2026 gender equality action plan (GEAP) for: Mallee Track Health and Community Service

Organisation name (required)	Mallee Track Health and Community Service
Total number of employees (and full time equivalent FTE), as at 30 June 2025	Total employees: 254 Total FTE: 135.86
Location (metropolitan, regional or rural. If other, please specify)	Rural

Attestation by head of organisation (required)

I confirm that:

☒ I am the head of organisation (CEO or equivalent)

☒ I have reviewed and approved the submission of this gender equality action plan (GEAP) on behalf of my organisation (as named above), and I attest that the implementation of the GEAP will be adequately resourced as required under the Gender Equality Act (2020).

Any comments?	
Name	Dr Frances Peart
Role title	Chief Executive Officer
Signed	
Date	30/04/2026

A) Planning your GEAP

Section 1: Use insights from your previous gender equality work (recommended)

Our previous gender equality work has provided several important insights that have shaped the direction of this updated GEAP. When the original GEAP was prepared, MTHCS had very limited education or guidance available. There were no networking groups such as the Champions of Change network, and the requirements of the Gender Equality Act 2020 (the Act) were new and at times daunting. This lack of foundational support highlighted the need to build internal capability from the ground up and has influenced our approach to strengthening staff understanding and organisational readiness over time. Networking opportunities have been one of the most valuable enablers of our progress, giving staff and leaders access to shared learning, peer support and practical examples from other organisations that have helped build our confidence and capability in applying gender equality principles.

One of the most significant learnings has been the need to strengthen awareness, education and capability across the organisation in completing Gender Impact Assessments (GIAs). Earlier implementation showed that staff required clearer guidance on how to apply the GIA framework, and remembering the importance of this when planning new programs or reviewing existing ones. This reinforced the importance of building a shared understanding of the basics of gender equality, including how gendered impacts occur and how to embed gender analysis meaningfully into program design and decision-making.

We also learned from our progress report that the Commission's compliance feedback was difficult to interpret. In particular, we were marked as non-compliant for Tab 3, with feedback stating that indicators were "not given," despite the data being included in our submission. This was confusing, especially as we received a "yes" for demonstrating progress but a non-compliance for the submission itself. This inconsistency highlighted the need for our understanding to broaden and time to understand it the best way possible, in our context. It also reinforced the importance of documenting our reporting approach clearly, strengthening internal governance oversight, and seeking clarification earlier when requirements or feedback are unclear.

Another key learning has been the importance of accurate and complete workforce data. Earlier reporting highlighted gaps in our system fields and inconsistencies in how information was recorded, which limited our ability to produce reliable workforce metrics and meet legislative requirements. This has impacted some of our trend data and reinforced the need to strengthen our data quality processes to ensure future reporting is accurate, comparable and compliant. Over time, and with the benefit of being part of the Loddon Mallee Local Health Service Network (LMLHSN), our systems have become more aligned and our capability has strengthened. The LMLHSN has supported shared problem-solving, consistent data practices and a clearer understanding of expectations. Data fields have been refined and data entry practices improved to ensure information is correct, consistent and suitable for analysis. Although we still had fields missing in the most recent workforce data audit, sexual orientation, religion and some fields relating to cultural identity, these improvements have enhanced our ability to identify gendered trends, monitor progress and plan more effectively.

The LMLHSN also brought the 13 local health services together to form a small regional cohort that supported one another which provided valuable learnings from other organisations. Although resourcing this group has been challenging in recent years, the partnership created valuable foundations, including a shared team channel and aligned templates that enabled consistent communication, collaboration and reporting across the region.

Reviewing our achievements against the previous GEAP, we can see strong progress in improving the composition of our workforce at all levels, with our overall gender profile gradually shifting toward a more balanced workforce. Our turnover rate remains low at approximately 1.5%, and our tracking of terminations and the reasons behind employee departures confirms that workforce composition has not been a contributing factor to turnover. One of our key actions was to monitor departures to determine whether caring responsibilities were influencing employees' decisions to leave; this analysis, along with insights from exit interviews, has shown that caring responsibilities and parental responsibilities have not been a factor in employee terminations.

Awareness of gender pay equity continues to grow, and while 66% of our part-time workforce remains one of our most significant gender disparities, our analysis shows that this is largely driven by employee choice rather than organisational barriers. This pattern is consistent with industry benchmarks and is not outside the trends observed across other health services. Pay gaps remain evident in our reporting, indicating that further work is needed to understand their root causes and identify targeted actions to close these gaps.

Flexible working arrangements continue to be a key strength at MTHCS. Although we do not have comparative data to show the increase from 2023 to 2025, 78% of People Matter Survey respondents reported confidence that any request for flexible working arrangements would be genuinely considered. This progress has been strongly supported and championed by senior leaders, who have prioritised flexibility as a core component of our workforce culture.

Understanding the prevalence and nature of sexual harassment within our organisation remains a developing area. We believe incidents are still underreported, highlighting the need for continued focus. Strengthening psychological safety is essential, and we remain committed to fostering a culture where speaking up for safety is encouraged, supported, and embedded in everyday practice. In recent years, our strengthened Learning and Development team has significantly expanded training opportunities, helping build staff capability, increase awareness of respectful behaviours, and support a more confident and informed workforce response to sexual harassment and inappropriate conduct.

Although most intended outcomes from the last GEAP were achieved, several actions remain outstanding, including succession planning, sexual harassment awareness, prevention and response training, and strengthening understanding of intersectionality and overlapping forms of discrimination.

Section 2: Processes, record keeping and governance (recommended)

Our gender equality work has highlighted the importance of having strong, consistent processes and governance structures to support compliance with the Gender Equality Act 2020. Over the past reporting period, we have strengthened several internal systems to ensure that gender equality considerations are embedded into organisational practice and that our reporting is accurate, transparent and aligned with legislative expectations.

We have improved our record-keeping processes by refining data fields, strengthening data entry practices, and increasing system capability to support more reliable workforce reporting. Being part of the LMLHSN has enabled greater alignment across systems and shared approaches, improving the

consistency and quality of the data we collect. These improvements ensure that our workforce information is as complete as possible, accurate, and suitable for analysis, supporting more meaningful monitoring of gendered trends over time.

Governance processes have strengthened. The establishment of a Remuneration Procedure and Committee has created a fair and transparent mechanism for classification reviews, ensuring decisions are documented and consistency is applied. Updated governance pathways (QI2) now guide the approval of all new and revised policies, procedures and frameworks, ensuring they are assessed through a gender equality lens before endorsement.

We have also reviewed and updated organisational policies to remove gender-specific language and ensure inclusive practice. Recruitment processes have been strengthened through a commitment to gender-balanced interview panels wherever possible, supporting a diverse and more transparent decision-making. Improvements to onboarding forms have enhanced the quality of demographic and workforce data collected at commencement, supporting which has enhanced reporting capabilities.

The CEO at MTHCS has strengthened how we communicate our commitment to key organisational priorities, including enhanced acknowledgements of Country, rights-based care and integrity moments. While gender equality has not yet been explicitly incorporated into this statement, it remains a core organisational commitment. Embedding it into this opening statement would further reinforce our leaders' role in communicating and championing the vision of gender equality across MTHCS.

Section 3: Leadership commitment (recommended)

Mallee Track Health and Community Service is committed to advancing gender equality as a core component of organisational performance, workforce sustainability, and community trust. The Gender Equality Action Plan (GEAP) provides a structured and evidence-based framework to address systemic inequities and ensure that our workplace reflects the diversity, values and expectations of the communities we serve. Our commitment is grounded in both legislative obligation and organisational intent. As a defined entity under the Gender Equality Act 2020, we recognise our responsibility to take deliberate, measurable action to improve gender equality outcomes across workforce composition, leadership representation, pay equity, safety, and opportunity. This is not a compliance exercise; it is a strategic priority that strengthens decision-making, enhances service delivery, and positions MTHCS as an employer of choice in a constrained rural workforce environment, reinforced by the inclusion of an Empowered Workforce as a key priority in our Strategic Plan.

The GEAP identifies clear areas of focus informed by our baseline audit, including workforce gender composition, recruitment and promotion practices, flexible work utilisation, and gendered occupational segregation. We acknowledge that while our workforce reflects sector-wide trends—particularly a high proportion of women—this does not equate to equity of opportunity, experience, or outcomes. We are therefore committed to addressing structural and cultural barriers that may limit participation, progression, and inclusion for all genders, particularly when compounded by intersectional factors such as location, culture, disability, or age. Central to this commitment is the creation of a safe, respectful and inclusive workplace. While formal reports of workplace sexual harassment are low, staff experience data indicates that risk remains present, reinforcing the need for proactive prevention, stronger reporting confidence, and visible leadership accountability. We will continue to invest in training, systems and cultural initiatives that promote psychological safety, challenge inappropriate behaviours, and support staff to speak up without fear of reprisal.

We also recognise that gender equality is intrinsically linked to workforce participation and service sustainability in rural settings. Flexible work practices, career development pathways, and equitable access to leadership opportunities are critical to attracting and retaining talent. The GEAP outlines practical actions to strengthen these areas, including improved data capture, targeted workforce strategies, and more transparent monitoring of recruitment, promotion and exit trends. Implementation of the GEAP will be actively led by the executive and embedded within governance, strategy and operational planning processes. Leadership accountability is explicit, with People and Culture coordinating delivery and progress monitored through defined indicators and reporting to the Commission. This ensures that gender equality is not treated as a standalone initiative but is integrated into organisational decision-making, risk management, and performance oversight.

Ultimately, our commitment to gender equality reflects our broader mission to deliver equitable, person-centred care and to foster thriving, resilient communities. By addressing inequality within our workforce, we strengthen our capacity to respond to community need, improve health outcomes, and model the values of accountability, integrity and inclusion that define Mallee Track Health and Community Service.

Dr Frances Peart, Chief Executive Officer

B) Consult on your audit results and strategies

Section 4: Confirm consultation groups (required)

You must consult with your…	Confirm yes or no	If no, why not?
Governing body (if your organisation has one)	Yes	
Employees	Yes	
Employee representatives, including relevant trade unions	Yes	We consulted with all OHS committees' members, all union representatives were given an opportunity to provide feedback
You might consult with…	**Confirm yes or no**	**Please describe additional people and/or groups**
Other relevant people		

Section 5: Document your consultation process (required)

Board
We have strengthened governance by adding Gender Equality as a standing item on the MTHCS Board of Directors workplan. Changes in governance is demonstrated by reviewing all relevant policies and procedures, monitoring compliance status, and overseeing progress toward the GEAP in place at the time, ensuring robust stewardship and accountability.
The Board is consulted to ensure strong risk management oversight. By reviewing gender equality progress, policy updates, compliance status and any emerging risks, the Board provides an additional layer of accountability and ensures that gender equality considerations are embedded into organisational governance. The Board of Directors were also given an opportunity to respond to the proposed strategies.

Employees
We have established multiple communication channels across MTHCS to ensure gender equality is discussed consistently and transparently. Gender equality updates and actions are included in our Quality and Kronos Boards (notice boards to employees), which serve as key internal communication platforms. The topic is discussed at the monthly managers' meeting, which provides a structured closed feedback loop. Managers then take this information back to their teams, ensuring staff at all levels are informed and engaged. Any issues, insights or actions that require escalation are raised openly through the appropriate governance pathway, including Operations, Executive and the Board. This multi-layered approach ensures that gender equality remains visible, supported and embedded across all levels of the organisation.

Surveys
Over the past 12 months, leading into the next Gender Equality Action Plan preparation, MTHCS has collected data via numerous surveys

- People Matter Survey -79% (2024) and 66% (2025) engagement rates – we believe this is a great sample of our organisation
- Best Practice Australia staff survey 69% response rate – takes a deep dive into internal culture
- Learning and Development survey – understand what people want to learn to excel in their careers and be the best version of themselves at work. This includes personal, professional, and organisational learning
- Gender Equality Action Plan survey – deep dive into the 7 indicators and previous strategies
- Enhanced workforce data collection out of the payroll system.
- Team meetings and Managers meetings.

Consulting staff ensures that gender equality work is informed by the real experiences, insights and needs of the people who work within the organisation. The feedback we get from our staff we consider when putting action plans and changes to the organisation.

Section 6: Findings from your consultation (recommended)

Consultation with staff provided valuable insights into gender equality at MTHCS and highlighted several themes relevant to our obligations under the Gender Equality Act 2020. Across all focus areas—gender composition, pay equity, recruitment and onboarding, workplace safety, and gendered segregation—staff generally viewed MTHCS as fair, inclusive and supportive, while also identifying opportunities for improvement.

Staff expressed mixed views on whether MTHCS has a balanced gender composition. Many felt the current workforce reflects the nature of the care sector, where roles traditionally attract more women. However, several respondents noted that the organisation remains female-dominated, particularly in care and administrative roles. Staff commonly attributed this imbalance to external factors such as local demographics, socio-economic influences and cultural expectations within a small rural community. Importantly, most staff reported no internal barriers preventing diverse applicants from joining or progressing within MTHCS. Suggestions for strengthening gender diversity included inclusive advertising, showcasing male employees, and encouraging male applicants.

Feedback on pay equity indicated that most staff had not observed any gender-based differences in pay or career opportunities. Many believed current systems—such as EBA's and qualification-based pay structures—already ensure fairness. A small number of respondents emphasised the importance of equal pay for equal work and ensuring comparable pay between male-dominated and female-dominated roles. These findings support the Act's requirement to examine whether gendered role distribution contributes to unequal pay outcomes and reinforce the need for ongoing monitoring, transparent processes, and regular review of pay structures. At MTHCS we believe the actions undertaken throughout the past GEAP relating to pay equity have strengthened our commitment to the gender pay gap equity principles, ensuring they are embedded in our decision-making and continue to inform organisational improvements.

We received some conflicting information across the different ways we sought feedback on recruitment and career progression. While our internal pulse check survey indicated that most staff viewed our recruitment and onboarding processes as inclusive and free from gender bias, the People Matter Survey showed lower levels of confidence in recruitment and promotion practices, with the four lowest-scoring questions relating to these areas – not specifically stating gender bias issues. However, these results have improved over the past 12 months and are now only 1% below the comparator group. In contrast, the People Matter Survey reported strong positive views about flexible working arrangements. Staff suggested clearer statements of

commitment to gender equality, more gender-neutral advertising, and promotional materials that better reflect gender diversity. Feedback on part-time work indicated that decisions to work part-time are primarily driven by family responsibilities, lifestyle preferences and the need for flexibility—consistent with the Act's requirement to understand how workplace arrangements impact gender equality. While most staff felt promotion opportunities were fair, a minority raised concerns about favouritism and recommended clearer progression pathways, strengthened succession planning, performance-based criteria and increased development opportunities.

Most employees reported feeling safe and supported when reporting incidents of sexual harassment or discrimination, citing regular training, accessible information and clear reporting pathways as key strengths. During the current GEAP, we have expanded our reporting mechanisms to ensure multiple options are available, recognising that a single approach does not meet the needs of all staff.

A small number of respondents were unsure about the clarity of procedures and felt communication could be improved. Suggestions included enhancing existing communication channels—such as newsletters, posters, screensavers and themed campaigns—to reinforce protections and reporting mechanisms. MTHCS has also been working with the LMHSLN and neighbouring health services to explore additional systems that could further strengthen our reporting capabilities. These insights align with the Act's requirement to maintain safe, respectful and gender-equitable workplaces, highlighting opportunities to improve visibility and awareness while learning from the practices of other organisations.

Staff showed mixed awareness of gendered segregation. Some identified gender-based patterns in certain roles, while others felt segregation was not evident. Many noted that these patterns reflect the broader care sector and local community demographics. Most staff felt MTHCS policies support inclusion and intersectionality, though a few were unsure – highlighting areas of improvement. One respondent shared experiences of insensitive comments related to sexuality and menopause, underscoring the need for continued education and respectful workplace culture initiatives, as well as ongoing campaigns to build understanding of what gendered segregation is. These insights highlight the importance of normalising this language across the organisation so staff feel confident recognising and discussing it.

C) Consider the gender equality and the gender pay equity principles, and intersectionality

Section 7: Consider the gender equality principles (required)

In developing this GEAP, MTHCS most certainly applied the Gender Equality Principles to ensure our approach is evidence-based, accountable and embedded across all levels of the organisation. When the Gender Equality Act 2020 was introduced, the requirements were new for MTHCS. Although we already had systems in place to support women in our workforce, the understanding of the Act and principles strengthened our understanding of what a safe and equal workplace requires. The principles highlight not only the responsibility of organisations, but also the accountability of the State in driving systemic change. Their broad, values-based nature aligns closely with our own organisational values and Code of Conduct, and reinforces the expectations we already hold for respectful, fair and inclusive behaviour. At MTHCS, these principles are supported by a suite of policies, frameworks and governance documents that keep our people accountable and guide consistent decision-making.

This GEAP represents a more mature stage of our commitment. We now have stronger data systems, clearer processes and a deeper organisational understanding of gender equality, enabling us to embed the principles into everyday practice and drive sustained improvement. The principles have guided how we analyse our workforce, identify gaps and prioritise actions that promote fairness, transparency and inclusion.

As a small rural organisation, we are closely connected to the communities we serve — in many ways, we are the community. The changes we make within MTHCS have a direct and immediate impact on our towns, families and local networks. Even small shifts in culture, opportunity and fairness create a ripple effect that strengthens our current workforce and shapes the expectations and wellbeing of future generations. We are proud to be an organisation that actively embeds the Gender Equality Principles and leads change in communities where long-standing attitudes and norms can be difficult to shift. By modelling fairness, respect and inclusion in our own workplace, we help create momentum for broader cultural change across our region.

Gender equality benefits everyone — women, men and gender-diverse staff — and addressing gendered patterns in our female-dominated workforce strengthens both organisational performance and community impact. A safe, respectful and inclusive workplace is fundamental to staff wellbeing and the quality of care we provide.

The GEAP is a critical tool that keeps us accountable to the Act and principles, ensuring we examine our systems, identify gaps and take evidence-informed action that strengthens fairness, transparency and inclusion across the organisation.

Section 8: Consider the gender pay equity principles (required)

In developing our GEAP, MTHCS has taken the gender pay equity principles into account by strengthening our oversight of workforce data and building the capability to identify and understand pay gaps that were not previously visible to us. While we have not yet undertaken a full analysis of the root causes, our current data clearly shows that pay gaps exist, and this GEAP commits us to exploring these in more depth.

We reviewed our classification and progression practices, access to higher duties, and transparency in recruitment and starting salaries, acknowledging that we can improve the consistency and openness of starting salary decisions. We also recognise the need to more clearly map each role to its minimum

required qualifications and ensure this is transparent, particularly in areas where industrial agreements allow for discretion or movement, so that classification and salary decisions remain fair and consistent.

Importantly, gender-based discrimination provisions are now embedded in all current EBAs, making gender equity a formal condition of employment and reinforcing our responsibility to uphold these obligations. Although we only hold current data on flexible working arrangements (nothing reported for 2023), our organisation consistently supports flexible work requests, which are responded to promptly and rarely denied.

Our data also highlights areas requiring deeper understanding—such as why women continue to take the majority of carer's leave—and we are committed to exploring the structural and cultural factors that may contribute to this. Consultation played a critical role in shaping this GEAP while considering the pay equity principles; it became clear that many staff did not fully understand what the gender pay gap represents, with some assuming that being paid to the award meant there could be no gap.

The surprise expressed when presented with our data highlighted the importance of education, transparency and shared responsibility. At the same time, we recognise positive trends, including that women remain the most represented group in promotions, which is an important success to celebrate. As a small rural health service, we considered the unique constraints of our local labour market and documented how these are mitigated through clear processes and regional collaboration. Consultation with staff and the LMHLSN enabled us to collectively identify issues and co-design practical gender pay equity solutions.

Section 9: Consider intersectionality (required)

In developing our GEAP, MTHCS has taken intersectional gender inequality into account by recognising that gender does not operate in isolation, and that people's experiences at work are shaped by multiple aspects of identity and circumstance, including age, cultural background, disability, caring responsibilities, sexual orientation and life stage. In the GEAP context, we understand intersectionality to mean identifying which groups of women and gender-diverse employees may experience different or worse outcomes—not simply whether "women overall" are disadvantaged.

Our consultation did not surface extensive intersectional data, but it did highlight that staff are not always considering the impacts of factors such as menopause or LGBTQIA+ inclusion. We acknowledge the limitations of our current data, particularly given the low representation of First Nations employees and people with disability, which restricts our ability to fully understand intersectional barriers such as cultural load, additional responsibilities not recognised in classifications, or under-representation in senior or clinical leadership roles.

Similarly, our data is not yet sensitive enough to understand the experiences of women from culturally and linguistically diverse backgrounds; however, we have reviewed our existing survey questions and consultation feedback to identify where future data collection can be strengthened. These insights reinforce the need to increase our intersectional lens across all workforce data and expand our use of surveys and feedback mechanisms to better understand whether factors beyond gender alone are contributing to different experiences or outcomes.

As a small rural health service, we also recognise that individual decisions can have large equity impacts, informal practices can unintentionally entrench inequality, and workforce sustainability depends on retaining women across life stages. By embedding an intersectional approach into our GEAP, we aim to ensure that our strategies support all employees—particularly those whose experiences may be shaped by multiple, overlapping factors that influence participation, wellbeing and career progression.

D) Making a case for change

Section 10: Make a case for change and create a vision (recommended)

Case for Change: MTHCS

MTHCS recognises that meaningful gender equality is essential to the strength, sustainability and wellbeing of our organisation and the communities we serve. As a small rural service, we are deeply interconnected with our towns, families and local networks — in many ways, we *are* the community. This means the change we create within MTHCS has a direct and immediate ripple effect across our region, influencing not only our current workforce but also shaping the expectations and opportunities of future generations. The Gender Equality Act and its principles highlight the shared accountability of both the State and organisations to drive systemic change, and at MTHCS these principles align closely with our values, Code of Conduct and the policies that guide our everyday behaviour. We know that long-standing gender norms can be difficult to shift in rural communities, and we are proud to be an organisation that actively embeds these principles, models fairness and respect, and leads positive cultural change. Our case for change is clear: by strengthening gender equality within MTHCS, we build a more capable, resilient and inclusive workforce — and we contribute to healthier, more equitable communities for the future.

Our Vision

MTHCS envisions a workplace where gender equality is embedded in every system, decision and interaction. We strive to create an environment where all employees — regardless of gender, background, identity, role or employment status — have equal access to opportunities, feel safe and respected, and are empowered to thrive in roles that reflect their skills and aspirations. Our vision is to build a workforce that reflects the diversity of our community, challenges traditional gender norms and models equity in rural health. By embedding the gender equality principles into our culture, systems and everyday practice, MTHCS leads positive and meaningful change in our rural communities, strengthening fairness, wellbeing and opportunity for current and future generations.

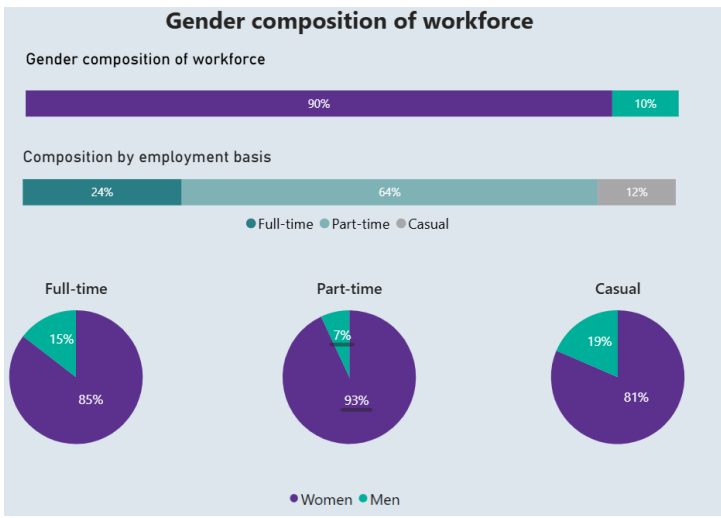
E) Analysing your data to identify forms of gender inequality AND developing your strategies

Section 11: Identifying underlying causes of gender inequality (recommended)

Section 12: Analysing your data and documenting your strategies (required)

Indicator 1: Gender composition of all levels of the workforce

Describing the problem (see step 2)

Analyse audit data (required)	**Critical performance measures:** **Gender composition of the duty holder organisation in 2025:** Between 2023 and 2025, MTHCS experienced notable shifts in gender composition across the workforce. Although the organisation remains highly gender-skewed—with nearly 90% of employees identifying as women—we have seen a declining proportion of women (from 94.0% to 89.4%) and a corresponding increase in men (from 5.5% to 10.1%), alongside a slight decline in employees of self-described gender (from 0.5% to 0.4%). These changes occurred during a period where several long-term women employees retired and more men were recruited externally into senior clinical roles. The audit indicates several gender inequality risks arising from these patterns, including the declining representation of women in a historically female-dominated workforce, increasing representation of men in higher-status or senior roles without clarity on the equity impacts, and very low representation of gender-diverse employees. Despite the increase in men, overall gender diversity remains limited, creating risks such as occupational segregation, reduced diversity of perspectives, and gendered expectations around roles or tasks. These emerging patterns highlight the need for deeper analysis to ensure that workforce changes do not unintentionally reinforce inequality or limit opportunities for women and gender-diverse employees. **Gender composition of part time workers in the duty holder organisation in 2025:** Between 2023 and 2025, the proportion of employees working part time increased for women (from 62.6% to 66.0%), decreased for men (from 45.5% to 43.5%), and remained at 100% for employees of self-described gender. This means that in 2025, women are increasingly concentrated in part-time work, men's participation in part-time work is declining, and people of self-described gender continue to be entirely represented in part-time roles. Staff surveys indicate that part-time work at MTHCS is strongly influenced by our rural setting, limited local support options, and family or caring commitments, with many women reporting that part-time arrangements suit their home responsibilities and are their preferred mode of work. While this supports participation and retention, it also reinforces traditional gendered patterns of work and raises gender inequality potential risks such as reduced access to career progression, fewer opportunities for higher duties, and potential clustering of part-time roles in lower-paid classifications. The persistent reliance on part-time work among women and gender-diverse employees highlights the need to better understand the drivers of part-time participation and ensure that part-time staff have equitable access to development, leadership pathways and secure employment. **Gender composition of senior leaders in the duty holder organisation in 2025:** Between 2023 and 2025, the proportion of senior leaders who were women declined from 93.3% to 84.2%, while the proportion of men increased from 6.7% to 15.8%, and people of self-described gender remained at 0%. Although senior leadership at MTHCS continues to be highly represented by women, this period shows a significant shift in the gender profile of leadership, with a disproportionate rise in men's representation and a notable decline in women's leadership presence. Much of the increase in men in senior leadership roles is attributed to external recruitment into senior clinical positions, reflecting local labour-market pressures and the need to fill specialised roles. However, this shift also raises gender inequality concerns, including the potential erosion of women's long-standing representation in leadership, the emergence of gendered patterns in senior clinical appointments, and the complete exclusion of gender-diverse employees from leadership pathways. These trends indicate the need for closer monitoring to ensure that leadership opportunities remain equitable and that changes in gender composition do not unintentionally reinforce inequality within a historically female-dominated workforce 

Setting metrics (see step 6)

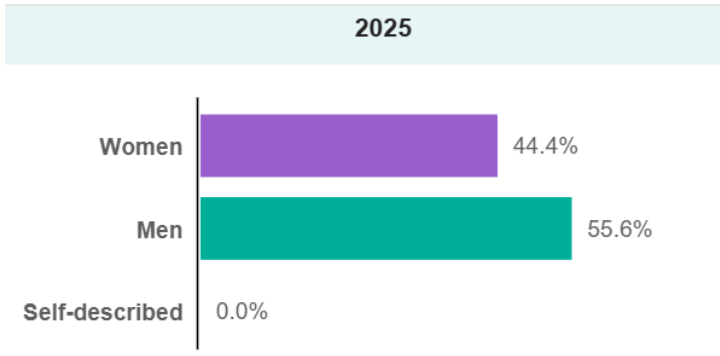
Measures (required)	**Critical performance measures:** **Gender composition of the duty holder organisation.** • Review annual gender composition data showing improved balance across teams and levels and track the movements • Gender representation in applicant pools increase (e.g., more women applying for senior clinical roles, more men applying for care roles). • Workforce plans explicitly reference gender considerations (e.g., succession planning, pipeline development). • Leaders report increased confidence in applying a gender lens (via survey or pulse checks). **Gender composition of part time workers in the duty holder organisation.** • Compare percentages over the lifetime of the GEAP, including comparisons to 2023 and 2024 data, and identify if women in part time roles are increasing or decreasing hours or remaining stable. • Access to career progression for part-time staff • Flexibility and job design improvements • Equity in distribution of part-time work **Gender composition of senior leaders in the duty holder organisation**. • Career progression rates for part-time employees by gender • Changes in gender representation in senior leadership • Internal progression and leadership pipeline • Staff experience and perceptions • Inclusion and representation of gender-diverse employees
Target/s (recommended)	Increase women's representation in part-time leadership roles • Increase the proportion of part-time leaders who are women by 2% by 2027 • Increase the number of part-time leadership roles available (e.g., job-share, flexible leadership models) by 2% • Increase the proportion of acting-up opportunities accessed by part-time women by 5%. Improve overall gender diversity in leadership • Increase the representation of people of self-described gender in leadership pipelines from 0% to at least 1–2% by 2028. • Increase the proportion of men applying for non-clinical leadership roles by 2%. • Increase the proportion of women applying for senior clinical leadership roles by 5%. Measure whether recruitment processes are impacting under-represented groups (Rural considerations) • 100% of recruitment processes use gender-balanced panels (where possible). • 100% of senior roles advertised through at least two additional channels aimed at broadening gender diversity (e.g., professional networks, women-in-health groups). • 100% of hiring managers trained in gender-equitable recruitment. MTHCS commits to pursuing incremental improvements across the life of the GEAP, recognising that even small shifts can have a meaningful impact within a small rural organisation.

Strategies (see step 6)

Strategy (required)	Responsible (recommended)	Timeline (recommended)	Related to other indicators? (recommended)
1. Enhance workforce planning by applying a gender lens	Executive, Managers and People and Culture	December 2027	
2. Review current recruitment and induction processes for bias & inclusivity	Executive, Managers and People and Culture	December 2026	
3. Ensure equitable access to career progression for part-time staff	Executive, Managers and People and Culture	June 2027	

Indicator 2: Gender composition of the governing body

Describing the problem (see step 2)

Analyse audit data (required)	**Critical performance measures:** Gender composition of the duty holder organisation's governing body in 2025: Although the audit data initially showed consistent over-representation of men on the Board, this pattern was influenced by the timing of member appointments and departures. The current board composition is now evenly split at 50% women and 50% men, indicating an improvement in gender balance. However, representation for people of self-described gender remains at 0.0%, highlighting an ongoing gap that requires attention.  *** means data is unavailable for this result

Setting metrics (see step 6)

Measures (required)	**Critical performance measures:** **Gender composition of the duty holder organisation's governing body.** • MTHCS Board will maintain a minimum of 50% women and gender-diverse representation on the governing body. • All Board recruitment processes will require gender-balanced shortlists and gender-balanced selection panels • The governing body composition will be added to the Performance Dashboard and more detailed reporting on gender diversity at MTHCS will be shared with the Board Workforce Sub Committee. • Selection criteria and appointment processes for the governing body are set out in the Department's guidelines, which require adherence to gender equality principles and consideration of gender balance when appointing or renewing governing body members.
Target/s (recommended)	• By September 2026, integrate governing body gender composition into the organisational Performance Dashboard • From July 2026 onward, ensure that 100% of board recruitment processes use gender-balanced shortlists and gender-balanced selection panels, with compliance recorded and reviewed quarterly.

Strategies (see step 6)

Strategy (required)	Responsible (recommended)	Timeline (recommended)	Related to other indicators? (recommended)
Commit to maintaining at least 50% women and gender-diverse members on the board.	Board Chair and Board of Directors	June 2027	
Formalise gender equality in governance documents	Board Secretary	December 2026	

Indicator 3: Equal remuneration for work of equal or comparable value across all levels of the workforce, irrespective of gender

Describing the problem (see step 2)

Analyse audit data (required)

Critical performance measures:
Mean total remuneration gender pay gap by occupation group in 2025:

3.1 Mean total remuneration gender pay gap by occupation groups — Critical measure

Occupation groups	Women		Self-described	
	2023	2025	2023	2025
1 - Managers	-29.1 %	47.8 %	***	***
2 - Professionals	***	83.3 %	***	***
3 - Technicians and Trades Workers	***	***	***	***
4 - Community and Personal Service Workers	-2.9 %	-1.0 %	24.2 %	16.3 %
5 - Clerical and Administrative Workers	***	***	***	***
6 - Sales Workers	***	***	***	***
7 - Machinery Operators and Drivers	***	***	***	***
8 - Labourers	13.2 %	-1.7 %	***	***
All occupations	**-17.3 %**	**31.1 %**	**25.1 %**	**49.8 %**

Mean total remuneration senior leader gender pay gap in 2025:

	2023	2025	% change
Women	-28.4 %	-3.5 %	25.0 %
Self-described	***	***	N/A

*** means data is unavailable for this result

Supplementary measures:
Mean base salary pay gap in 2025:

	2023	2025	% change
Women	-17.1 %	31.1 %	48.1 %
Self-described	25.1 %	49.7 %	24.6 %

Median total remuneration pay gap in 2025:

	2023	2025	% change
Women	-4.5 %	0.0 %	48.1 %
Self-described	23.9 %	17.4 %	24.6 %

Median base salary pay gap in 2025:

	2023	2025	% change
Women	-4.5 %	0.0 %	4.5 %
Self-described	23.9 %	17.4 %	-6.5 %

The MTHCS workforce in 2023 was predominantly female, which is consistent with rural health sector trends. Between 2023 and 2025, a number of senior clinical part-time positions were filled — Director of Medical Services, Executive Director of Improvement & Innovation, Visiting Medical Officer and Director of Nursing in Sea Lake — along with the appointment of an interim Chief Financial Officer. These roles sit at the top of our organisational pay structure and therefore have a strong influence on average earnings.

All MTHCS employees are paid according to their relevant award, and variations in base salary reflect classification level, qualifications, years of service, and role requirements — not gender. However, our public-facing data shows that the mean base salary gap equates to men earning the equivalent of $100 for every $69 earned by women. This gap reflects structural workforce patterns, not unequal pay for equal work.

Between 2023 and 2025, the overall mean total remuneration gender pay gap for women in senior leader roles improved significantly, shifting from –28.4% to –3.5%. This improvement suggests increased access for women to higher duties and management positions.

For people of self-described gender, the median base salary gender pay gap decreased from 23.9% to 17.4%, which although self-described people still earn less than men, the size of the gap has reduced.

Disappointingly, the Manager occupation group shows a substantial shift in the opposite direction. The gender pay gap for women in this group moved from –29.1% in 2023 (where women earned more than men on average) to 47.8% in 2025

	(where men earned significantly more). This dramatic change reflects the increased concentration of men in senior, high-remuneration roles following the 2025 appointments. Other occupation groups — Community & Personal Service Workers and Labourers — show minimal or reversed gaps, indicating they are not major contributors to the organisation-wide pay gap. It is likely that if the newly appointed senior roles were excluded from the analysis, the overall gender pay gap would be significantly reduced. As is common in rural settings like MTHCS, recruitment for specialised senior roles attracts very limited applicant pools, and to maintain essential services for our community, the organisation did not have the luxury of choice in these appointments. These findings are therefore not inconsistent; the overall pay gap can improve while specific occupation groups, such as Managers, experience widening gaps due to different structural shifts occurring within the workforce. MTHCS is committed to fully understanding the root causes of our gender pay gaps and addressing the structural workforce patterns that contribute to them. We recognise that operating in a rural health setting presents unique barriers and limitations — particularly in attracting applicants for specialised senior roles — but these challenges strengthen our resolve to improve equity, transparency, and opportunity across all levels of our organisation

Setting metrics (see step 6)

Measures (required)	**Critical performance measures:** **Mean total remuneration gender pay gap by occupation group.** MTHCS will track internal progression and development opportunities on an annual basis, including: • Number of women placed in acting roles • Number of women promoted • Number of women completing leadership development and taking part in the MTHCS leadership program **Mean total remuneration senior leader gender pay gap.** Gender representation in senior leadership roles • Keep oversight and measure percentage of senior leader roles held by women • Look for changes in representation overtime • Review annually recruitment outcomes for senior leaders **Supplementary measures:** **Mean base salary pay gap.** **Median total remuneration pay gap.** **Median base salary pay gap.** MTHCS recognises that current system limitations make it difficult to extract and compare the same data outside of the mandated reporting template. We are committed to strengthening our systems and processes so that consistent, comparable data can be captured more regularly to support ongoing monitoring and improvement of all salary gaps.
Target/s (recommended)	• A reduction in the gender pay gap • Increased internal progression for women • Increased representation of women in higher paid occupation groups

Strategies (see step 6)

Strategy (required)	Responsible (recommended)	Timeline (recommended)	Related to other indicators? (recommended)
1. Address structural workforce patterns - Build a stronger internal pipeline for women into senior roles	Executive	December 2027	
2. Analyse the top 20% of earners to determine if salary gaps exist between employees in equivalent roles, and identify where these gaps occur.	Executive with People and Culture	December 2027	

Indicator 4: Sexual harassment in the workplace

Describing the problem (see step 2)

Analyse audit data (required)	**Critical performance measures:** **Anonymous experience rate of sexual harassment in 2025**: 6% of respondents in the 2025 PMS reported experience sexual harassment at work in the last 12 months. Lack of data or potentially the lack of systems in place to capture data – ICT enhancements recommended. **Number of formal reports of sexual harassment in 2025:** No formal reports received, however as turnover rate is low, we have not identified hot spots relating to turnover The analysis of data collected relating to sexual harassment in the workplace highlights a significant gap between formal reporting and staff-reported experiences, revealing several gender-related risks within MTHCS. Although no formal sexual harassment complaints were lodged during the reporting period, the People Matter Survey shows that 6% of respondents experienced sexual harassment in the past 12 months, and additional ad hoc feedback indicates that some employees do not feel safe or comfortable reporting incidents. A triangulation of internal data — including consistently low turnover (averaging approximately 1.5%), no reports of sexual harassment in exit interviews and the absence of staff support emails submitted through internal reporting channels — also shows no direct indication of sexual harassment through existing mechanisms. However, these channels are not anonymous, which may discourage reporting and contribute to the discrepancy between formal data and staff-reported experiences. This suggests that sexual harassment is potentially occurring but remains largely unreported, creating a hidden risk that disproportionately affects certain gender groups. The data also points to a lack of psychological safety around reporting. When employees express that they do not feel safe raising concerns, it signals our existing reporting pathways may not be perceived as accessible, trusted, or gender-sensitive. This undermines MTHCS ability to identify patterns, address behaviours early, and ensure that all employees feel equally protected.

Setting metrics (see step 6)

Measures (required)	**Critical performance measures:** Anonymous experience rate of sexual harassment. • Increase participation rates to 85% in the People Matter Survey and Best Practice Australia survey • Conduct quarterly pulse surveys and achieve a 45% participation rate. Number of formal reports of sexual harassment. • Introduce at least one new anonymous reporting mechanism to provide staff with an additional, confidential pathway to report sexual harassment or unsafe behaviours. • Build trust with MTHCS employees by openly communicating survey results and ensuring staff understand the robust processes in place for responding to behaviour that does not align with our organisational values. • Increase psychological safety in the workplace and confidence in our staff to report behaviour that is outside our values
Target/s (recommended) ?	• Conduct a confidential workplace-culture pulse survey twice per year, including questions on psychological safety and confidence in reporting. • Track participation in education sessions relating to sexual harassment awareness and include training on trauma aware informed and healing awareness. • Expand opportunities to learn from and collaborate with other organisations across the Loddon Mallee region.

Strategies (see step 6)

Strategy (required)	Responsible (recommended)	Timeline (recommended)	Related to other indicators? (recommended)
Strengthen awareness, prevention and early-intervention training on sexual harassment, and deliver trauma-aware and healing-informed education sessions	Executive/ Managers /Learning and Development	June 2027	
Enhance reporting mechanisms to ensure all employees feel safe and supported when reporting incidents of sexual harassment.	Executive /People and Culture	December 2026	

Indicator 5: Recruitment and promotion practices in the workplace

Describing the problem (see step 2)

Analyse audit data (required)

Critical performance measures:
Gender composition of recruited employees in 2025:
The audit shows a notable shift in the gender composition of new recruits between 2023 and 2025, with women's representation decreasing and men's representation increasing. While this may reflect natural workforce changes, it also highlights emerging gendered risks in the recruitment pipeline. Recruitment challenges in a rural health context mean that many roles receive very few applicants, limiting the ability to shortlist and reducing opportunities to influence gender balance at the selection stage. To address this, MTHCS has introduced several recruitment strategies, including initiatives to support housing availability for families relocating to the region, to help broaden applicant pools and attract a more diverse workforce.

Under-represented groups such as LGBTIQ+ people and First Nations applicants remain very low in recruitment data; however, this pattern is consistent with the demographic profile of the MTHCS catchment area as per Australian Bureau of Statistics latest census. While this alignment is expected, it still indicates the need for ongoing efforts to ensure recruitment processes are inclusive, visible, and accessible to all gender groups.

	2023	2025	% change
Women	91.4 %	72.1 %	-19.3 %
Men	8.6 %	27.9 %	19.3 %
Self-described	0.0 %	0.0 %	0.0 %

*** means data is unavailable for this result

Gender composition of employees who were promoted in 2025:
Promotions data shows that in 2025, 95% of promotions went to women, 5% to men, and 0% to people of self-described gender, with no comparable data available for 2023. While the high proportion of promotions awarded to women may reflect the gender composition of certain occupational groups, the absence of baseline data limits the ability to assess whether promotion pathways are equitable over time. The very low promotion rate for men suggests potential gendered occupational segregation, where men may be concentrated in roles with fewer advancement opportunities. The lack of promotions for gender-diverse employees also indicates barriers to progression or under-representation in roles with clear career pathways.

	2023	2025	% change
Women	***	95.0 %	N/A
Men	***	5.0 %	N/A
Self-described	***	0.0 %	N/A

*** means data is unavailable for this result

Perceptions of recruitment, by gender in 2025:
The audit shows that in 2025, 69.4% of women and 75.0% of men believed that recruitment processes at MTHCS are fair, with no data available for 2023 or for people of self-described gender in either year. This creates several gender inequality concerns. First, the absence of baseline data limits the organisation's ability to track whether perceptions of fairness are improving or declining over time. Second, the lower perception of fairness among women suggests that women may experience or observe barriers in recruitment that men do not, indicating a potential gendered difference in trust or confidence in recruitment processes. Finally, the complete lack of data for gender-diverse employees highlights an ongoing visibility and inclusion gap, making it difficult to understand whether recruitment processes feel equitable for all gender groups.

	2023	2025	% change
Women	***	69.4 %	N/A
Men	***	75.0 %	N/A
Self-described	***	***	N/A

*** means data is unavailable for this result

Perceptions of promotion, by gender in 2025:
Both women and men reported moderate confidence in the fairness of promotion processes. These results suggest an opportunity to improve transparency and clarity around promotion pathways, rather than indicating gender bias. MTHCS's promotion framework is applied consistently to all employees, and the data does not show unequal treatment — instead, it highlights the need for clearer communication and visibility of criteria.

	2023	2025	% change
Women	***	63.0 %	N/A
Men	***	50.0 %	N/A
Self-described	***	***	N/A

*** means data is unavailable for this result

The People Matter Survey results provide important insight into how employees experience fairness and opportunity at MTHCS. Only 59% of respondents agreed that they have an equal chance of promotion, and just 56% felt that promotion processes are fair — our lowest scoring item. In addition, 64% of staff agreed that recruitment processes are fair, and 64% were satisfied with opportunities to progress. While these results are close to, or slightly below, our comparable group, they highlight clear opportunities for improvement. These findings are directly informing our work to strengthen recruitment, promotion and career-development practices. Continued improvement in these measures across future People Matter Surveys will help us understand whether our actions are enhancing transparency, fairness and the overall employee experience.

Setting metrics (see step 6)

Measures (required)	**Critical performance measures:** **Gender composition of recruited employees.** • Annual reporting of gender composition at each recruitment stage, with trends monitored over time to ensure equitable and transparent outcomes. **Gender composition of employees who were promoted.** • Annual analysis of promotion and acting-up outcomes by gender to ensure equal access to advancement opportunities. • Continue to improve People Matter Survey results demonstrating that all staff feel they have an equal chance of promotion. **Perceptions of recruitment, by gender.** • Increase in favourable responses regarding recruitment fairness across all gender groups in the People Matter Survey. • Strengthen communication to staff about recruitment processes to build transparency and trust. Progress will be measured through People Matter Survey indicators on perceptions of recruitment fairness, **Perceptions of promotion, by gender.** • Improvement in favourable responses regarding promotion fairness across all gender groups in the People Matter Survey. • Communicate with staff when we have staff acting up or of promotions.
Target/s (recommended)	• Ensure 100% of succession plans are completed by December 2026, and implement cross-training to build greater depth and capability across teams. • Increase favourable People Matter Survey responses relating to promotion fairness by 5% in 2026, with incremental improvement across the life of the GEAP. • Partner with the LMLHSN to expand secondment opportunities across the region

Strategies (see step 6)

Strategy (required)	Responsible (recommended)	Timeline (recommended)	Related to other indicators? (recommended)
Build depth and capability within teams to support higher-duties, acting opportunities and pathways for promotion.	Executive / Operations Team	June 2027	
Improve communication and visibility of recruitment processes and expression of interest	People and Culture	December 2026	
Work closely with Loddon Mallee Local Health Services Network to strengthen secondment opportunities	People and Culture	December 2027	
Strengthen succession planning for all critical roles	Executive / Operations Team / Managers	June 2027	

Indicator 6: Availability and utilisation of terms, conditions and practices relating to: family violence leave, flexible working arrangements, and working arrangements supporting employees with family or caring responsibilities

Describing the problem (see step 2)

Analyse audit data (required)

Critical performance measures:
Average weeks of parental leave, by gender in 2025:

	2023	2025	# change
Women	18.7	23.9	5.2
Men	***	***	N/A
Self-described	***	***	N/A

*** means data is unavailable for this result

Uptake of flexible work, by gender in 2025:

	2023	2025	% change
Women	***	24.7 %	N/A
Men	***	33.3 %	N/A
Self-described	***	100.0 %	N/A

*** means data is unavailable for this result

Perceptions of flexible work culture, by gender in 2025:

	2023	2025	% change
Women	***	83.3 %	N/A
Men	***	75.0 %	N/A
Self-described	***	***	N/A

*** means data is unavailable for this result

Supplementary measures:
Gender composition of parental leave takers in 2025:

	2023	2025	% change
Women	100.0 %	100.0 %	0.0 %
Men	***	***	N/A
Self-described	***	***	N/A

*** means data is unavailable for this result

Gender gap in carer's leave in 2025:

	2023	2025	% change
Women	31.5 %	24.7 %	-6.8 %
Men	13.3 %	12.1 %	-1.2 %
Self-described	***	100.0 %	N/A

*** means data is unavailable for this result

A key issue in the data above is the gender imbalance in parental leave utilisation. Women took an average of 23.9 weeks of parental leave in 2025 (up from 18.7 weeks in 2023), while no data was available for men or self-described gender employees in either year. Similarly, 100% of parental leave takers were women. This indicates that parental leave continues to be taken almost exclusively by women, reinforcing traditional gendered expectations around caregiving. The absence of data for men may reflect low uptake, under-reporting, or a lack of visibility of entitlements for fathers or partners. This creates a gender inequality issue where women disproportionately carry the career impact of extended leave, while men may feel discouraged or unsupported in taking parental leave.

The data shows that formal flexible working arrangements are being accessed, but uptake varies across gender groups. In 2025, women (24.7%) and men (33.3%) had formal flexible work arrangements in place, while all respondents of self-described gender (100%) reported having one. This suggests that flexible work is available, but not consistently

	utilised across all genders — and that some groups may feel more able or more supported to formalise these arrangements than others. Perceptions of fairness and support for flexible work are generally positive, with 83.3% of women and 75% of men believing their requests would be given due consideration. Although the proportion for self-described gender is unknown, the overall trend indicates that most employees feel their organisation would treat flexible work requests seriously and respectfully. The carer's leave data shows a downward trend in utilisation across genders between 2023 and 2025. Women's use of carer's leave decreased from 31.5% to 24.7%, and men's use declined slightly from 13.3% to 12.1%. For employees of self-described gender, 100% reported taking carer's leave in 2025, though no data was available in 2023. This indicates that while carer's leave is being accessed, overall uptake is reducing, which may reflect either a genuine decrease in need or potential barriers such as workload pressures or uncertainty about entitlements. Women continue to take carer's leave at higher rates than men, consistent with broader gendered caring patterns, though the gap has narrowed slightly due to reduced uptake overall. The very high utilisation among self-described gender should be interpreted cautiously due to small sample size. Overall, the data highlights the importance of monitoring access and ensuring all employees feel supported to use carer's leave without hesitation. Overall, the key gender inequality issues relate to women carrying the majority of caring responsibilities, men's low or invisible uptake of parental leave, and uneven utilisation of flexible work, which may reinforce gendered patterns of work and care. Improving gender-inclusive data collection and normalising shared caregiving across all genders will be essential for MTHCS to addressing these gaps and better understand the root causes.

Setting metrics (see step 6)

Measures (required)	**Critical performance measures:** Average weeks of parental leave, by gender. • Track the average number of weeks taken, by gender, and compare year on year data to identify changes • Survey our workforce to understand why carers and parental leave is predominantly taken by women, and identify opportunities to shift cultural norms that support greater uptake by men. Uptake of flexible work, by gender. • Analyse the roles that currently have flexible working arrangements and seek feedback from staff in under-represented areas to understand their interest in flexible options and how we can support them Perceptions of flexible work culture, by gender. • Continue to strengthen our data collection on staff perceptions of flexible working arrangements **Supplementary measures:** Gender composition of parental leave takers. • Celebrate and promote examples of men taking parental leave to reinforce positive role modelling and cultural change Gender gap in carer's leave. • Monitor carer's leave annually and identify trends in gender differences
Target/s (recommended)	• Increase the average number of weeks of parental leave taken by men each year • Increase the number of roles across the organisation where flexible work is utilised • Reduce the gender gap in carer's leave uptake over time. • Work with unions to see if EBA's can increase parental leave for employee couples and definition of primary carers

Strategies (see step 6)

Strategy (required)	Responsible (recommended)	Timeline (recommended)	Related to other indicators? (recommended)
Work with LMLHSN People and Culture teams to learn from other regional health services about how they support men to take parental leave, access flexible work arrangements, and manage caring responsibilities	People and Culture	June 2027	
Develop and implement a consistent organisational definition of flexible working arrangements to ensure data is captured and reported consistently.	People and Culture	December 2026	

Indicator 7: Gendered segregation within the workplace

Describing the problem (see step 2)

Analyse audit data (required)

Critical performance measures:
Occupational gender segregation in 2025:

7.1 Occupational gender segregation — Critical measure

Occupation groups	Women		Men		Self-described	
	2023	2025	2023	2025	2023	2025
1 - Managers	88.9 %	66.7 %	11.1 %	33.3 %	***	***
2 - Professionals	100.0 %	98.3 %	***	1.7 %	***	***
3 - Technicians and Trades Workers	***	100.0 %	***	***	***	***
4 - Community and Personal Service Workers	95.1 %	91.6 %	3.7 %	7.4 %	1.2 %	1.1 %
5 - Clerical and Administrative Workers	100.0 %	100.0 %	***	***	***	***
6 - Sales Workers	***	***	***	***	***	***
7 - Machinery Operators and Drivers	***	***	100.0 %	***	***	***
8 - Labourers	77.3 %	71.8 %	22.7 %	28.2 %	***	***
All occupations	**94.0 %**	**89.4 %**	**5.5 %**	**10.1 %**	**0.5 %**	**0.4 %**
Summary				*** means data is unavailable for this result		

The audit shows significant occupational gender segregation across MTHCS, with women heavily concentrated in most workforce categories and men under-represented in nearly all areas. Women make up 89.4% of the total workforce, compared with 10.1% men and 0.4% self-described gender, indicating an overall gender imbalance. This pattern is particularly pronounced in several occupation groups. Women dominate the professional workforce (98.3%), technicians and trade workers (100%), clerical and administrative roles (100%), and community and personal services roles (91.6%), leaving men significantly under-represented in these areas. Men are more represented in labourer roles (28.2%), but still remain a minority. Leadership roles also reflect imbalance, with 66.7% of managers being women and 33.3% men.

All roles within the payroll system are allocated an ANZSCO/OSCA occupational code, as defined by the Australian Bureau of Statistics. A clearer understanding of how these codes are assigned will help MTHCS interpret occupational data more accurately and identify where gender segregation is occurring due to job classification rather than workforce behaviour alone.

These patterns indicate structural gender inequality, where certain roles are strongly gender-typed and opportunities for gender diversity are limited. The concentration of women in care-based, administrative and professional roles, and the near absence of men in these areas, suggests entrenched gender norms influencing job choice, recruitment and progression. Addressing these imbalances will require targeted strategies to broaden gender representation across all occupational groups and challenge the cultural and structural factors that reinforce segregation.

Setting metrics (see step 6)

Measures (required)

Critical performance measures:

Occupational gender segregation.

- Conduct an annual review to ensure OSCA/ANZSCO occupational codes are correctly and consistently applied across the LMLHSN.
- Track changes in the number of men applying for and appointed to clerical and administrative roles to identify barriers.
- Use workforce survey results to understand why men are less likely to take on caring roles and monitor changes over time.

Target/s (recommended)

- Increase the proportion of men applying for and appointed to clerical and administrative roles each year.
- Increase the proportion of women and gender-diverse applicants for maintenance and other male-dominated roles over time.
- Build organisational awareness of occupational gender segregation and its impacts.

Strategies (see step 6)

Strategy (required)	Responsible (recommended)	Timeline (recommended)	Related to other indicators? (recommended)
Improve understanding and consistent use of ANZSCO/OSCA codes to ensure accurate occupational data, locally and LMLHSN more broadly	People and Culture payroll	June 2027	
Promote gender diversity in highly segregated roles through targeted attraction and recruitment strategies.	Communications, Executive, Operations and Recruitment	June 2027	
Strengthen career pathways that encourage gender diversity across all occupational groups.	Executive / Operations	June 2027	

F) Resourcing your GEAP

Section 13: Identifying current and required resources (recommended)

Section 14: Developing a resourcing plan (required)

MTHCS has resourced the development of this GEAP through dedicated time from the People, Culture and Safety team, supported by input from senior leaders and staff across the organisation. As a small organisation with limited resources, we have taken a collaborative approach that draws on existing expertise rather than creating new structures. Implementation will follow a shared-responsibility model, where accountability for actions is distributed across senior leaders, managers and relevant teams. This ensures gender equality is embedded into everyday work rather than relying on a single department.

GEAP actions will be incorporated into existing governance and reporting processes, enabling progress to be monitored through regular reviews of workload, timelines and data availability. These reviews will help identify where additional support, training or reallocation of responsibilities may be required. By sharing ownership and maintaining ongoing oversight, MTHCS will ensure the GEAP is achievable and that meaningful progress continues throughout the life of the plan.

Any other additions or comments (optional)