registration;
- references;
- criminal history checks;
- Working with Children Check;
- professional licences;
- credentialing information;
- immunisation or occupational screening requirements;
- work rights; and
- other checks required by legislation, regulation, funding arrangements or organisational risk.

A person must not commence unsupervised duties requiring a particular registration, credential, licence or mandatory clearance until the organisation has verified the relevant requirement.

Recruitment decisions must be appropriately documented and authorised in accordance with organisational delegations.

5.5 Aboriginal and Torres Strait Islander Employment and Workforce Development

As an ACCHS, [Organisation Name] recognises Aboriginal and Torres Strait Islander employment, leadership and workforce development as fundamental to community control and culturally responsive healthcare.

The organisation will seek to strengthen Aboriginal and Torres Strait Islander participation across all levels of the workforce, including clinical, operational, management, executive and governance roles.

Workforce strategies should support:

- culturally safe recruitment;
- employment pathways;
- traineeships and professional development;
- career progression;
- leadership development;
- mentoring and supervision;
- retention;
- recognition of cultural knowledge and responsibilities; and
- succession planning.

Employment and development strategies must avoid placing unreasonable or unrecognised cultural workloads on Aboriginal and Torres Strait Islander workers.

Cultural knowledge and community relationships must be respected as valuable expertise while ensuring individual workers are not expected to speak for all Aboriginal and Torres Strait Islander people or assume cultural responsibilities outside their role without appropriate agreement and support.

5.6 Employment and Engagement Arrangements

All workforce members must have documented employment or engagement arrangements appropriate to their role.

These arrangements must establish relevant terms, responsibilities, reporting relationships and conditions and comply with applicable legislation, the National Employment Standards, relevant modern awards or enterprise agreements, employment contracts and other binding industrial requirements.

The organisation will maintain systems for the appropriate management of:

- employment contracts;
- classifications and remuneration;
- hours and attendance;
- leave;
- flexible working arrangements;
- probation;
- variations to employment;
- secondments;
- temporary and casual employment;
- contractors and consultants;
- agency and locum arrangements; and
- cessation of employment or engagement.

Employment decisions must be appropriately authorised and documented.

Where probation or an initial employment review period applies, it will be used to confirm role suitability, performance, conduct, capability and support requirements in accordance with applicable employment arrangements and procedural fairness.

5.7 Credentialing, Recredentialing and Professional Registration

Healthcare practitioners must hold the qualifications, registration, credentials, licences and other professional requirements necessary for their role.

[Organisation Name] will maintain systems for credentialing, recredentialing and defining and reviewing scope of clinical practice proportionate to the nature and risk of the services provided.

Relevant requirements must be verified before appointment and periodically thereafter.

Credentialing and recredentialing processes must consider, as relevant:

- professional qualifications;
- current registration;
- professional standing;
- experience and competence;
- relevant training;
- professional indemnity requirements;
- conditions, undertakings or restrictions;
- scope of clinical practice; and
- other requirements relevant to safe practice.

Systems must support monitoring of expiry dates and changes to professional registration, conditions, undertakings, restrictions or other matters relevant to safe practice.

Recredentialing and review of scope of clinical practice must occur at defined intervals and earlier where changes in registration, competence, performance, health, professional conduct, service requirements or identified clinical risk indicate review is required.

Healthcare practitioners have a responsibility to maintain their professional registration and notify the organisation of any matter that may affect their ability or authority to practise.

Where registration, credentials or other essential requirements lapse, become restricted or cannot be verified, the practitioner must not undertake duties requiring those authorities until the matter has been appropriately resolved.

5.8 Scope of Practice and Clinical Authority

Healthcare practitioners must work within their professional scope of practice, demonstrated competence and organisational authority.

Clinical scope must reflect relevant qualifications, registration, experience, credentialing, competence and organisational capability.

Where a practitioner seeks to undertake new, expanded or advanced clinical activities, appropriate assessment and authorisation must occur before independent practice.

Changes to scope of practice must be documented where required.

Concerns regarding a practitioner's competence, professional conduct or ability to practise safely must be escalated through appropriate clinical governance and workforce processes.

Patient safety must take priority where uncertainty exists about whether a person is authorised or competent to perform a clinical activity.

5.9 Orientation and Induction

All new workforce members must receive orientation appropriate to their role and responsibilities.

Orientation must occur within reasonable timeframes and include relevant information about:

- organisational purpose, values and governance;
- Aboriginal community control;
- cultural safety;
- role responsibilities and reporting relationships;
- clinical governance and patient safety responsibilities where applicable;
- policies and procedures;
- Code of Conduct;
- privacy and confidentiality;
- work health and safety;
- incident and risk reporting;
- complaints and feedback;
- emergency procedures;
- information systems and cybersecurity;
- infection prevention and control where relevant;
- safeguarding requirements;
- mandatory training; and
- mechanisms for raising concerns.

Orientation must be documented.

Additional role-specific orientation, supervision or competency assessment must occur before independent performance of higher-risk duties where required.

5.10 Mandatory Training and Competency

[Organisation Name] will maintain a structured mandatory training program based on legislative, regulatory, accreditation, professional, clinical and organisational risk requirements.

Training requirements will be defined according to role and may include:

- cultural safety;
- work health and safety;
- emergency response;
- basic life support or CPR;
- infection prevention and control;
- privacy and confidentiality;
- information security;
- safeguarding;
- clinical safety;
- medication safety;
- equipment competency;
- manual handling;
- incident and risk management; and
- other role-specific requirements.

Completion and currency of mandatory training must be monitored.

Where competence is required to safely perform an activity, attendance at training alone must not automatically be considered evidence of competence.

Competency assessment must be undertaken where required by legislation, professional requirements, organisational policy or the level of risk associated with the activity.

Where training or competency requirements become overdue, the associated risk must be assessed and managed, including restriction of relevant duties where necessary.

5.11 Continuing Professional Development and Workforce Capability

[Organisation Name] will support workforce members to maintain and develop the knowledge and capability required for their roles.

Professional development should be informed by:

- role requirements;
- professional registration requirements;
- performance development;
- service needs;
- clinical governance;
- incidents and complaints;
- audit findings;
- changes in evidence or standards;
- identified competency gaps; and
- career and workforce development priorities.

Registered healthcare practitioners remain responsible for meeting applicable continuing professional development requirements of their profession.

Workforce development will support both current service requirements and future organisational capability.

5.12 Supervision and Support

Appropriate supervision and professional support will be available according to the person's role, competence, experience and level of responsibility.

Supervision requirements must be particularly clear for:

- students and trainees;
- new graduates;
- workers undertaking new duties;
- healthcare practitioners subject to supervision requirements;
- workers developing new competencies; and
- persons whose performance or competence requires additional oversight.

Supervisors must be appropriately qualified, experienced or authorised for the supervision being provided.

Supervision arrangements must support safe practice, learning, accountability and escalation of concerns.

5.13 Performance Development and Review

[Organisation Name] will maintain systems for communicating performance expectations, providing feedback, recognising good performance, identifying development needs and addressing performance concerns.

Performance development should be proportionate to the role and include consideration of:

- position responsibilities;
- organisational values and behaviours;
- cultural safety;
- safety and quality responsibilities;
- professional and clinical responsibilities where relevant;
- achievement of agreed objectives;
- training and development needs; and
- opportunities for professional or career development.

Performance discussions should occur regularly and must not be limited to formal annual review.

Performance concerns must be addressed fairly, promptly and proportionately and in accordance with procedural fairness, employment requirements and applicable organisational processes.

5.14 Conduct, Ethics and Professional Behaviour

All workforce members must comply with the organisation's Code of Conduct, policies and applicable professional and ethical requirements.

The organisation expects respectful, culturally safe, professional and lawful workplace behaviour.

Bullying, harassment, sexual harassment, discrimination, racism, victimisation, violence, intimidation and other unacceptable workplace conduct will not be tolerated.

Healthcare practitioners must also comply with applicable professional codes, standards and regulatory obligations.

Potential serious misconduct, professional misconduct or conduct that creates a risk to patients, workers or the organisation must be escalated appropriately.

5.15 Cultural Safety and Workforce Culture

[Organisation Name] will promote a workplace culture that is culturally safe, respectful, inclusive and consistent with Aboriginal community control.

Cultural safety expectations apply to all members of the workforce regardless of role, profession, seniority or cultural background.

Cultural safety will be embedded in recruitment, orientation, training, supervision, performance development, leadership and workforce evaluation.

The organisation will identify and respond to racism, discrimination and culturally unsafe behaviour.

Workforce members must be able to raise concerns about cultural safety without fear of inappropriate retaliation.

Leaders are responsible for modelling culturally safe behaviour and addressing workplace practices that undermine cultural safety or community trust.

5.16 Workforce Health, Safety and Wellbeing

[Organisation Name] will provide and maintain, so far as reasonably practicable, a work environment that is safe and without risks to health.

Workforce management will integrate with the organisation's work health and safety systems.

The organisation will identify and manage workforce risks including:

- physical hazards;
- occupational exposure;
- occupational violence and aggression;
- psychosocial hazards;
- bullying and harassment;
- fatigue;
- excessive workload;
- workplace conflict;
- remote or isolated work;
- work-related stress; and
- other factors that may affect workforce or patient safety.

Workers will be consulted, so far as required and reasonably practicable, when identifying workforce hazards, assessing risks and determining controls or changes that may affect health and safety.

Psychosocial risk management will focus on eliminating or minimising hazards arising from work design, systems, workload, role clarity, support, workplace relationships, exposure to traumatic events and organisational culture rather than relying solely on individual resilience or wellbeing initiatives.

Workers will be encouraged and supported to report hazards, injuries, incidents and wellbeing concerns.

Workforce wellbeing initiatives must complement, rather than replace, organisational responsibility to identify and control workplace risks.

5.17 Fatigue, Workload and Fitness for Work

Work arrangements must support workers to perform their duties safely.

Managers will consider workload, hours of work, fatigue, staffing levels, complexity of work and other factors that may impair safe performance.

Workforce members must present fit to undertake their duties and notify an appropriate manager where they believe their ability to work safely is impaired.

Where fatigue, impairment or workload presents a risk to patients, workers or others, reasonable action must be taken to control that risk.

Clinical and operational pressures must not override patient or workforce safety.

5.18 Workforce Consultation and Participation

[Organisation Name] will maintain mechanisms for workforce consultation appropriate to the nature, size and complexity of the organisation.

Workers and, where applicable, their representatives will be consulted about matters that may materially affect their work, including:

- work health and safety;
- psychosocial hazards;
- significant changes to work systems;
- workforce structures and role changes;
- service redesign;
- workload and work design;
- organisational policies affecting employment or safety; and
- other matters where consultation is required by law, industrial arrangements or organisational policy.

Consultation must occur sufficiently early to allow workforce views, impacts and risks to be meaningfully considered.

Consultation does not remove the organisation's responsibility to make and implement lawful and appropriate decisions.

5.19 Speaking Up and Workforce Concerns

[Organisation Name] will maintain mechanisms for workers to raise concerns relating to patient safety, workplace safety, cultural safety, unethical conduct, professional practice, organisational risk or employment matters.

Concerns must be treated respectfully and appropriately escalated.

Workers must not be subjected to inappropriate retaliation or disadvantage for raising a genuine concern through appropriate channels.

Where concerns identify potential patient harm, serious misconduct, unlawful behaviour or other significant risk, appropriate investigation, escalation or external notification must occur.

5.20 Workforce Grievances and Workplace Issues

Workforce members will have access to fair and accessible mechanisms for raising employment-related concerns or grievances.

Grievances will be managed respectfully, confidentially and in accordance with procedural fairness.

Informal resolution may be appropriate for some matters but must not be used where the seriousness or nature of the concern requires formal investigation or escalation.

Workforce grievance processes must not replace incident reporting, safeguarding, whistleblower, professional conduct or work health and safety processes where those mechanisms are required.

5.21 Professional Conduct and Mandatory Notifications

[Organisation Name] will respond appropriately to concerns about the professional conduct, competence or health of registered healthcare practitioners where these matters may affect safe practice.

Where circumstances may trigger mandatory reporting, notification or referral obligations, the organisation and relevant registered practitioners must comply with applicable legal and professional requirements.

Decisions relating to professional conduct concerns must be appropriately documented and escalated through clinical governance and workforce governance arrangements.

Patient safety must remain the primary consideration.

5.22 Agency Workers, Locums, Contractors and Visiting Practitioners

Persons who are not directly employed by [Organisation Name] must nevertheless meet relevant organisational requirements before undertaking work.

Requirements will be proportionate to the nature and risk of the role and may include:

- identity and qualification verification;
- registration and credentialing;
- relevant screening and clearances;
- orientation;
- cultural safety requirements;
- mandatory training;
- confidentiality and privacy;
- clinical governance requirements;

- scope of practice;
- incident reporting; and
- compliance with relevant organisational policies.

The use of temporary or external workers must not result in lower standards of patient safety, workforce accountability or cultural safety.

5.23 Students and Trainees

Students and trainees may participate in organisational activities where appropriate arrangements exist for placement, supervision, confidentiality, patient consent where required and scope of activity.

Students and trainees must receive appropriate orientation and must work within the limits of their training, competence and supervision.

Patients retain the right to decline involvement of a student or trainee in their care.

5.24 Workforce Records and Information

[Organisation Name] will maintain accurate, secure and appropriately accessible workforce records.

Records may include:

- employment or engagement documentation;
- position descriptions;
- qualifications;
- registration and credentialing evidence;
- licences and clearances;
- orientation;
- training and competency;
- performance documentation;
- leave and attendance information;
- professional development;
- supervision records where required; and
- other employment or workforce information.

Workforce information must be managed in accordance with applicable privacy, employment, recordkeeping and information security requirements.

Access must be restricted to authorised persons with a legitimate organisational need.

5.25 Workforce Rostering and Service Continuity

Workforce deployment and rostering must consider service demand, patient safety, skill mix, clinical requirements, workforce availability, fatigue and continuity of services.

Where workforce shortages affect the organisation's capacity to provide services safely, the risk must be identified and escalated.

Responses may include redistribution of resources, alternative service arrangements, temporary workforce, modified service delivery or escalation through business continuity arrangements.

Services must not continue at a level or in a manner that creates an unacceptable risk solely to maintain normal operations.

5.26 Succession Planning and Critical Roles

[Organisation Name] will identify roles, skills and functions whose unexpected absence or vacancy may materially affect service delivery, governance or patient safety.

Reasonable succession and continuity strategies will be developed for critical roles.

Strategies may include:

- cross-training;
- development pathways;
- documented delegations;
- acting arrangements;
- recruitment planning;
- knowledge transfer;
- external support arrangements; and
- business continuity planning.

Workforce succession planning should support Aboriginal and Torres Strait Islander leadership and career development wherever practicable.

5.27 Workforce Change and Organisational Restructure

Significant workforce changes will be planned and implemented in accordance with applicable employment, consultation, industrial and work health and safety requirements.

Workers and relevant representatives will be consulted about significant workforce changes in accordance with applicable legal, industrial and work health and safety requirements. Consultation must occur sufficiently early to allow identified impacts and risks to be meaningfully considered.

Workforce change must consider potential impacts on:

- patient safety;
- service continuity;
- cultural safety;
- workforce wellbeing;
- clinical governance;
- workload;
- role clarity;
- organisational capability; and
- community relationships.

Significant risks arising from organisational change must be identified, assessed, controlled and monitored.

5.28 Separation and Exit

Employment and engagement cessation must be managed fairly, lawfully and in accordance with contractual and organisational requirements.

Exit processes should address, where applicable:

- return of organisational property;
- termination of system and facility access;
- transfer of outstanding work;
- clinical handover;
- patient follow-up responsibilities;
- records;
- confidentiality obligations;
- delegations and authorities;
- final employment requirements; and
- knowledge transfer.

Where appropriate, exit feedback may be sought and analysed to identify workforce risks or opportunities for improvement.

Departure of a workforce member must not result in clinically significant information, patient follow-up or organisational responsibilities being lost.

5.29 Workforce Risk Management

Workforce risks will be identified, assessed, managed and monitored through the organisation's risk management systems.

Workforce risks may include:

- vacancies and shortages;
- inadequate workforce establishment;
- inadequate skill mix;
- high turnover;
- reliance on individual workers;
- loss of critical knowledge;
- inadequate supervision;
- credentialing failures;
- expired registrations or clearances;
- training and competency gaps;
- excessive workloads;
- fatigue;
- poor workplace culture;
- psychosocial hazards;
- racism or cultural safety concerns;
- recruitment and retention difficulties; and
- inadequate succession arrangements.

Significant workforce risks must be escalated through appropriate governance structures and incorporated into organisational risk registers where required.

5.30 Workforce Data and Organisational Assurance

[Organisation Name] will use workforce information to understand workforce capacity, capability, risk and sustainability.

Workforce monitoring may consider:

- workforce establishment and vacancies;
- recruitment and time-to-fill;
- turnover and retention;
- Aboriginal and Torres Strait Islander workforce participation;
- workforce demographics;
- mandatory training compliance;
- registration and credentialing compliance;
- performance development;
- absenteeism and leave trends;
- workplace incidents and injuries;
- psychosocial hazards;
- grievances and conduct matters;
- workforce culture;
- workforce experience;

- agency and locum reliance;
- succession risks; and
- professional development.

Data must be interpreted in context and used to identify emerging risks and improvement opportunities rather than solely for administrative reporting.

Workforce reporting must enable executive management and the Board / Governing Body to determine whether workforce arrangements remain sufficient, capable, culturally safe and sustainable and whether identified workforce risks are being effectively controlled.

Workforce assurance must consider qualitative information, including workforce experience, culture, safety concerns and service impacts, as well as quantitative human resource measures.

5.31 Continuous Improvement in Workforce Management

[Organisation Name] will regularly review workforce systems to determine whether they remain effective, compliant and responsive to organisational and community needs.

Improvement priorities may arise from workforce data, worker feedback, patient and community feedback, incidents, complaints, audits, accreditation findings, risk assessments, workforce surveys, exit information, legislative changes or changes in service delivery.

Improvement actions must be documented, assigned, monitored and evaluated where appropriate.

Workforce members should have meaningful opportunities to contribute to improvements affecting their work and the safety and quality of services.

6. Roles and Responsibilities

Role	Responsibilities
Board / Governing Body	Oversees workforce strategy, capability, culture, significant risks and sustainability.
Chief Executive Officer	Ensures effective workforce governance, resources, delegations and compliance systems.
Executive Management	Implements workforce strategy and monitors capacity, capability, performance and significant risks.
Human Resources / People and Culture	Maintains employment systems and supports recruitment, workplace relations, performance, records and legislative compliance.
Clinical Lead / Senior Clinicians	Oversees clinical capability, credentialing, scope of practice, supervision and professional performance.
Managers / Practice Managers	Manage recruitment, induction, training, supervision, performance, workload, culture and workforce risks.
Quality / Compliance Personnel	Supports workforce-related accreditation, audit, risk, governance reporting and quality improvement.
All Workers	Maintain required qualifications and competence, work within role requirements, support a safe and culturally respectful workplace, and raise identified risks or concerns.

7 . Cultural Considerations

As an Aboriginal Community Controlled Health Service, [Organisation Name] recognises that workforce governance cannot be separated from culture, community control and Aboriginal and Torres Strait Islander self-determination.

The workforce is central to the organisation's relationship with community and its ability to provide culturally safe, trusted and responsive healthcare.

Workforce systems will seek to strengthen Aboriginal and Torres Strait Islander employment, leadership, capability and career progression and to create culturally safe pathways into and through the organisation.

[Organisation Name] recognises that Aboriginal and Torres Strait Islander workers may carry cultural knowledge, relationships and responsibilities that provide significant value to the organisation and community. These contributions should be appropriately recognised and supported and must not result in unreasonable cultural load or expectations.

The organisation will actively address racism, discrimination and culturally unsafe workplace behaviour and will maintain culturally safe mechanisms through which workers can raise concerns.

All workforce members are responsible for contributing to cultural safety. Cultural safety is not solely the responsibility of Aboriginal and Torres Strait Islander workers.

Workforce policies and decisions will also recognise and respect the cultural, linguistic, religious and other diversity of the broader workforce while maintaining the organisation's identity, responsibilities and purpose as an Aboriginal Community Controlled Health Service.

8. Related Policies & Documents

- Organisational Governance Policy
- Clinical Governance Policy
- Cultural Safety Policy
- Code of Conduct
- Work Health and Safety Policy
- Risk Management Policy / Framework
- Quality Improvement Policy / Framework
- Recruitment and Selection Procedure
- Credentialing, Recredentialing and Scope of Practice Procedure
- Orientation and Induction Procedure
- Mandatory Training Procedure / Matrix
- Performance Development and Management Procedure
- Professional Development Procedure
- Grievance Resolution Procedure
- Workplace Conduct / Bullying, Harassment and Discrimination Procedure
- Flexible Work Procedure
- Leave Procedure
- Working from Home Procedure
- Employee Records / Personnel File Procedure
- Contractor and Locum Management Procedure
- Student Placement Procedure
- Exit and Offboarding Procedure
- Delegations of Authority
- Organisational Structure
- Position Descriptions
- Workforce Plan
- Business Continuity Plan
- Supervision Procedure

9. Monitoring & Review

[Organisation Name] will monitor implementation and effectiveness of this policy through organisational governance, clinical governance, human resource management, work health and safety, risk management and continuous quality improvement systems.

Monitoring may include workforce establishment and vacancies; recruitment and retention; turnover; Aboriginal and Torres Strait Islander workforce participation; credentialing, recredentialing and registration compliance; mandatory training and competency; orientation completion; performance development; professional development; workforce incidents;

injuries and psychosocial risks; workforce culture and experience; absenteeism; grievances; conduct matters; agency or locum reliance; succession risks; accreditation findings; and workforce-related improvement activities.

Monitoring must assess both whether required workforce systems exist and whether they operate effectively in practice.

Particular attention will be given to trends or recurring issues that may indicate systemic workforce risks, including persistent vacancies, inadequate establishment, excessive turnover, workforce shortages, inadequate skill mix, credentialing or training gaps, unsafe workload, cultural safety concerns, psychosocial hazards or insufficient supervision.

Workforce information must be reported through appropriate governance structures, with significant risks escalated promptly.

The organisation will periodically evaluate whether workforce systems support safe and high-quality care, culturally safe service delivery, workforce wellbeing and organisational sustainability.

The Board / Governing Body and executive management must receive sufficient assurance to determine whether workforce arrangements remain appropriate to organisational and community needs and whether significant workforce risks are being effectively managed.

This policy will be reviewed every two years, or earlier where significant changes occur to legislation, industrial arrangements, accreditation or professional standards, organisational structure, workforce risks or service delivery requirements.

10. Breach of Policy

Failure to comply with workforce governance and human resource requirements may expose patients, workers, the community and [Organisation Name] to avoidable clinical, operational, cultural, regulatory, employment or organisational risk.

Actual or suspected breaches of this policy must be identified, reported and managed according to their nature, seriousness and level of risk.

Where a breach creates an immediate risk to patient or workforce safety, action must be taken promptly to control the risk and protect affected persons.

Management may include:

- immediate corrective action;
- restriction or modification of duties;
- clinical review;
- additional supervision;

- education or competency assessment;
- incident management;
- workforce or system review;
- performance management;
- disciplinary action;
- credentialing or scope-of-practice review;
- contractual action;
- risk management;
- external notification where required; or
- continuous quality improvement.

Where a breach identifies a broader organisational or systemic workforce issue, [Organisation Name] will address contributing factors through governance, workforce planning, risk management and continuous quality improvement.

Action taken under this policy must be fair, proportionate, appropriately authorised and consistent with applicable employment, industrial, professional, contractual and legal requirements.

11. Appendix

Referenced Documents and Resources

The following external and internal resources have informed the development of this policy:

Document Title	Type	Location / Access
Fair Work Act 2009 (Cth)	External	Federal Register of Legislation
National Employment Standards	External	Fair Work Ombudsman
Work Health and Safety Act 2011 (NSW)	External	NSW Legislation
Work Health and Safety Regulation 2025 (NSW)	External	NSW Legislation
Managing Psychosocial Hazards at Work – Code of Practice	External	SafeWork NSW
Anti-Discrimination Act 1977 (NSW)	External	NSW Legislation
Sex Discrimination Act 1984 (Cth)	External	Federal Register of Legislation
Racial Discrimination Act 1975 (Cth)	External	Federal Register of Legislation

[Service Letterhead]

Document Title	Type	Location / Access
Disability Discrimination Act 1992 (Cth)	External	Federal Register of Legislation
Privacy Act 1988 (Cth)	External	Federal Register of Legislation
Health Practitioner Regulation National Law (NSW)	External	NSW Legislation
RACGP Standards for General Practices	External	RACGP Standards
RACGP Standards – 6th Edition Hub	External	RACGP
NSQHS Standards – Clinical Governance Standard	External	Australian Commission on Safety and Quality in Health Care
National Safety and Quality Primary and Community Healthcare Standards	External	Australian Commission on Safety and Quality in Health Care
2026 National Model for Clinical Governance	External	Australian Commission on Safety and Quality in Health Care
Credentialing and Defining Scope of Practice – Guidance for Health Services and Clinicians	External	Australian Commission on Safety and Quality in Health Care
Organisational Governance Policy	Internal	Internal Document
Clinical Governance Policy	Internal	Internal Document
Cultural Safety Policy	Internal	Internal Document
Work Health and Safety Policy	Internal	Internal Document
Risk Management Policy / Framework	Internal	Internal Document
Quality Improvement Policy / Framework	Internal	Internal Document
Code of Conduct	Internal	Internal Document
Workforce Plan	Internal	Internal Document

Document Title	Type	Location / Access
Credentialing, Recredentialing and Scope of Practice Procedure	Internal	Internal Document
Mandatory Training Matrix / Procedure	Internal	Internal Document

12. Version History

Version	Date	Author	Change Summary
1.0	DD/MM/YYYY	[Your Name]	Initial draft