



Governance Manual

National Association of Specialist Obstetricians and Gynaecologists
Incorporated in the Australian Capital Territory: A03897
ABN: 26 275 756 266

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Contents

Introduction & Purpose of this Manual	3
NASOG Governance Framework Overview	3
Definitions & Role Clarity	4
NASOG Council Code of Conduct	7
Council Charter.....	11
Volunteer & Committee Charter	13
Conflict of Interest Policy	17
Financial Management Policy	19
Delegations Of Authority Policy	22
Risk Management Framework	24
Complaints & Grievance Policy.....	26
NASOG Whistleblower Policy	28
AHPRA Related Notification Guidance	32
Media Policy.....	34
Social Media & Digital Content Policy.....	38
Privacy Policy	42
Document Retention & Record-Keeping Policy	47
Cybersecurity & Acceptable Use Policy	52
Sponsorship & Industry Engagement Policy	57
Events & Safety Policy	63
Gift, Hospitality & Benefits Policy.....	67
Equality, Diversity & Inclusion Policy	71
Policy Ownership, Review Cycle & Amendments.....	74

Introduction & Purpose of this Manual

The NASOG Governance Manual consolidates all governance, compliance and organisational policies required to:

- Meet ACNC Governance Standards
- Comply with the Associations Incorporation Act 1991 (ACT)
- Support ethical, transparent and accountable oversight
- Guide Council Members, committees, contractors and staff
- Strengthen NASOG’s reputation as the national peak body representing specialist obstetricians and gynaecologists

This Manual is a living document, reviewed biennially.

NASOG Governance Framework Overview

NASOG operates under a governance structure consisting of:

- The Constitution
- The NASOG Council
- Committees and working groups
- The Chief Executive Officer (CEO)
- Policies contained in this Governance Manual

Each supports NASOG’s purpose and ensures compliance with ACNC requirements.



Definitions & Role Clarity

1. Purpose

This section defines key organisational roles, terms and governance concepts used throughout the NASOG Governance Manual.

It ensures clarity, consistency and shared understanding across Council, committees, volunteers, staff and contractors.

2. Definitions

2.1 NASOG Council (“the Council”)

The governing body responsible for:

- strategic oversight
- governance, risk and compliance
- approval of policies, budgets and major decisions
- appointment and evaluation of the CEO
- ensuring NASOG meets its purpose and ACNC obligations

The Council holds ultimate decision-making authority except where delegated.

2.2 President

The Chair of the Council. Responsible for:

- leadership of the Council
- ensuring effective governance
- overseeing performance of the CEO
- representing NASOG publicly where authorised
- managing conflicts of interest at Council level

2.3 Chief Executive Officer (CEO)

The person responsible for:

- operational management
- implementing Council decisions and strategy
- financial and administrative oversight within delegations
- policy maintenance and staff/contractor supervision
- risk monitoring and reporting
- stakeholder engagement and execution of NASOG programs

The CEO is accountable to the Council through the President.

2.4 Council Member

An elected or appointed individual who:

- participates in governance and strategic decision-making
- upholds fiduciary, legal and ethical obligations

- complies with NASOG policies (e.g., Code of Conduct, COI, Media, Sponsorship)
 - does not represent NASOG publicly unless expressly authorised
- Council Members act in the **best interests of NASOG**, not their personal, professional or employer interests.

2.5 Committee

A group established by the Council or CEO to provide **expert advice**, support projects, or consult on specific matters. Committees:

- provide recommendations
- do **not** make governance decisions
- may oversee project streams
- must follow NASOG policy and confidentiality obligations

Committees cannot approve expenditure, contracts, or organisational positions unless explicitly delegated.

2.6 Volunteer

Any person who contributes time or expertise without remuneration, including committee members, working group members, and project-based contributors. Volunteers:

- support NASOG activities
- do not hold decision-making authority
- must follow all applicable policies

2.7 Contractor

An external consultant or service provider engaged under contract to deliver specific work. Contractors:

- do not act on behalf of NASOG unless authorised
- must comply with privacy, confidentiality, cybersecurity and relevant NASOG policies

2.8 Partner / Sponsor

A company or organisation providing financial or in-kind support to NASOG under a sponsorship or partnership agreement. Sponsors:

- do not influence NASOG's policy positions
- may not access member data unless explicitly approved
- must comply with Medicines Australia or MTAA Codes where relevant

2.9 Member

A financial member of NASOG as defined in the Constitution, entitled to vote (where eligible) and participate in NASOG programs and activities.

2.10 Conflict of Interest (COI)

A personal, financial or professional interest that could influence, or be perceived to influence, a person's judgement or decisions when acting for NASOG.

2.11 Policy Owner

The role responsible for maintaining, reviewing and updating a policy.

Unless otherwise stated, the CEO is the policy owner; the Council is the approving authority.

2.12 Delegations of Authority

A formal assignment of authority from the Council to the CEO (or others) to make decisions within set limits.

Delegations do not remove Council accountability.

3. Role Clarity Overview

Council

- Governs
- Approves
- Oversees
- Holds ultimate authority

CEO

- Manages operations
- Implements Council decisions
- Manages staff/contractors
- Oversees risks and finances within delegations

Committees

- Advise
- Support projects
- Cannot approve or commit funds

Volunteers

- Contribute expertise
- Have no formal authority

Contractors

- Deliver contracted work
- Are not representatives of NASOG unless authorised

NASOG Council Code of Conduct

Approved by Council: 18 December 2025

Next Review: 1 December 2027

1. Purpose

This Code of Conduct sets out the standards of behaviour expected of all members of the NASOG Council (“*Council Members*”). Its purpose is to ensure the Council operates ethically, lawfully and in the best interests of NASOG, its members and the women’s-health system, including in all **public, media and digital communications** connected with NASOG.

2. Guiding Principles

Council Members commit to upholding the following principles:

- **Integrity:** Acting honestly and transparently in all NASOG duties.
- **Good Faith:** Making decisions in the best interests of the Association and its purpose.
- **Respect:** Maintaining a professional, constructive and inclusive environment.
- **Accountability:** Accepting responsibility for decisions and governance obligations.
- **Independence:** Exercising independent judgement free from external influence.

3. Duties of Council Members

Council Members agree to:

3.1 Act in the Best Interests of NASOG

- Prioritise NASOG’s purpose and strategic objectives.
- Act for proper purpose and avoid any action that may bring NASOG into disrepute.

3.2 Exercise Care, Skill and Diligence

- Prepare for and actively participate in meetings.
- Seek clarification and advice when responsibilities are unclear.

3.3 Maintain Confidentiality

- Keep all non-public NASOG information confidential.
- Not use confidential information for personal or professional advantage.

3.4 Comply with Law and Governance Standards

Council Members must comply with:

- ACNC Governance Standards
- Associations Incorporation Act 1991 (ACT)
- NASOG Constitution
- All relevant Commonwealth, State and Territory laws
- All applicable NASOG policies, including the NASOG Media Policy

4. Conflicts of Interest

4.1 Disclosure

Council Members must:

- Promptly disclose actual, potential or perceived conflicts of interest.
- Ensure the conflict is recorded in the Conflict of Interest Register.

4.2 Management

- Remove themselves from discussion and decision-making where appropriate.
- Not use their position to improperly influence outcomes.

4.3 Independence

Council Members must not represent the interests of another organisation, employer or group in Council deliberations.

5. Expected Behaviour

5.1 Professional Conduct

Council Members will:

- Interact professionally and respectfully with colleagues, staff, volunteers, members, sponsors and external stakeholders.
- Avoid language or behaviour that is discriminatory, harassing or intimidating.
- Maintain appropriate boundaries at all times.

5.2 Collective Responsibility

- Support and uphold Council decisions once made, even where individuals hold differing views.

5.3 Representing NASOG

Council Members must:

- Only speak publicly on behalf of NASOG when formally authorised as a spokesperson in accordance with the NASOG Media Policy.
- Immediately refer all media enquiries, including from journalists, producers or digital outlets, to the NASOG President or Chief Executive Officer and must not provide comment, background information or “off the record” statements.
- Ensure all authorised communications reflect NASOG’s values, evidence-based positions and policy neutrality.
- Ensure that personal social-media and public commentary clearly distinguish personal views from NASOG positions and do not imply that the Council Member is speaking on behalf of NASOG unless expressly authorised.
- Not disclose confidential or sensitive NASOG information through any media, public platform or digital channel.
- Comply at all times with the NASOG Media Policy when engaging in any public communication that could reasonably be connected to NASOG.

6. Use of NASOG Resources

Council Members must:

- Use NASOG resources, information and assets responsibly and only for NASOG purposes.
- Not use their position for personal gain or advantage.

7. Meetings and Attendance

Council Members must:

- Attend scheduled meetings wherever possible.
- Provide reasonable notice of inability to attend.
- Engage respectfully in discussion and allow space for diverse viewpoints.

8. Protection of Personal Information

Council Members must:

- Comply with the Privacy Act 1988 (Cth).
- Handle personal information responsibly and lawfully.
- Ensure any data disclosed to third parties is authorised and secure.

9. Interaction With Sponsors, Partners and Industry

Council Members must:

- Maintain independence in dealings with sponsors or commercial partners.
- Avoid accepting gifts, benefits or hospitality that may influence—or be perceived to influence—their decisions.
- Support transparent disclosure obligations required under industry codes (“sunshine” reporting).
- Ensure that any interaction with sponsors or partners that may attract media or public attention is consistent with NASOG’s Media Policy and does not imply endorsement of specific commercial products or services.

10. Whistleblower Protection

Council Members support NASOG’s Whistleblower Policy and must:

- Encourage reporting of wrongdoing.
- Protect individuals who raise concerns in good faith from retaliation or disadvantage.
- Ensure all reports are handled confidentially and investigated properly.

11. Breaches of the Code

Alleged breaches of this Code will be reviewed by the President (or delegate), and may result in:

- Formal caution
- Required training

- Suspension from duties (where permitted by the Constitution)
- Removal from office in accordance with the Constitution and relevant law

Council Members will be afforded procedural fairness at all times.

Breaches of the NASOG Media Policy by Council Members will be treated as a breach of this Code of Conduct.

12. Annual Affirmation

All Council Members must sign an Annual Declaration confirming that they:

- Have read and understood the Code
- Agree to comply with it
- Have disclosed all conflicts of interest
- Acknowledge their obligations under the NASOG Media Policy

13. Review

This Code will be reviewed every two years, or earlier if required due to legislative, governance or media-environment changes, or following any substantial update to the NASOG Media Policy.

Council Charter

Approved by Council: 18 December 2025

Next Review: 1 December 2027

1. Purpose

This Charter defines the purpose, responsibilities and operating principles of the NASOG Council. It outlines how the Council provides governance oversight, sets strategic direction, monitors risk, ensures compliance with ACNC and ACT requirements, and appoints and supervises the CEO. The Charter establishes expectations for effective meetings, collective decision-making, ethical conduct, and accountability to members. It ensures the Council functions as a cohesive, high-performing governing body that advances NASOG's charitable purpose and protects the integrity of its operations.

2. Role of the Council

- Set strategy
- Ensure NASOG fulfils its purpose
- Oversee financial sustainability
- Manage organisational risk
- Ensure compliance with ACNC standards
- Appoint, support and evaluate CEO
- Approve major policies
- Act as custodians of NASOG's reputation
- Represent NASOG to stakeholders

3. Duties of Council Members

- Act in good faith
- Exercise due care and diligence
- Avoid conflicts
- Maintain confidentiality
- Attend and prepare for meetings
- Support collective decisions
- Uphold Code of Conduct and Media Policy

4. Council Composition

As specified in the Constitution.

5. Council Meetings

- Minimum four per year
- Agenda circulated one week in advance
- Minutes approved at next meeting
- Decisions by majority vote

- Quorum as per Constitution

6. Induction & Ongoing Training

All Council Members must receive induction including:

- ACNC obligations
- Conflict of interest
- Media policy
- Privacy and governance framework

Ongoing training areas may include risk, finance, governance and advocacy.

7. Evaluation

Council performance reviewed annually, including:

- Collective performance
- Individual contribution
- Skills mix assessment

Volunteer & Committee Charter

Approved by Council: 18 December 2025

Next Review: 1 December 2027

1. Purpose of the Charter

This Charter sets out how committees and volunteers support NASOG's strategic and operational work. It clarifies that committees provide advice and project support but do not exercise governance authority. It defines expectations for conduct, confidentiality, conflicts of interest, reporting lines and use of NASOG information.

The Charter ensures volunteers and committees work constructively within delegated roles, uphold NASOG's values, and contribute meaningfully to organisational objectives while maintaining appropriate boundaries with staff and Council.

2. Scope

This Charter applies to all unpaid contributors (excluding Council Members), including:

- Committee members
- Working groups or advisory panels
- Project-based volunteers
- Taskforce participants
- Subject matter experts invited to contribute

It complements the NASOG Code of Conduct, Conflict of Interest Policy, Media Policy, Sponsorship Policy and Governance Manual.

3. Role of Committees and Volunteers

Committees and volunteers may:

- Provide advice and expertise on specific topics
- Assist in the planning of events, education, or policy work
- Support consultation or membership engagement
- Contribute to research or advocacy projects
- Offer specialist insight to NASOG Council and the CEO
- Represent NASOG at approved events (with prior authorisation)

Committees and volunteers do not:

- Make governance decisions
- Approve budgets or expenditure
- Speak publicly on behalf of NASOG unless authorised
- Enter contracts or commitments on NASOG's behalf
- Direct the work of staff or contractors

Decision-making authority rests solely with the NASOG Council and CEO within their delegations.

4. Expectations of Volunteers and Committee Members

All participants must:

- Uphold NASOG's values and purpose
- Comply with all NASOG policies, including Code of Conduct and Media Policy
- Act respectfully, collegially and constructively
- Contribute actively and attend meetings where possible
- Maintain confidentiality of discussions and documents
- Declare any conflicts of interest and manage them appropriately
- Avoid representing personal opinions as NASOG positions
- Treat other volunteers, Council members and staff with courtesy and professionalism

5. Appointment and Term

Volunteers and committee members may be:

- Appointed by the Council, or
- Invited by the CEO with Council endorsement

Terms may be:

- For a fixed period (e.g., one or two years), or
- Project based

Membership may be renewed, rotated or concluded at the discretion of NASOG.

6. Meetings & Working Methods

Committees may meet:

- Virtually or in person
- As frequently as required for their purpose

The Chair (appointed or nominated) is responsible for:

- Setting meeting agendas
- Ensuring fair participation
- Reporting outcomes to the CEO or Council
- Monitoring progress of tasks

A brief summary or action list should be provided after each meeting.

7. Reporting & Accountability

Committees and volunteers are accountable to:

- The CEO for operational matters
- The NASOG Council for strategic or governance matters
- Project leads (where relevant)

Committees provide advice only. The Council retains all decision-making authority.

8. Confidentiality and Privacy

Volunteers and committee members must:

- Keep meeting discussions and documents confidential
- Protect member and stakeholder information
- Follow NASOG's Privacy Policy and cyber guidelines
- Avoid sharing documents outside approved NASOG systems

This obligation continues after a volunteer's term ends.

9. Conduct & Conflicts of Interest

Volunteers must:

- Act ethically and free from undue influence
- Declare conflicts of interest immediately
- Abide by NASOG's Conflict of Interest Policy
- Recuse themselves from discussions where a conflict exists

Misconduct may result in:

- Removal from the committee
- Termination of volunteer role
- Investigation under the Complaints or Whistleblower Policy

10. Ending a Volunteer or Committee Appointment

A volunteer or committee member may be removed if:

- They breach a NASOG policy
- They act in a way that risks NASOG's reputation
- They fail to engage constructively or attend meetings
- The project or committee has completed its work
- Council or the CEO determines removal is in NASOG's best interests

Volunteers may resign at any time by notifying the President or CEO.

11. Recognition and Support

NASOG values the contribution of volunteers and will:

- Acknowledge volunteer contributions publicly where appropriate
- Provide support, induction, and clear instructions
- Ensure volunteers are treated with respect and courtesy

12. Review Cycle

This Charter will be reviewed every two years, or sooner if NASOG's structure or governance requirements change.

Conflict of Interest Policy

Approved by Council: 18 December 2025

Next Review: 1 December 2027

1. Purpose

This policy ensures transparent, ethical and impartial decision-making across NASOG by requiring all personnel to disclose and appropriately manage conflicts of interest; actual, potential or perceived. It sets obligations for ongoing disclosure, recording in the Conflict of Interest Register, and recusal where necessary. The policy protects NASOG from reputational, legal and governance risk by ensuring decisions are made solely in the Association's best interests and free from undue influence.

2. Scope

This policy applies to:

- Council Members
- Committee members
- Staff and contractors
- Volunteers involved in NASOG activities

3. What Is a Conflict of Interest?

A conflict exists when an individual's personal, professional or financial interests could:

- improperly influence NASOG decisions, or
- be perceived by others as doing so.

Conflicts may be:

- Actual – the conflict exists now
- Potential – the conflict may arise in future
- Perceived – a reasonable person might think a conflict exists

Examples include financial relationships with sponsors, advisory roles, competing organisational commitments or personal relationships affecting judgement.

4. Obligations of All Personnel

All individuals covered by this policy must:

- Declare any actual, potential or perceived conflict as soon as it arises
- Ensure the conflict is recorded in the Conflict of Interest Register
- Refrain from using their NASOG position or access to information for personal benefit
- Withdraw from discussions or decisions where the conflict may influence, or appear to influence, their judgement
- Update declarations whenever circumstances change

Failure to disclose a conflict is a breach of this policy.

5. Managing Conflicts

The President (or delegated independent Council Member) will decide the appropriate management action, which may include:

- Allowing participation with disclosure only
- Excluding the individual from part of a meeting
- Removing voting rights on a particular matter
- Assigning the decision to another person or committee
- Seeking external or independent advice
- Documenting the conflict and its management formally

The chosen action will be recorded in the minutes and the Conflict of Interest Register.

6. Confidentiality and Use of Information

Individuals must not:

- misuse NASOG information, or
- share confidential material gained through their role

for personal, professional or commercial advantage.

7. Breaches of this Policy

A breach may result in:

- counselling or formal warning
- removal from a committee or delegated role
- referral under the Complaints or Whistleblower Policy
- removal from Council, in accordance with the Constitution

Serious breaches may be referred to external regulators if required.

8. Review

This policy will be reviewed every two years or sooner if required by legislative or governance changes.

Conflict of Interest Register (Template)

Name	Date	Nature of Conflict	Type (Actual / Potential / Perceived)	Management Action	Review Date
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Kept by the CEO; reviewed quarterly.

Financial Management Policy

Approved by Council: 18 December 2025

Next Review: 1 December 2027

1. Purpose

This policy establishes NASOG's financial governance framework, ensuring funds are managed responsibly, transparently and in accordance with regulatory obligations. It outlines budgeting expectations, financial controls, expenditure approvals, procurement requirements, reporting standards and fraud-prevention measures. It safeguards NASOG's financial sustainability and accountability, ensuring resources are used efficiently to support the organisation's charitable purpose and strategic priorities.

2. Roles and Responsibilities

2.1 Council

- Approves annual budget
- Approves financial statements
- Approves expenditure above delegated limits
- Oversees risk, reserves, and financial performance
- Ensures compliance with ACNC and ACT obligations

2.2 President

- Provides strategic oversight
- Approves expenditure within delegated authority
- May approve urgent expenditure between Council meetings

2.3 Chief Executive Officer

- Manages day-to-day financial operations
- Ensures adherence to budget
- Maintains financial records
- Administers payroll, BAS, insurance and creditor payments
- Ensures internal controls are followed

2.4 Treasurer (if appointed)

- Assists Council oversight
- Reviews monthly financial reports
- Provides advice on cash flow, reserves, audit requirements

3. Budgeting

- A draft budget must be prepared by the CEO and submitted to Council annually.
- The budget must include revenue, expenditure, cash reserves and variances.
- Mid-year reforecasting is required if variances exceed 10%.

4. Financial Controls

4.1 Banking

- At least two authorised signatories for payments.
- Online banking must use multi-factor authentication.
- Bank reconciliations must be completed monthly and reviewed by the Treasurer or President.

4.2 Payments & Purchasing

- No payment may be made without supporting documentation (invoice, contract, purchase order).
- Credit card statements must be reconciled monthly and approved by the President.
- Cash payments are not permitted except in exceptional circumstances.

4.3 Credit Card Management

- Cards issued only to approved personnel.
- Cards may only be used for NASOG business.
- Misuse may result in disciplinary action or recovery of funds.

4.4 Procurement

- Purchases over \$10,000 require at least two quotes unless impractical.
- Contracts must be signed according to the Delegations of Authority Policy.

5. Delegations of Expenditure Authority

Role	Limit	Conditions
CEO	Up to \$5,000	Within budget
President	\$5,001 – \$10,000	Within budget
Council approval	> \$10,000 or outside budget	Formal resolution required

Multi-year contracts require Council approval regardless of amount.

6. Revenue Management

- Membership fees must be invoiced and tracked.
- Sponsorship income must have a written agreement.
- Event income must be reconciled with registration platforms.

7. Financial Reporting

- Monthly financial reports must include:
 - Profit and loss

- Balance sheet
- Variance analysis
- Cash flow
- Reserves position
- Council receives reports at every regular meeting.

8. Fraud Prevention

- Segregation of duties between approval, payment and reconciliation.
- Immediate escalation to the President or Whistleblower channel if fraud is suspected.
- External audit or review may be commissioned.

9. Reserves Policy

NASOG should maintain a minimum reserve equal to 3–6 months of operating expenses. Council may access reserves only by resolution.

10. Review

This policy will be reviewed every two years or sooner if required by legislative or governance changes,

Delegations Of Authority Policy

Approved by Council: 18 December 2025

Next Review: 1 December 2027

1. Purpose

This policy defines the decision-making powers of the Council, President, CEO and committees to ensure clarity, accountability and operational efficiency. It outlines which decisions require full Council approval, which may be exercised by the President or CEO within limits, and how expenditure, contracts and public statements are authorised. Clear delegations help NASOG operate effectively while maintaining strong governance controls and compliance with ACNC and ACT requirements.

2. Delegations Overview

2.1 Council Delegations

Council must approve:

- Strategic direction
- Annual budget
- Policies and governance documents
- Contracts > \$10,000 or multi-year
- Legal action
- CEO appointment and review
- Major sponsorship agreements
- New membership categories
- Constitutional changes

2.2 President Delegations

- Media spokesperson authority
- Urgent approvals between Council meetings
- Expenditure \$5,001–\$10,000
- Approving credit card limits
- Approving staff leave of CEO

2.3 CEO Delegations

- Day-to-day operations
- Expenditure up to \$5,000
- Staff management
- Event delivery
- Contract negotiation (subject to Council approval for signing beyond limits)
- Management of contractors and sponsorship deliverables

2.4 Committees

Committees may:

- Provide advice
- Oversee project areas
- Make recommendations. They may not approve expenditure or sign contracts.

Risk Management Framework

Approved by Council: 18 December 2025

Next Review: 1 December 2027

1. Purpose

This Framework provides a structured approach to identifying, assessing, managing and monitoring organisational risks across governance, finance, operations, digital systems, events and reputation. It outlines responsibilities for Council oversight and CEO implementation, and includes risk-rating tools and a Risk Register template. The Framework enables proactive risk mitigation, ensures compliance with ACNC Governance Standard 5, and strengthens resilience and operational continuity across NASOG's activities.

2. Risk Principles

NASOG adopts the following principles:

- Proactive rather than reactive risk management
- Embedded culture of awareness and transparency
- Alignment with ACNC Governance Standards
- Documented controls and continuous monitoring

3. Risk Categories

1. **Governance Risks** – board capability, conflicts, constitutional compliance
2. **Financial Risks** – fraud, liquidity, cash flow, investment risk
3. **Operational Risks** – events, IT systems, service delivery
4. **Reputational Risks** – advocacy missteps, media commentary, stakeholder dissatisfaction
5. **Compliance Risks** – ACNC standards, privacy, sponsorship rules, sunshine reporting
6. **Strategic Risks** – relevance to members, political shifts, workforce dynamics
7. **People Risks** – staff, Council conduct, bullying, safety
8. **Digital & Cyber Risks** – breaches, data loss, unauthorised access

4. Risk Management Process

4.1 Identify

Annually and when new activities emerge.

4.2 Assess

Each risk is assessed using a likelihood (1–5) and impact (1–5) scale.

4.3 Mitigate

Controls are documented and responsibility assigned.

4.4 Monitor

Risks are reviewed quarterly by the CEO and twice annually by Council.

4.5 Report

High or extreme risks must be reported at every Council meeting.

5. Risk Register

Includes:

- Risk name
- Category
- Description
- Controls
- Residual risk
- Owner
- Review dates

Complaints & Grievance Policy

Approved by Council: 18 December 2025

Next Review: 1 December 2027

1. Purpose

This policy outlines a fair, transparent and accessible process for managing complaints or concerns raised by members, volunteers, staff, contractors or external stakeholders. It describes how complaints are received, assessed, investigated and resolved, ensuring confidentiality, procedural fairness and timely communication. The policy supports a respectful organisational culture and provides avenues for escalation, including to the Whistleblower channel for serious or sensitive matters.

2. What Can Be Complained About

- Conduct of Council Members or staff
- Member behaviour
- Event or service issues
- Breaches of policies (media, privacy, code of conduct)
- Administrative decisions
- Harassment, discrimination or bullying

Clinical complaints about practitioners will be referred to **AHPRA** (see AHPRA Guidance below).

3. Lodging a Complaint

Complaints may be made:

- In writing to ceo@nasog.org.au
- Via web form
- To the President if the complaint relates to the CEO

Complaints may be anonymous, though this can limit investigation.

4. Handling Process

Step 1 – Acknowledgement

Within 5 business days.

Step 2 – Assessment

Determine whether it is:

- Misconduct
- Policy breach
- Governance matter
- Interpersonal issue
- AHPRA-related matter
- Vexatious

Step 3 – Investigation

- Must uphold procedural fairness
- Interviews with relevant parties
- Evidence collected
- Investigation completed within **30 days** where possible

Step 4 – Outcome

Outcome options:

- No breach found
- Mediation
- Apology
- Policy training
- Warning
- Removal from committee or Council (per Constitution)
- Referral to external authority (ACNC, police, AHPRA)

Step 5 – Appeal

Handled by President or independent reviewer.

NASOG Whistleblower Policy

Approved by Council: 18 December 2025

Next Review: 1 December 2027

1. Purpose

This policy protects individuals who report suspected wrongdoing, misconduct, fraud, breaches of law or unsafe practices connected to NASOG. It sets out confidential reporting pathways, including anonymous disclosure and reporting to AHPRA where appropriate. It prohibits retaliation against whistleblowers and ensures all investigations are handled impartially and securely. The policy strengthens NASOG's governance integrity and compliance with ACNC expectations for transparency and accountability.

This policy applies to all:

- Council Members
- Committee members
- NASOG staff and contractors
- NASOG volunteers
- NASOG members
- Anyone who interacts with NASOG and wishes to report wrongdoing

2. What Can Be Reported? (Disclosable Matters)

A whistleblower may report any conduct that they reasonably believe is:

- Illegal, unethical or improper
- A breach of the NASOG Constitution, Code of Conduct or Media Policy
- Fraud, theft or financial misconduct
- Misuse of NASOG funds or resources
- Serious conflicts of interest not declared or managed
- Bullying, discrimination or harassment
- Misleading or deceptive conduct in NASOG activities
- A serious risk to public safety or women's-health advocacy integrity
- Non-compliance with ACNC obligations, including misuse of charitable status
- Behaviour that could bring NASOG into disrepute

2.1 Reporting to the Australian Health Practitioner Regulation Agency (AHPRA)

NASOG recognises that some concerns may relate to:

- Patient safety
- Professional behaviour of a registered health practitioner
- Breaches of the Health Practitioner Regulation National Law

In such cases:

- A whistleblower may lodge a notification directly with AHPRA, including anonymously.

- NASOG will not interfere with or obstruct any notification process.
- NASOG will support any person who makes a notification in good faith and will not penalise them for doing so.

3. Reporting Options

Whistleblowers may report concerns through one or more of the following channels:

3.1 Internal Reporting

- Chief Executive Officer – ceo@nasog.org.au
- President of NASOG – president@nasog.org.au
- Designated Whistleblower Protection Officer (WPO) – appointed annually by the Council

Reports may be made:

- In writing
- Verbally (by phone or meeting)
- Anonymously (via website or written note)

3.2 External Reporting

Individuals may also report directly to:

- AHPRA (for practitioner conduct matters)
- The ACNC (for charity governance or misuse of funds)
- ACT Government Access Canberra (for association regulatory breaches)
- Police (if criminal conduct)

3.3 Legal Protections

Even though NASOG is an incorporated association rather than a company, NASOG adopts Corporations Act-style whistleblower protections as best practice.

4. Protection for Whistleblowers

NASOG commits to protecting whistleblowers from:

- Dismissal
- Demotion
- Harassment or intimidation
- Discrimination or disadvantage
- Threats or retaliation
- Damage to their professional reputation
- Membership consequences (e.g., exclusion)

NASOG will treat disclosures confidentially, including where the whistleblower reveals their identity, except where:

- Required by law
- Necessary to investigate the matter (with consent)

4.1 Protection for Anonymous Reports

NASOG will:

- Accept anonymous reports
- Investigate them to the extent possible
- Protect the identity of individuals who choose not to provide their details

Anonymous whistleblowers are encouraged to provide enough detail to support investigation.

5. How Reports Are Assessed

All disclosures will be assessed promptly and fairly. The CEO or Whistleblower Protection Officer will:

1. Confirm the matter fits within the scope of this policy
2. Conduct a preliminary risk and relevance assessment
3. Determine whether an independent investigation is required
4. Recommend to the President any escalation to external agencies (e.g. ACNC, AHPRA, police)

If the disclosure concerns the CEO, it will be handled by the President.

If it concerns the President, it will be handled by the Vice President or an external investigator.

6. Investigations

Investigations must:

- Be conducted confidentially
- Be objective and free from conflicts of interest
- Be proportional to the seriousness of the issues raised
- Respect principles of procedural fairness
- Keep appropriate records

Where possible, outcomes will be communicated to the whistleblower (unless they remain anonymous).

7. Support for Whistleblowers

NASOG may offer:

- Access to external counselling or support services
- Assistance to manage workplace or association-related impacts
- Clarification of legal protections
- Ongoing communication about the handling of the disclosure

No whistleblower will be disadvantaged for raising a concern in good faith.

8. Malicious or Vexatious Reports

While good-faith reports are protected, deliberately false, malicious or vexatious allegations:

- Are not protected by this policy
- May be subject to disciplinary action
- May result in removal from Council or committee roles under the Constitution

9. Responsibilities Under This Policy

9.1 Council Members must:

- Encourage a culture of transparency and safety
- Support, not penalise, whistleblowers
- Ensure procedural fairness in all investigations
- Maintain confidentiality

9.2 CEO must:

- Manage the reporting process
- Maintain secure records
- Appoint investigators as required
- Report systemic issues to Council

9.3 Whistleblower Protection Officer must:

- Provide guidance to potential whistleblowers
- Ensure protections are upheld
- Monitor risks of retaliation

10. Interface with Other NASOG Policies

This policy should be read together with:

- NASOG Code of Conduct
- NASOG Media Policy
- NASOG Conflict of Interest Policy
- NASOG Constitution
- ACNC Governance Standards

11. Review

This policy will be reviewed every two years or earlier if:

- Legislative or regulatory requirements change
- Significant issues arise that warrant review
- ACNC or ACT Fair Trading recommends policy improvements

AHPRA Related Notification Guidance

Approved by Council: 18 December 2025

Next Review: 1 December 2027

1. Purpose

This guidance provides clear, practical direction for Council members, volunteers and staff on when and how to make notifications to AHPRA. It clarifies obligations under the National Law, differentiates between mandatory and voluntary notifications, and outlines NASOG's expectations for confidentiality, fairness and support. The guidance ensures NASOG personnel act responsibly when concerns about practitioner conduct, health or performance arise.

2. NASOG's Position

NASOG does not investigate individual clinical complaints. NASOG is not a regulator and must avoid actions that may:

- Interfere with AHPRA processes
- Suggest NASOG is endorsing or criticising an individual clinician

NASOG will direct complainants to the appropriate pathway.

3. When a Concern Should Be Notified to AHPRA

Individuals should notify AHPRA when they believe a practitioner has:

- Placed the public at risk of harm
- Practised unsafely or incompetently
- Engaged in professional misconduct
- Displayed impairment impacting safe practice
- Breached mandatory reporting obligations

4. Anonymous Notifications

AHPRA allows anonymous notifications. NASOG will:

- Respect the confidentiality of individuals making anonymous reports
- Not discourage or obstruct any notification
- Provide general guidance without becoming involved in case specifics

5. NASOG's Role When It Receives Information

If NASOG receives information that suggests risk to public safety:

1. NASOG will **not** investigate the clinical issue.
2. NASOG may advise the individual to contact AHPRA directly.
3. If the issue indicates immediate risk, the CEO or President may make a notification to AHPRA.
4. NASOG keeps no clinical files—only record that a referral was made.

6. What NASOG Will Not Do

- Make public statements about AHPRA matters
- Comment on open notifications
- Act as an intermediary in disputes
- Advocate for or against individual practitioners
- Provide legal advice

7. Protection for Reporters

Under the NASOG Whistleblower Policy, any person raising concerns in good faith is protected from retaliation.

Media Policy

Approved by Council: 18 December 2025

Next Review: 1 December 2027

1. Purpose

This policy governs all formal communications made on behalf of NASOG, including statements to media outlets, commentary on policy issues and public representation. It identifies authorised spokespersons, ensures accuracy and consistency of messaging, and prohibits unauthorised or misleading commentary. The policy protects NASOG's reputation, maintains alignment with organisational positions, and supports constructive engagement with the media and public.

This policy applies to:

- All NASOG Council Members, committee members, staff, contractors and authorised representatives.
- All forms of media, including print, broadcast, online publications, podcasts, digital platforms and social media.

2. Authorised Spokespeople

Primary Spokespeople

Only the following positions are authorised to speak publicly on behalf of NASOG:

- President
- Vice President
- Chief Executive Officer

Secondary Spokespeople

The President or CEO may nominate additional spokespersons for specific issues based on:

- Expertise
- Policy relevance
- Regional considerations
- Media suitability

No other Council Member, staff member or NASOG representative may comment publicly on behalf of the organisation without express approval.

3. Media Inquiry Process

All media enquiries, whether requesting comment, interviews, statements, photography, filming or background information, must be directed immediately to the NASOG CEO or their delegate.

The CEO is responsible for:

- Receiving and assessing the request

- Determining strategic value or risk
- Consulting the President and/or Council as required
- Identifying and briefing the spokesperson
- Approving messaging
- Managing deadlines, context and risk
- Ensuring compliance with legal and confidentiality obligations

No one other than the CEO or the President may approve a media response or engagement.

4. Topics NASOG Will and Will Not Engage In

NASOG will engage with the media on:

- Women’s health policy and funding
- Private and public maternity system performance
- Gynaecology, fertility, menopause and surgical issues affecting women
- Workforce reform, training and sustainability
- Public health issues
- Advocacy campaigns and government submissions
- Research findings, clinical guidelines or system improvement initiatives

NASOG will *not* engage with the media on:

- Individual members’ fees, billing, remuneration or complaints
- Matters relating to professional competence or misconduct of individual practitioners
- Hospital ratings or rankings
- Commercial promotion of products or services
- Matters under legal, regulatory or coronial review
- Commentary outside NASOG’s scope or purpose

5. Declining Media Engagement

NASOG may decline media engagement when:

- The issue does not align with strategic priorities
- There is insufficient verified information
- Legal, privacy or regulatory risks are present
- Media interest could harm NASOG’s reputation or impartiality

A holding statement may be issued if appropriate.

6. Proactive Media Engagement

NASOG may proactively engage media to:

- Announce major initiatives, reports or submissions
- Promote NASOG events or campaigns
- Raise awareness of women's health issues

- Respond rapidly to emerging issues
- Provide expert commentary during health system challenges

All proactive media must be coordinated through the CEO and approved by the President.

7. Responsibilities of Representatives

All NASOG representatives must:

Before an interview

- Confirm authorisation to speak
- Review briefing notes
- Understand key messages and scope
- Prepare evidence-based responses

During the interview

- Be factual, clear and professional
- Avoid speculation
- Use accessible language
- Decline to answer questions outside scope
- Maintain confidentiality and legal obligations

After the interview

- Notify the CEO of any unexpected issues
- Provide clarification if needed
- Report on media interactions for record-keeping

8. Crisis Communications

In a crisis, emerging controversy or rapidly developing event:

- Only the **President** or their formally nominated spokesperson may comment
- The CEO will coordinate messaging, timing, approvals and communication channels
- All media enquiries must be immediately referred to the CEO
- No statements may be made without formal approval

9. Confidentiality and Legal Compliance

Council Members and representatives must:

- Protect confidential information
- Comply with defamation, privacy, ACNC governance, health information, and copyright laws
- Ensure statements do not constitute clinical advice
- Refrain from endorsing commercial products

10. Record Keeping

NASOG will maintain records of:

- Media enquiries
- Responses issued
- Interviews conducted
- Key messaging used
- Crisis communication logs

11. Breaches of Policy

Breaches will be managed in accordance with:

- NASOG Council Code of Conduct
- Disciplinary provisions within the Constitution
- Legal and regulatory obligations

Consequences may include withdrawal of spokesperson approval, formal warning, or removal from Council roles where warranted.

12. Review Cycle

- This policy will be reviewed **every 2 years**, or earlier if changes in media, governance or organisational strategy require it.
- Amendments require Council approval.

Social Media & Digital Content Policy

Approved by Council: 18 December 2025

Next Review: 1 December 2027

1. Purpose of this Policy

This policy outlines expectations for the personal and professional use of social media by Council members, volunteers, staff and contractors. It permits individuals to express personal opinions while prohibiting statements made on behalf of NASOG unless authorised. It sets boundaries for respectful behaviour, protection of confidential information, and avoidance of reputational harm. The policy supports constructive digital engagement while safeguarding NASOG's brand and standing.

This policy applies to all public digital communication including: Twitter/X, Facebook, Instagram, LinkedIn, blogs, podcasts, online forums, WhatsApp groups, and any other online platform.

2. Principles

NASOG endorses the following principles:

- **Council members may freely express their personal views** on any topic, including women's health, policy, professional issues and public debate.
- Personal opinions must **not** be presented as NASOG's position unless authorised.
- NASOG must speak with **one coherent voice** on official matters.
- Content must not damage NASOG's reputation, stakeholder relationships, or purpose.
- Confidential or sensitive information must never be shared online.

3. Who May Speak on Behalf of NASOG

Only the following may issue public statements representing NASOG:

- **President** (primary spokesperson)
- **Vice-President** (delegate spokesperson)
- **Chief Executive Officer**

No other Council member may claim, imply or suggest they are speaking for NASOG unless formally authorised in writing by the President or CEO.

Council members providing expert commentary **as clinicians** must do so independently, not using their NASOG title unless agreed.

4. Personal Use of Social Media (Permitted and Encouraged)

NASOG recognises that Council members are respected clinicians and leaders with active professional voices. Therefore:

Council members *may*:

- Share personal clinical perspectives and professional opinions.

- Comment on public maternity, gynaecology, fertility, health-system and policy issues.
- Engage in robust debate as individual practitioners.
- Identify themselves as specialists or leaders in women’s health.

Council members *must not*:

- State or imply that NASOG endorses their personal views.
- Use NASOG branding, logos, images or confidential information without permission.
- Discuss internal matters, governance discussions or unresolved Council issues.
- Pre-empt NASOG advocacy positions or misrepresent NASOG work.
- Engage in commentary that could reasonably undermine NASOG’s reputation or independence.

A suggested disclaimer is: “The views expressed here are my own and not those of NASOG.”

This is optional but strongly recommended.

5. Official NASOG Digital Channels

Official channels include:

- NASOG website
- NASOG Blog
- NASOG email campaigns
- NASOG LinkedIn, Facebook, Instagram or other approved platforms
- NASOG podcasts, webinars and digital publications

Only the CEO and authorised officers may upload or approve content for official channels.

Council members may submit content or ideas, but publication remains at NASOG’s editorial discretion.

6. Prohibited Online Conduct

Council members, staff and contractors must not:

- Make statements that could reasonably be interpreted as official NASOG positions without approval.
- Disparage NASOG, other Council members, members, sponsors, regulators, or stakeholders.
- Share confidential Council discussions or sensitive policy work.
- Release embargoed documents, submissions or survey data.
- Engage in bullying, harassment or discrimination.
- Use NASOG platforms for partisan political campaigning.
- Violate privacy laws, copyright or professional conduct obligations.
- Post clinical commentary that breaches professional standards.

7. High-Risk Topics Requiring Approval

Any online commentary involving the following must **not** be made on behalf of NASOG without formal approval:

- Government policy or ministers
- Funding, Medicare or PHI reform
- Workforce matters
- Safety and quality findings
- Media reports involving maternity outcomes
- Commentary involving individual practitioners or facilities
- Any matter before AHPRA, coroners or courts

8. Responding to Misuse or Issues

If a Council member's post is interpreted publicly as a NASOG statement, the CEO may request:

- Removal or correction
- Clarifying follow-up statement
- Internal discussion as required

Repeated or serious breaches may be treated as a Code of Conduct matter.

NASOG will not comment on individual online behaviour unless required by law or regulator.

9. Use of Images, Photos and Event Material

Council members must obtain approval before using:

- NASOG event photos
- NASOG Council meeting images
- Partner or sponsor branding
- NASOG logos or program materials

NASOG maintains copyright over all organisational content.

10. Complaints & Escalation

Issues under this policy may be escalated through:

- The CEO
- The President
- The Complaints & Grievance Policy
- The Whistleblower Policy (for serious concerns)

Clinical or professional behaviour concerns raised on social media will be directed to **AHPRA**, not handled by NASOG.

11. Training & Review

- All new Council members receive training on this policy during induction.

- The policy is reviewed every two years or earlier if digital platforms or risks change.

12. Summary of Key Obligations

- Council members may freely express personal opinions.
- Council members must not speak on behalf of NASOG unless authorised.
- Confidentiality, professionalism and respect are mandatory.
- NASOG maintains one public voice through authorised spokespersons.

Privacy Policy

Approved by Council: 18 December 2025

Next Review: 1 December 2027

The National Association of Specialist Obstetricians and Gynaecologists (NASOG) is committed to protecting the privacy of our members, event participants, partners, contractors, staff and all individuals who interact with us.

We comply with the Privacy Act 1988 (Cth) and the Australian Privacy Principles (APPs).

This Privacy Policy explains how NASOG collects, uses, stores and discloses personal information, and the choices individuals have about how NASOG handles that information.

By providing your personal information to NASOG, using our website or participating in NASOG activities, you consent to this Privacy Policy.

1. What Personal Information NASOG Collects

NASOG may collect the following types of personal information:

1.1 Identity Details

- Name
- Title and professional designation
- Date of birth (in limited cases)

1.2 Contact Details

- Email address
- Phone number
- Postal address
- Workplace/clinic address

1.3 Professional Information

- AHPRA registration number
- Fellowship / membership status
- Specialties and clinical areas of interest
- Years in practice
- Subspecialty qualifications
- Hospital appointments
- Practice location(s)

1.4 Membership, Event & Survey Information

- Membership category and payment status
- Attendance at NASOG events and webinars
- Dietary or accessibility requirements

- Survey responses, including clinical practice information (de-identified when published)
- Registration information submitted to Humanitix or similar providers

1.5 Website & Digital Analytics

NASOG’s website and digital systems may collect:

- IP addresses
- Device and browser information
- Pages viewed and actions taken
- Cookies and user preferences
- Email engagement (opens/clicks)

1.6 Sensitive Information

NASOG may collect limited “sensitive information” as defined by the Privacy Act, including:

- Professional affiliation data (e.g., specialist category)
- Information relating to clinical practice and health-system views
- Gender identity (optional)
- Aboriginal and/or Torres Strait Islander status (optional)

NASOG does **not** collect patient information.

2. How NASOG Collects Personal Information

NASOG collects personal information from:

- Membership applications and renewals
- Event and webinar registrations
- Surveys and research panels
- Email subscriptions and website forms
- Direct communication with NASOG officers or staff
- Sponsorship discussions or partnership agreements
- Third-party providers (e.g., Stripe)
- Publicly available sources (AHPRA, practice websites)
- Social media interactions

Personal information may be collected directly or from third parties with your consent.

3. Why NASOG Collects and Uses Personal Information

NASOG collects personal information for the following purposes:

3.1 Membership & Governance

- Administering membership
- Communicating with members
- Maintaining accurate records

- Complying with ACNC and ACT governance requirements

3.2 Events, Education and CPD

- Registering attendance
- Providing event logistics
- Ensuring accessibility and safety
- Issuing CPD certificates and educational content

3.3 Advocacy & Policy Development

- Conducting surveys and research into women's health
- Developing policy submissions
- Engaging with governments, regulators and stakeholders
- Data for policy work is aggregated or de-identified prior to publication.

3.4 Communications & Media

- Sending newsletters, updates and educational materials
- Issuing media releases (never using members' personal details without consent)
- Managing social media engagement

3.5 Sponsorship & Industry Engagement

- Managing contractual obligations with sponsors
- Ensuring transparency requirements are met (e.g., sunshine reporting)
NASOG does **not** provide sponsor access to personal member data unless explicit, opt-in consent is given.

3.6 Website Operations & Improvement

- Enhancing user experience
- Analysing website traffic and digital behaviour
- Maintaining cybersecurity

4. When NASOG May Disclose Personal Information

NASOG will only disclose personal information where:

- The disclosure is necessary to deliver a service (e.g., event providers)
- You have provided explicit, informed consent
- Required by law (e.g., court order, ACNC, ATO)
- You would reasonably expect disclosure as part of your interactions with NASOG

4.1 Third-Party Service Providers

These may include:

- Event registration platforms
- Email distribution tools
- IT and data-hosting providers

- Payment processors
- External auditors or accountants
- Event venues and catering providers
- Legal advisors

NASOG requires third-party providers to safeguard personal information.

4.2 Sponsors and Industry Partners

NASOG will **not** provide identifiable member information to sponsors unless:

- You explicitly opt in (e.g., at events), and
- The information is limited to the purpose of that event or activity.

NASOG never sells member information.

5. Sensitive Information Handling

Sensitive information is handled with extra care:

- Collected only where necessary and with consent
- Stored securely with restricted access
- De-identified before use in research or policy work

NASOG does not collect clinical patient data.

6. Storage and Security of Information

NASOG stores information in secure cloud-based systems located in Australia or jurisdictions compliant with Australian privacy law.

Security measures include:

- Password protection and multi-factor authentication
- Role-based access controls
- Encrypted storage and secure backups
- Regular cybersecurity reviews
- Staff and Council confidentiality obligations

In the event of a data breach, NASOG will comply with the Notifiable Data Breaches Scheme, including:

- Assessing the breach
- Taking remedial action
- Notifying affected individuals if required
- Reporting to the Office of the Australian Information Commissioner (OAIC)

7. Direct Marketing and Communications

NASOG communicates:

- Advocacy updates
- Event invitations
- Surveys

- Educational resources
- Membership notices

You may opt out at any time by:

- Clicking “unsubscribe”
- Contacting NASOG directly

NASOG does not allow third parties to market directly to members without explicit consent.

8. Accessing or Correcting Your Information

You may request:

- Access to your personal information
- Correction of inaccurate or outdated information

Requests should be sent to admin@nasog.org.au

NASOG may require identity verification.

9. International Disclosure of Information

NASOG does not routinely disclose personal information overseas. If an overseas provider is used (e.g., for web hosting), NASOG ensures:

- The provider complies with Australian privacy standards, or
- Adequate contractual protections are in place.

10. How to Make a Privacy Complaint

If you have concerns about privacy or believe NASOG has breached the Australian Privacy Principles, you may contact us via email admin@nasog.org.au

NASOG will:

1. Acknowledge your complaint
2. Investigate the matter
3. Provide a written outcome

If you are not satisfied, you may contact:

Office of the Australian Information Commissioner (OAIC)
www.oaic.gov.au
1300 363 992

11. Amendments to This Policy

NASOG may update this Privacy Policy from time to time to reflect:

- Legal requirements
- Organisational changes
- New systems or processes

The latest version will always be available on the NASOG website.

Document Retention & Record-Keeping Policy

Approved by Council: 18 December 2025

Next Review: 1 December 2027

1. Purpose of the Policy

This policy ensures:

- NASOG retains required documents for the appropriate legal and operational timeframe
- Records are accurate, secure and accessible only to authorised persons
- NASOG meets ACNC, ACT and Privacy Act requirements
- Information is destroyed securely when no longer required
- Organisational knowledge and history are preserved

2. Scope

This policy applies to **all NASOG records**, including:

- Governance and corporate records
- Council and committee documents
- Financial records
- Membership and stakeholder information
- Contracts and partnership agreements
- HR and contractor records
- Event and sponsorship records
- Digital communication and website content
- Emails relating to NASOG business
- Data from surveys, research and advocacy projects

3. Record-Keeping Principles

NASOG maintains its information according to the following principles:

1. **Accuracy** – Records must be complete, factual and current.
2. **Integrity** – Records must not be altered without authority.
3. **Security** – Access is limited to authorised persons.
4. **Accessibility** – Records must be retrievable for lawful and legitimate purposes.
5. **Compliance** – Records retained for required periods.
6. **Confidentiality** – Sensitive and personal information is protected.

4. Responsibilities

4.1 Council

- Oversees compliance with statutory and ACNC requirements
- Ensures retention policies are followed

4.2 Chief Executive Officer

- Manages day-to-day record-keeping systems
- Ensures secure storage, access control and disposal procedures
- Ensures contractors comply with this policy

4.3 Council Members, Committees & Contractors

- Must store and transfer documents through approved NASOG systems
- Must not retain NASOG documents on personal devices except temporarily

5. Document Retention Schedule

Record Type	Examples	Retention Period	Reason
Governance Documents	Constitution, governance manual, policies	Indefinitely	Historical record; legal compliance
Council & Committee Records	Agendas, papers, minutes, resolutions, voting records	Indefinitely	Evidence of decisions; ACNC compliance
Financial Records	Accounts, invoices, bank statements, BAS, audit reports, payroll	7 years	ATO & Corporations record-keeping rules
Membership Records	Applications, renewals, contact changes, category documentation	Current period + 7 years	Evidence for disputes; privacy obligations
Contracts & Agreements	Sponsorship contracts, service agreements, leases	Term of contract + 7 years	Legal obligations; dispute protection
Insurance Records	Policies, certificates, incident reports	7 years (or longer for claims-made policies)	Insurer requirements
Event Records	Registrations, attendance lists, risk assessments	7 years	WHS, insurance and reporting

Record Type	Examples	Retention Period	Reason
Research & Survey Data	Raw data, summaries, anonymised datasets	10 years	Research integrity; advocacy documentation
Personnel & Contractor Records	Employment contracts, performance documents, contractor agreements	7 years after cessation	Fair Work and audit obligations
Communications	Important emails, newsletters, official statements	7 years unless governance/historical	Evidence of commitments or advice
Media & Advocacy Materials	Submissions, briefing notes, public statements	Indefinitely	Historical record; advocacy transparency

NASOG does **not** retain patient information and will not accept such information into its records.

6. Storage Requirements

6.1 Digital Storage

All digital records must be stored in:

- A secure NASOG-approved cloud platform
 - Systems with multi-factor authentication
 - Platforms with automatic backups
 - Folders structured according to NASOG's taxonomy
- Personal devices may not be used for long-term storage.

6.2 Physical Records

- Stored in locked filing cabinets in secure locations
- Access limited to authorised personnel
- Originals retained for documents requiring wet signatures

6.3 Email Records

Email is a communication tool, **not a storage tool**.

Important emails must be saved to the NASOG system.

6.4 Access Control

Access is granted based on role:

- Council: access to governance documents only
- CEO: access to all operational records
- Contractors: restricted, time-limited access

7. Document Protection & Security

NASOG will maintain:

- Regular system backups
- Encrypted data storage
- Up-to-date antivirus and security patches
- Password management standards
- Audit trails where available
- Breach reporting and response processes

Sensitive information (financial details, personal information, legal matters) will have additional access restrictions.

8. Document Disposal & Destruction

Records may only be destroyed after:

- Retention period has expired, **and**
- The CEO has confirmed records are no longer required for legal, audit or operational purposes

8.1 Physical Destruction

- Shredding using secure, cross-cut shredders
- Secure shredding services for bulk disposal

8.2 Digital Destruction

- Permanent deletion (not recycle bin)
- Removal from backups after rotation cycles
- Overwriting data where appropriate
- Contractors must confirm deletion of NASOG materials when engagement ends

A destruction log should be maintained noting:

- Date
- Document type
- Method of destruction
- Authorising officer

9. Prohibited Practices

The following are not permitted:

- Retaining NASOG records on personal social media, devices or private cloud accounts
- Storing documents in unsecure folders or open drives
- Sharing NASOG information with unauthorised third parties
- Deleting records prematurely or without approval
- Removing paper files from NASOG premises without authorisation

10. Version Control, Review & Updates

- This policy is reviewed **every two years** or earlier if legal requirements change.
- Council approves all amendments.
- The CEO ensures staff, Council and contractors are informed of updates.

Cybersecurity & Acceptable Use Policy

Approved by Council: 18 December 2025

Next Review: 1 December 2027

1. Purpose of this Policy

This policy sets the security standards and behaviours required to safeguard NASOG's:

- digital systems
- documents and member data
- financial information
- governance records
- communications and media assets
- advocacy and policy materials

It supports compliance with:

- Australian Privacy Act 1988
- ACNC Governance Standards
- Associations Incorporation Act 1991 (ACT)
- Contractual obligations with partners and vendors

2. Scope

This policy applies to:

- NASOG-owned devices, accounts and systems
- Personal devices used for NASOG business
- All Council Members, CEO, contractors and committee members
- Cloud services (e.g., Microsoft/Google drive, membership systems)
- Backup systems, email accounts, and digital platforms

3. Cybersecurity Principles

NASOG follows these standards:

- **Least privilege** – access granted only where required.
- **Strong authentication** – MFA wherever possible.
- **Secure storage** – no NASOG data stored in unapproved systems.
- **Confidentiality** – sensitive data accessed only by authorised persons.
- **Integrity** – information must not be altered without approval.
- **Availability** – systems and backups must ensure continuity.

4. Acceptable Use of NASOG Systems

4.1 Permitted Use

Users may access NASOG systems for:

- governance work

- event management
- membership administration
- policy and advocacy activities
- communications approved by NASOG
- financial and operational administration

4.2 Prohibited Use

Users must **not**:

- store NASOG records on private cloud accounts (Dropbox, iCloud, etc.)
- send confidential files to personal email
- access NASOG data on public/shared computers
- use NASOG systems for illegal activities
- install unauthorised software
- share passwords or access credentials
- upload NASOG documents to any external platform without approval
- connect unknown USB devices or hardware

5. Personal Devices Used for NASOG Work

Where Council members or contractors use their own devices to conduct NASOG work, they must:

- use password or biometric protection
- enable automatic screen locking
- ensure devices are kept updated with security patches
- use secure Wi-Fi connections
- ensure NASOG files are stored only in approved NASOG systems
- immediately report any lost or stolen devices

NASOG may require a device security declaration for contractors.

6. Passwords & Authentication Requirements

6.1 Minimum Standards

Passwords must:

- be at least 12 characters
- include a mix of letters, numbers, symbols
- avoid reuse of personal passwords
- not be written down or stored insecurely

6.2 Multi-Factor Authentication (MFA)

MFA must be enabled for:

- email accounts
- cloud storage systems

- financial or banking platforms
- any administrative or high-risk system

6.3 Password Resets

Passwords must be changed:

- immediately if a breach is suspected
- at least yearly for administrative accounts

7. Data Handling & Protection

7.1 Storage

All NASOG data must be stored in approved systems, including:

- NASOG cloud storage
- secure membership platforms
- approved backups

Personal devices must not be used as long-term storage.

7.2 Transmission

Confidential data should only be transmitted:

- via secure NASOG email accounts
- through password-protected files where appropriate
- via encrypted links for sensitive information

7.3 Access Control

Access to folders or systems is based on role:

- Council → governance documents
- CEO → full operational access
- Contractors → limited, temporary access

Access is removed when roles end.

8. Cloud Systems & Third-Party Providers

NASOG uses reputable, secure cloud systems.

All third-party vendors must:

- comply with the Privacy Act
- store data in Australia or equivalent jurisdictions
- provide evidence of their security controls
- notify NASOG of breaches involving its data

NASOG must not use unvetted vendors.

9. Email Security

Users must:

- avoid clicking suspicious links
- verify sender identity before opening attachments
- use NASOG email for NASOG business
- not auto-forward to personal accounts
- report phishing attempts

NASOG may implement email filtering systems.

10. Backup & Continuity

NASOG will maintain:

- regular automated backups
- secure off-site or cloud backup solutions
- redundancy for critical information
- documented recovery procedures

Backups must be tested at least annually.

11. Cybersecurity Incident & Breach Reporting

A cybersecurity breach includes:

- unauthorised access to systems
- phishing success or compromised credentials
- loss or theft of a device
- accidental disclosure of personal information
- malware, ransomware or virus attacks
- suspicious access or failed login attempts

Action Required:

Users must report any suspected incident **immediately** to **Chief Executive Officer at ceo@nasog.org.au**

The CEO must:

- Assess the breach
- Contain and mitigate
- Report to the President
- Determine whether notification under the *Notifiable Data Breaches Scheme* is required
- Notify individuals and regulators if required
- Document the incident in NASOG's breach register

12. Training & Awareness

NASOG will provide:

- induction training for all Council members
- cybersecurity reminders and refreshers

- guidance on identifying scams and phishing
- annual review of cyber risks as part of the Risk Management Framework

13. Policy Breaches

Breaches of this policy may result in:

- removal of system access
- requirement to undergo retraining
- disciplinary action under the Code of Conduct
- termination of a contractor agreement
- referral to legal or regulatory bodies if malicious or unlawful behaviour occurs

14. Review Cycle

This policy will be reviewed:

- every two years, or
- earlier if cybersecurity risks change or systems are updated

15. Summary of Key Obligations

All NASOG users must:

- ✓ Protect passwords and enable MFA
- ✓ Use only approved systems for storing NASOG data
- ✓ Keep devices secure and updated
- ✓ Avoid personal storage of NASOG records
- ✓ Report incidents immediately
- ✓ Maintain confidentiality and privacy

Sponsorship & Industry Engagement Policy

Approved by Council: 18 December 2025

Next Review: 1 December 2027

1. Purpose

NASOG collaborates with industry to support education, research, professional development and improvements in women's health. This policy ensures that such engagements:

- Maintain NASOG's independence and integrity
- Comply with Medicines Australia and Medical Technology Association of Australia (MTAA) Codes
- Comply with ACNC Governance Standards and ACT association requirements
- Prevent real or perceived conflicts of interest
- Ensure transparency, fairness and appropriate commercial boundaries
- Protect NASOG's reputation as an impartial clinical and policy organisation

2. Scope

This policy applies to:

- Sponsorships and partnerships
- Exhibitions and event support
- Product or service demonstrations
- Industry participation in NASOG events, publications or digital offerings
- Advisory roles, roundtables or consultations
- Any commercial arrangement involving financial or in-kind support for NASOG

It applies to pharmaceutical companies, device manufacturers, digital health companies, service providers and any other organisation providing material support.

3. Principles for Ethical Engagement

3.1 Independence

NASOG retains full editorial, clinical and policy independence, regardless of financial support.

3.2 Transparency

All partnerships must be disclosed appropriately in publications, events or communications as relevant.

3.3 Fairness & Equity

Access to partnership opportunities must be structured, fair and available to industry without favouritism.

3.4 Compliance

All engagements must comply with:

- Medicines Australia Code of Conduct
- MTAA Code of Practice
- Privacy Act 1988
- ACNC Governance Standards
- NASOG Constitution and Code of Conduct
- Sunshine reporting obligations (where applicable)

3.5 Public Benefit

Engagements must support NASOG's purpose and benefit women's healthcare, the O&G profession or public health outcomes.

4. Types of Permissible Engagement

NASOG may accept industry support for:

- Educational events (live or digital)
- Conferences, national roadshows, workshops and webinars
- Clinical or policy publications (with editorial independence retained)
- Research projects or surveys (with data governance controls)
- Sponsorship of awards, scholarships or CPD programmes
- Strategic roundtables or thought-leadership sessions
- Digital content such as podcasts or newsletters
- Exhibitions and product showcases

All engagements must be underpinned by a **written agreement**.

5. Prohibited Engagements

NASOG must **not** enter arrangements where:

- A sponsor seeks influence over clinical content or policy positions
- NASOG is asked to endorse or promote a product or brand
- Confidential member or practice data would be provided without explicit opt-in consent
- Industry seeks access to mailing lists, databases or membership records
- Engagement poses a conflict of interest that cannot be mitigated
- Sponsorship appears to imply preferential treatment, advocacy support, or commercial bias
- Funding is conditional upon NASOG taking public positions

NASOG cannot participate in **ghost-writing**, disguised promotion or clinical claims.

6. Sponsorship Approvals & Oversight

6.1 Approval Requirements

All sponsorship and industry agreements must be:

- Reviewed by the CEO
- Reviewed for compliance with relevant Codes
- Approved by the President, and
- Approved by the Council if the value exceeds delegated authority or involves strategic risk

6.2 Written Agreement Required

Every partnership must include:

- Purpose and scope
- Benefits to sponsor and to NASOG
- Deliverables, timelines and responsibilities
- Branding and recognition terms
- Compliance and conflicts clauses
- Privacy and data handling obligations
- Termination provisions

No verbal agreements are permitted.

7. Separation of Education and Promotion

7.1 Educational Integrity

NASOG is responsible for all scientific, clinical and educational content in its programmes.

7.2 Partner Sessions

Industry sessions:

- Must be clearly identified as “industry supported”
- Must focus on disease-state education or innovation, not product promotion
- Must be compliant with Medicines Australia/MTAA Codes
- May include demonstrations or case discussions within compliance limits

7.3 Editorial Independence

NASOG has **final editorial control** over all materials, agendas, panel composition and communications.

8. Data, Privacy & Information Handling

8.1 Member Data

NASOG will **not** provide identifiable member information to sponsors unless:

- Individuals explicitly opt in
- It is for a clearly specified purpose (e.g., post-event follow-up), and
- It complies with the Privacy Act

8.2 De-identified Insights

NASOG may share aggregated, de-identified insights from surveys or events where it supports education or sector development.

8.3 Sponsor Data Responsibilities

Sponsors must:

- Comply with Australian privacy law
- Use any provided data only for the agreed purpose
- Not contact members without consent
- Delete data upon request

8.4 Sensitive Topics

Research, survey or clinical insights relating to patient safety, maternity outcomes or practice patterns must follow NASOG's Data Governance Rules.

9. Conflicts of Interest

9.1 Disclosure

Council members and the CEO must disclose any relationships with sponsors, including:

- Consulting
- Advisory boards
- Clinical studies
- Travel or hospitality support
- Shareholdings

9.2 Management

A conflict may be managed by:

- Recusal from decisions
- Restricting access to related documents
- Registering the conflict in the COI Register
- Declining the engagement if risk cannot be mitigated

10. Branding, Use of Logos & Public Statements

10.1 Use of NASOG Brand

Sponsors may use the NASOG logo only where:

- The partnership is confirmed in writing

- Branding guidelines are followed
- The use does not imply product endorsement

10.2 Use of Sponsor Logos

Sponsor logos may be used:

- On event materials
- On slides and signage
- In appreciation communications

All must follow agreed guidelines.

10.3 Public Communications

Sponsors may not:

- Announce partnerships without NASOG approval
- Refer to NASOG in promotional materials without consent
- Impute NASOG endorsement of any product or service

11. Event Participation Rules

- Exhibition booths must be appropriately staffed and compliant.
- No promotional materials may be distributed in educational sessions.
- Clinical speakers may not be paid by sponsors unless compliant with Codes.
- Sponsored dinners and hospitality must follow applicable Code guidelines.
- NASOG reserves the right to decline or remove any exhibitor that breaches standards.

12. Financial Transparency

NASOG will maintain:

- Clear records of sponsorship funding
- Dual sign-off for payments
- Public reporting of partnership support where appropriate
- A register of all active sponsorship agreements

13. Investigation of Breaches

Breaches of this policy may result in:

- Termination of partnership
- Exclusion from future NASOG events
- Reporting to Medicines Australia, MTAA or other bodies
- Council-level review
- Notification to regulators in serious cases

Internal breaches may be handled under NASOG's:

- Complaints & Grievance Policy

- Whistleblower Policy
- Code of Conduct

14. Review Cycle

This policy must be reviewed:

- Every **two years**, or
- Immediately if relevant Codes or legislation change

15. Summary of Key Standards

NASOG's sponsorship and industry partnerships must always:

- ✓ Protect NASOG's independence
- ✓ Maintain transparency and fairness
- ✓ Uphold compliance with MA and MTAA Codes
- ✓ Safeguard member data and privacy
- ✓ Support NASOG's purpose of improving women's healthcare
- ✓ Ensure no implied endorsement of any product or service

Events & Safety Policy

Approved by Council: 18 December 2025

Next Review: 1 December 2027

1. Purpose of This Policy

This policy outlines NASOG's commitment to delivering safe, inclusive and professionally run events. It sets expectations for risk management, accessibility, participant behaviour, incident reporting and contractor compliance. The policy ensures all NASOG events are conducted responsibly and uphold the organisation's duty of care to attendees, staff, volunteers and partners.

This policy applies to all NASOG-hosted or NASOG-branded events, whether in person or online.

2. Roles and Responsibilities

2.1 NASOG Council

- Provides governance oversight
- Approves high-risk or large-scale event programs
- Reviews significant incidents reported by the CEO

2.2 Chief Executive Officer

- Has operational responsibility for event safety and compliance
- Ensures venues, contractors and suppliers meet safety standards
- Ensures risk assessments are completed for all events
- Ensures staff and speakers understand safety procedures
- Coordinates incident response and reporting

2.3 Contractors, Speakers and Exhibitors

- Must follow venue and NASOG safety instructions
- Must comply with Medicines Australia and MTAA Codes (where applicable)
- Must report hazards or incidents to NASOG staff promptly

2.4 Attendees

- Are expected to behave respectfully and follow instructions in emergencies

3. Event Planning Requirements

3.1 Venue Safety

The CEO must ensure the venue provides:

- Valid public liability insurance
- Emergency exits and evacuation plans
- Adequate lighting, seating and safe traffic flow
- Accessibility for guests with mobility or other needs

- Compliance with local fire, food safety and liquor regulations

3.2 Risk Assessment

A risk assessment is required for all events and must consider:

- Medical emergencies
- Alcohol service
- Equipment hazards
- Security concerns
- Accessibility risks
- Crowd flow and exit routes
- Sponsor activities or demonstrations
- COVID or infectious disease considerations (as applicable)

3.3 Contractor Management

All external providers (AV, catering, security, pharmaceutical/device exhibitors) must:

- Meet safety and insurance requirements
- Follow NASOG's Sponsorship & Industry Engagement Policy
- Sign exhibitor or supplier agreements where applicable

4. On-Site Safety Procedures

At the start of each event, NASOG must ensure:

- Evacuation routes and muster points are known to staff
- An emergency contact person is appointed
- Incident report forms are available
- Any equipment, displays or demonstrations are secure
- Alcohol (if served) is managed responsibly

Where applicable, a **brief safety announcement** should be made at event commencement.

5. Behaviour, Conduct & Respect

NASOG maintains a **zero-tolerance** stance toward:

- Harassment or bullying
- Discrimination
- Aggressive behaviour
- Inappropriate conduct, particularly where alcohol is served

Attendees may be removed from the event for breaching behavioural expectations.

Speakers and exhibitors must ensure content is:

- Respectful
- Evidence-based

- Not promotional or in breach of Medicines Australia/MTAA Codes

6. Incident Reporting & Response

6.1 Types of Incidents

An incident includes:

- Accident or injury
- Medical episode
- Property damage
- Hazardous condition
- Security concern
- Breach of NASOG or venue policy
- Behavioural misconduct

6.2 Reporting

All incidents must be reported to the CEO as soon as possible.

A written Incident Report must be completed within **48 hours**.

6.3 Response

The CEO will:

- Ensure immediate safety of all persons
- Liaise with venue management
- Document and investigate
- Report serious incidents to the President
- Implement corrective actions
- Notify insurers if required

7. Alcohol Safety

Where alcohol is served:

- Responsible Service of Alcohol (RSA) principles must be met
- Venue staff must hold appropriate RSA certification
- Alcohol must not be provided to intoxicated persons
- NASOG may restrict service at any time

8. Child Safety

NASOG events are targeted at adult professionals. If children are present for any reason:

- They must be accompanied by a responsible adult
- NASOG's duty-of-care obligations remain in effect

9. Accessibility & Inclusion

NASOG is committed to inclusive events. Where possible, events must provide:

- Wheelchair access
- Accessible toilets
- Dietary accommodations
- Clear communication of accessibility limitations

10. Post-Event Review

Following each event, NASOG should:

- Review incidents or near misses
- Assess feedback and attendee concerns
- Update risk assessments and planning protocols
- Adjust future events accordingly

11. Policy Review

This policy will be reviewed every **two years** or sooner if:

- Legislation changes
- Event formats change materially
- Significant incidents occur

Gift, Hospitality & Benefits Policy

Approved by Council: 18 December 2025

Next Review: 1 December 2027

1. Purpose of This Policy

This policy regulates the acceptance, offering or declaration of gifts, hospitality or benefits to prevent real or perceived influence on NASOG decisions. It specifies what is allowed, what must be declared, and what is prohibited. The policy supports ethical conduct, transparency and compliance with “sunshine” reporting obligations where applicable.

NASOG must remain **independent, impartial and free from undue influence**, particularly when interacting with pharmaceutical and device companies.

2. Scope

This policy applies to all:

- Council Members
- CEO and staff
- Contractors
- Committee members
- Volunteers representing NASOG

It covers gifts, hospitality and benefits offered by:

- Sponsors and industry partners
- Event exhibitors
- External organisations
- Members or stakeholders
- Individuals seeking influence or favourable treatment

3. Key Principles

3.1 Transparency

All gifts and hospitality must be declared promptly.

3.2 Independence

NASOG representatives must not accept anything that could reasonably influence—
or be perceived to influence—their decisions.

3.3 Modesty

Only modest, proportionate and appropriate gestures may be accepted.

3.4 No Cash or Cash Equivalents

Cash, gift cards, vouchers or similar must **never** be accepted.

3.5 No Product Endorsement

Acceptance of any benefit must not imply NASOG endorsement of a product, service or company.

4. Gifts

4.1 Acceptable Gifts

Council members and staff may accept gifts:

- of **token** value (generally less than **\$100**)
- provided infrequently
- where acceptance does not create conflict of interest
- where refusal would be culturally inappropriate

Examples: books, small promotional items, modest thank-you gifts.

4.2 Gifts Requiring Declaration

Gifts valued at **\$100 or more** must be:

- declared to the CEO, and
- recorded in the NASOG **Gift & Benefits Register**.

Gifts valued at **\$300 or more** must also be reported to the President for review.

4.3 Unacceptable Gifts

NASOG representatives must **not** accept:

- cash or cash equivalents
- expensive gifts (e.g., electronics, jewellery)
- gifts linked to pending decisions or negotiations
- any gift that could influence, or appear to influence, NASOG decisions

If unsure, the gift must be declined or referred to the CEO.

5. Hospitality

5.1 Acceptable Hospitality

Hospitality may be accepted if it is:

- directly related to NASOG duties
- proportionate and modest (e.g., a working meal or coffee)
- consistent with Medicines Australia/MTAA requirements
- not lavish or frequent

5.2 Hospitality Requiring Declaration

Where hospitality value is **significant (>\$100)** or repeated:

- it must be declared
- CEO will determine whether acceptance was appropriate

5.3 Unacceptable Hospitality

NASOG representatives must not accept:

- overseas or interstate travel paid by sponsors (unless agreed by Council for official duties)
- personal entertainment unrelated to NASOG business
- social events intended to influence advocacy or decision-making

Examples: sporting tickets, concerts, luxury dining.

6. Benefits

6.1 Definition

A benefit includes any:

- service
- discount
- accommodation
- travel
- consultancy support
- paid speaking arrangements
- professional favour

6.2 Permissible Benefits

Benefits directly related to fulfilling NASOG responsibilities may be permitted if:

- approved in advance
- documented in a written agreement
- compliant with Codes and ACNC expectations

6.3 Impermissible Benefits

NASOG representatives must not accept:

- personal gain not linked to NASOG duties
- benefits intended to influence NASOG decisions
- funding for personal projects

All benefits must go through NASOG, not individuals.

7. Declaring Gifts, Hospitality & Benefits

Declarations must include:

- date received
- provider
- nature and value
- whether accepted or declined
- reason for acceptance

- person making the declaration

The CEO maintains a Gift & Benefits Register.

The President reviews the register annually.

8. Providing Gifts or Hospitality on Behalf of NASOG

NASOG may provide modest hospitality or gifts when appropriate, such as:

- appreciation to speakers
- small tokens for volunteers
- working meals during formal meetings

Such expenses must:

- be reasonable
- follow the Financial Management Policy
- not breach Medicines Australia or MTAA Codes

NASOG must not provide items that could be viewed as inducements.

9. Policy Breaches

Breaches may result in:

- revocation of authority
- disciplinary action under the Code of Conduct
- termination of contractor agreements
- reporting to regulators in serious cases

10. Review Cycle

This policy will be reviewed:

- every two years, or
- sooner if legislation or industry codes change

Equality, Diversity & Inclusion Policy

Approved by Council: 18 December 2025

Next Review: 1 December 2027

1. Purpose

NASOG is committed to fostering an inclusive, respectful and equitable environment for its members, staff, partners, event participants and stakeholders.

This policy ensures NASOG's activities promote:

- equal access to opportunities
- diversity of perspectives and experience
- safe, respectful interactions
- non-discrimination and fairness
- representation that reflects the diversity of the women's health sector

This policy supports NASOG's obligations under ACNC Governance Standards and the Associations Incorporation Act 1991 (ACT).

2. Scope

This policy applies to all NASOG activities, including:

- Council governance and decision-making
- Committee participation
- Membership engagement
- Events, webinars, workshops and conferences
- Employment, contracting and volunteer interactions
- Communications, publications and digital platforms

3. Policy Statement

NASOG will:

- Treat all individuals with dignity and respect
- Promote diversity in leadership, membership and participation
- Encourage a culture where all individuals feel safe to contribute
- Make decisions and deliver programs free from bias or discrimination
- Provide equal access to opportunities, information and services
- Address complaints of discrimination, harassment or exclusion promptly
- Ensure inclusive language and accessible communication

NASOG values diversity across (but not limited to):

gender, age, culture, race, religion, disability, neurodiversity, sexual orientation, family responsibilities, professional background, lived experience and geographical location.

4. Zero Tolerance for Discrimination or Harassment

NASOG maintains a **zero-tolerance** approach to discrimination, bullying, harassment, or exclusionary behaviour of any kind.

Prohibited conduct includes:

- unfair treatment based on personal characteristics
- verbal, written or online harassment
- intimidation or humiliation
- behaviour that creates an unsafe or hostile environment
- Any breaches will be investigated under the Complaints & Grievance Policy.

5. Inclusive Governance & Representation

NASOG aims to ensure:

- Council and committees reflect a diversity of skills, backgrounds and perspectives
- Recruitment and appointment processes are fair and transparent
- Decision-making considers the needs of diverse members and communities
- Meetings, events and governance processes are accessible and inclusive

6. Accessible Events & Activities

NASOG will:

- Choose venues that are accessible where reasonably practicable
- Provide options for dietary, accessibility and cultural needs
- Ensure respectful, inclusive conduct at all events
- Adapt communication formats when needed (e.g., captioned webinars)
- Avoid scheduling that inadvertently disadvantages certain groups where possible

7. Communications & Language

NASOG communications will:

- Use inclusive and non-discriminatory language
- Reflect the diversity of the profession where appropriate
- Avoid stereotypes and bias
- Represent members respectfully and professionally
- Provide updates and content that are accessible to all members

8. Responding to Issues

Concerns regarding discrimination, exclusion or non-inclusive behaviour will be managed under the:

- Complaints & Grievance Policy, or
- Whistleblower Policy (for sensitive matters)

Confidentiality and procedural fairness will apply.

9. Responsibilities

Council

- Demonstrates leadership in modelling inclusive behaviour

- Considers diversity in appointments and decisions

CEO

- Embeds inclusive practices in operations, events, communications and staff management
- Ensures contractors and partners understand and uphold this policy

Council Members, Contractors & Volunteers

- Behave respectfully and inclusively at all times
- Report concerns where appropriate
- Promote participation and equal opportunity

10. Review Cycle

This policy will be reviewed **every two years** or earlier if legal or organisational needs change.

Policy Ownership, Review Cycle & Amendments

Approved by Council: 18 December 2025

Next Review: 1 December 2027

This section establishes a clear, consistent process for maintaining, reviewing and updating the NASOG Governance Manual and its associated policies.

It ensures NASOG remains compliant, contemporary and aligned with best practice in governance, risk and organisational management.

1. Ownership of the Governance Manual

The **NASOG Council** is the owner of the Governance Manual. It holds responsibility for:

- approving all policies contained within the Manual
- ensuring policies support NASOG's purpose
- ensuring compliance with ACNC Governance Standards and ACT regulatory requirements
- reviewing governance risks associated with outdated or insufficient policies

The Chief Executive Officer (CEO) is responsible for:

- maintaining the Master Governance Manual
- ensuring all staff, contractors and volunteers have access to relevant policies
- implementing systems and procedures that support policy compliance
- proposing updates or amendments where operationally necessary
- coordinating the scheduled review cycle

Policy ownership for each section sits with **the CEO**, unless the Council specifies additional owners or committee oversight.

2. Review Cycle

All policies and sections within this Manual must be reviewed **at least every two years**, or earlier under the following circumstances:

- legislative or regulatory change
- ACNC updates to Governance Standards
- significant organisational change (e.g., new structure, programs, or committees)
- a major incident or risk event that exposes a policy gap
- issues identified during audit, accreditation or performance evaluation
- changes in best practice for clinical, digital, financial or governance standards

The CEO will maintain a **Policy Review Register** recording:

- date of creation
- date of last review
- next scheduled review date
- responsible owner

- Council approval date

3. Interim (Out-of-Cycle) Updates

Between formal review cycles, policies may be amended if:

- required for compliance
- needed to manage organisational risk
- recommended by legal or regulatory guidance
- requested by the Council
- required due to operational changes

Minor amendments (formatting, administrative corrections) may be made by the CEO. Substantive changes (governance principles, delegations, compliance requirements) must be approved by Council.

4. Approval of Policies

All new policies and major amendments must be:

1. Drafted by the CEO (or delegated author)
2. Reviewed by the President (or designated committee)
3. Submitted to the Council with a summary of changes
4. Approved by Council resolution
5. Entered into the Policy Review Register
6. Circulated to stakeholders as appropriate

Where relevant (e.g., Sponsorship, Media, Privacy, Whistleblower), the Council may seek external legal or regulatory advice before adoption.

5. Roles and Responsibilities

Council Responsibilities

- Ensure policies remain fit for purpose
- Review and approve updates
- Oversee compliance and risk implications
- Evaluate governance effectiveness annually

CEO Responsibilities

- Maintain the Master Governance Manual
- Lead review cycles and updates
- Inform Council of emerging policy risks
- Ensure all personnel understand policy obligations
- Implement systems that support compliance
- Provide induction training for new Council members, volunteers and contractors

Contractors, Volunteers and Committee Members

- Understand and comply with relevant policies

- Use approved systems and processes
- Report potential policy breaches or gaps

6. Compliance and Monitoring

NASOG will monitor adherence to policies through:

- Council oversight
- CEO reporting
- Incident reporting processes
- Risk management reviews
- Internal audit or review processes
- Feedback from members, partners and stakeholders

Non-compliance may be addressed under:

- Code of Conduct
- Complaints & Grievance Policy
- Whistleblower Policy
- Contractual obligations (for sponsors or contractors)

7. Version Control

The CEO must ensure that all policies include:

- Version number
- Date of approval
- Date of next review
- Council approval reference

Superseded policies must be archived and stored securely.

8. Summary of Commitments

NASOG commits to:

- ✓ Maintain policies that are current, practical and compliant
- ✓ Review and update the manual at least every two years
- ✓ Ensure clear ownership and accountability
- ✓ Support transparent and ethical governance
- ✓ Embed continuous improvement across all organisational practices