As leaders of Portland District Health, we are proud to present our Gender Equality Action Plan (GEAP). This strategy represents our firm commitment to creating a safe, equitable, and genuinely inclusive environment for our workforce and the community we serve.

Our ability to deliver exceptional care depends entirely on how we support and value our staff. Guided by the *Gender Equality Act 2020 (Vic)*, this plan moves beyond compliance to actively dismantle systemic barriers, close the gender pay gap, and ensure leadership opportunities are fair and accessible. Crucially, we apply an intersectional lens to this work, recognizing that gender inequality is compounded by race, disability, age, and sexual orientation.

Achieving true equity requires collective effort. As Board Chair and CEO, we are accountable for championing these changes and providing the resources needed to drive measurable progress. Thank you to everyone who shared their insights and experiences to shape this vital roadmap for our future.

EMERITUS PROFESSOR PETER MATTHEWS
Chairperson

KARENA PREVETT
Chief Executive Officer

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2026 Progress report for: Portland District Health

About this template

This template helps you to develop your progress report (PR).

Using this template is required under the *Gender Equality Regulations 2020*.

The template consists of four main sections:

- Cover page (recommended)
- Gender impact assessments (required and recommended items)
- Progress against the workplace gender equality indicators (required and recommended items)
- Strategies and measures (required and recommended items).

There are required and recommended components. These are clearly marked in this template and in the 2026 progress report guidance.

Completing both the required and recommended components will help you report on your progress, as required under the *Gender Equality Act 2020*.

How to use this template

You must complete **all** the required components.

The 'recommended' components are optional but highly recommended, where possible.

This template is designed to be used with the 2026 progress report guidance. Using the guidance is not required. But it will help you to develop your progress report.

This template links to the relevant guidance under each component.

Note that:

- 'PR' refers to progress report.
- 'Indicator' refers to the workplace gender equality indicators.

Submission

You must submit your progress report through the reporting platform by **1 May 2026.**

Supporting documents will not be accepted in this reporting cycle. Include all the information in your 2026 progress report.

Visit how to submit and publish your progress report in the 2026 progress report guidance for further submission advice.

Before submission, feel free to:

- remove page 1 of this template
- remove instructional text (in red font)
- edit paragraph spacing and any other document formatting, where relevant.

Cover page

Complete this cover page to provide the Commissioner with key information about your submission.

Organisation name	Portland District Health
Total number of employees (and full-time equivalent FTE), as at 30 June 2025	Total employees: 430 Total FTE: 248.58
Response rate to employee experience survey	2025 – 37%
Contextual information	Portland Victoria is a rural area within the Glenelg Shire. The township of Portland is surrounded by large supplies of land and a nationally significant deep-water commercial port. The primary industry is manufacturing which contributes 40% of the total economic output of the region. The largest employer is the Portland Aluminium smelter. The Portland port currently caters to importing and exporting to/from 30+ countries. The Glenelg Shire's population is 20,152 persons, with the 2021 census data showing an almost gender balanced composition. The highest population sector is between the ages of 25-74 years old. 83% of the population were born in Australia, 55% had parents born outside of Australia and 90.2% speak only English at home. 43.8% of the Portland community are employed in various forms of employment. 42% of the community are at or over retirement age of 67. Portland District Health is one of the oldest health services in Victoria. PDH provides integrated care for the Glenelg shire: acute services such as specialised medicine and surgery, urgent care, and maternity services as well as allied health, community care, and residential aged care.
Location (metropolitan, regional or rural. If other, please specify)	Rural

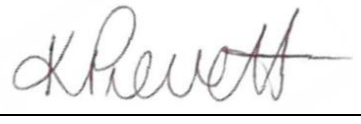
Attestation by head of organisation (required)

I confirm that:

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

☒ I have reviewed and approved the submission of this progress report on behalf of my organisation (as named above). I attest to providing truthful and accurate information.

☒ I attest that my organisation has completed all relevant gender impact assessments under the Gender Equality Act 2020, or I have explained why not in the comment box below.

Any comments?	
Name	Karena Prevett
Role title	Chief Executive Officer
Signed	
Date	25/05/2026

Step 1: Reporting on gender impact assessments (GIAs)

Refer to Step 1 in the 2026 progress report guidance:

- 1.1 Confirming GIA exemptions (required)
- 1.2 Describing policies, programs or services subject to a GIA (required and recommended items)
- 1.3 Describing actions taken as a result of a GIA (required and recommended items)

Need further guidance on GIAs? Visit:

- When a gender impact assessment is required

The *Gender Equality Act 2020* requires organisations to undertake GIAs. GIAs must be done on policies, programs, and services that have a direct and significant impact on the public. **Please do not use this template to report on, for example, internal workforce policies**. An organisation may have permitted reason(s) under the *Gender Equality Act 2020* for not reporting on any GIAs.

Section 1.1 Confirming GIA exemptions (required)

If you have not listed any GIAs, please choose one or more permitted reason:

☐ Reporting on the GIA(s) would make the progress report an exempt document. This is within the meaning of the *Freedom of Information Act 1982*.

☐ Reporting on the GIA(s) would result in a disclosure prohibited by a different Act.

☐ Reporting on the GIA(s) would reveal confidential information.

☐ Your organisation had no policies, programs or services requiring a GIA. This is under the parameters of the *Gender Equality Act 2020.*

☒ None of these apply (**go to 1.2**).

Explain how the permitted reason applies (see 1.1 of the 2026 PR guidance).

Section 1.2 Describing policies, programs and services subject to a GIA (required and recommended)

Identify the details of each policy, program or service subject to a GIA during the relevant period (see 1.2 of the 2026 PR guidance).

Ref #	A: Title (required)	B: Subject (required)	C: Description of the policy, program or service (required)	D: Status (required)	E: Description of gendered impacts (recommended)
1.	Harbourside Lodge – Immunisation of Aged Care Residents	Policy	To ensure residents of Harbourside Lodge(HSL) Aged Care Residential Facility are immunised against vaccine preventable diseases, offered under the National Immunisation Program & Victorian funded Immunisation program.	Up for review	
2.		Choose an item.		Up for review	
3.		Choose an item.		Choose an item.	
4.		Choose an item.		Choose an item.	
5.		Choose an item.		Choose an item.	
6.		Choose an item.		Choose an item.	
7.		Choose an item.		Choose an item.	
8.		Choose an item.		Choose an item.	
9.		Choose an item.		Choose an item.	
10.		Choose an item.		Choose an item.	

Repeat rows as needed.

Section 1.3 Describing actions taken as a result of a GIA (required and recommended)

Identify the details of the gender impact assessment for each policy, program or service listed above, using the reference number (see 1.3 of the 2026 PR guidance).

Ref #	F: Were actions taken as a result of the GIA? (required)	G: Describe the actions taken as a result of the GIA in order to: • Meet the needs of people of different genders; and/or • Promote gender equality; and/or • Address gender inequality. If you did not take action, write N/A here and explain why in (H). (required)	H: If you did not take action, explain why. If you did take action, describe it in (G) and write N/A here. (required)	I: Describe: How and why intersectionality was considered (or not) (required)	J: Describe any actions taken specifically designed to address intersectional inequalities (compounded gender inequalities)? (recommended)
1.	Yes (go to column G)	Harbourside Lodge is the Aged Care facility which is part of PDH. Currently there are no residents who do not speak English or read English. As part of the policy review, it was identified that, in future, written material may need to be supplied in the chosen language of a new resident and/or their Medical Decision Maker. These will be sought from the Department of Health when required to ensure the provided information brochures contain the most up-to-date information and are inclusive for diverse populations.	N/A	Intersectionality was not considered in the policy review because the focus remained narrowly on language accessibility rather than the broader, overlapping factors that shape residents' experiences. While providing brochures in a person's first language is important, it does not account for how age, disability, cultural background, migration history, health literacy, or socio-economic disadvantage can interact to influence someone's understanding of vaccination information. By treating residents as a single group defined only by language, the policy overlooked the complex, layered barriers that different individuals may face, and therefore missed an	

				opportunity to create a more inclusive and equitable approach.	
2.					
3.	Choose an item.				
4.	Choose an item.				
5.	Choose an item.				
6.	Choose an item.				
7.	Choose an item.				
8.	Choose an item.				
9.	Choose an item.				
10.	Choose an item.				

Repeat rows as needed.

Step 2: Reporting on progress against the indicators

Refer to Step 2 in the **2026 progress report guidance**:

- Completing your workplace gender audit and analysing the data (required)
- 2.1 Describing progress against the workplace gender equality indicators (required and recommended items)
- 2.2 Describing factors contributing to or inhibiting progress (required)

Before completing this section, you need to have undertaken a workplace gender audit. See Completing your workplace gender audit and analysing the data for further guidance.

Section 2.1 Describing progress against the workplace gender equality indicators (required and recommended)

Describe your progress against each indicator. Refer to your progress data, ideally using the performance measures as a minimum (see 2.1 of the 2026 PR guidance)

K: Indicator *	L: Progress data (required)	M: Additional progress data (recommended)	N: Has progress been made? (required)	O: Explain how the data does (or does not) demonstrate progress. (required)
1	**Critical performance measures** Gender composition of the duty holder organisation: • 2023: W89.7% M10.3% • 2025: W88.6% M11.4% Gender composition of part time workers in the duty holder organisation: • 2023: W 77.0% M42.5% • 2025: W83.3% M52.2% Gender composition of senior leaders in the duty holder organisation: • 2023: W80.0% M20.0% • 2025: W80.9% M19.9%		Yes	From 2023 to 2025, PDH made slight progress towards gender parity in the gender composition of the workforce. While the increase is only 1%, our data reflects the fact that health services are traditionally a female dominated workforce and, as a rural service, PDH faces a number of challenges in recruiting outside of gender norms which will be detailed in Section 2.2. The data also shows that gender composition of the senior leadership has remained stable with men slightly overrepresented in senior leadership positions compared to their prevalence in the overall workforce. While PDH ensures that position descriptions are written in gender neutral language and that recruitment panels are as diverse as possible, we are committed to exploring what more can be done to increase gender parity in the workforce through our 2025 GEAP.
2	**Critical performance measures** Gender composition of the duty holder organisation's governing body: • 2023: W 44.4% M 55.6% • 2025: W44.45 M 55.6%		No	While there has been no change in the gender composition of the governing body between 2023 and 2025, the Board was already quite balanced in terms of gender. Further, PDH does not have ultimate control over the gender composition of the governing body as the recruitment of Board members is handled by the Minister of Health, however, PDH does commit to ensuring wide and inclusive advertising of Board vacant positions.
3	**Critical performance measures** Mean total remuneration gender pay gap by occupation group: • 2023: 36.3% • 2025: 25.7% Mean total remuneration senior leader gender pay gap: • 2023: 64.4% • 2025: 38.7% **Supplementary measures**		Yes	PDH has made progress in reducing the gender pay gap in the categories of Professionals, Clerical and Administrative Workers and Machinery Operators and Drivers. For Professionals, in 2023 the pay gap was 45.3% whereas in 2025, the gap had narrowed to 32.9%. For Clerical and Administrative Workers, in 2023 the pay gap was 13.2% whereas in 2025, the gap had narrowed to 7.2%. For Machinery Operators and Drivers, in 2023 the pay gap was 13.6% whereas in 2025, the gap had narrowed to 3.8%. An important note about the remuneration data: due to the lack of permanently recruited senior leaders, PDH relies on locums to fill a number of vacant positions. The use of locums in senior leadership roles can have a noticeable distorting effect on gender pay gap data. Locum senior leaders sit outside standard organisational pay structures, and these roles are more frequently filled by men. Locums are excluded from reporting because they are not permanent employees, their temporary occupation of senior roles can mask

	Mean base salary pay gap: • 2023: 34.8% • 2025: 23.9% Median total remuneration pay gap: • 2023: -4.3% • 2025: 11.7% Median base salary pay gap: • 2023: -0.8% • 2025: 10.5%			the under-representation of women in leadership, giving the appearance of a more balanced workforce than actually exists.

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

Occupation groups	Women		Self-described	
	2023	2025	2023	2025
1 - Managers	-33.5 %	27.2 %	***	***
2 - Professionals	45.3 %	32.9 %	***	***
3 - Technicians and Trades Workers	21.4 %	32.3 %	***	***
4 - Community and Personal Service Workers	-9.4 %	-9.3 %	***	***
5 - Clerical and Administrative Workers	13.2 %	7.2 %	***	***
6 - Sales Workers	***	***	***	***
7 - Machinery Operators and Drivers	13.6 %	3.8 %	***	***
8 - Labourers	3.7 %	-20.8 %	***	***
All occupations	**36.3 %**	**25.7 %**	***	***

Summary — *** means data is unavailable for this result

4	**Critical performance measures** Anonymous experience rate of sexual harassment: • 2023: W 5.9% M0.00% • 2025: W 8.1% M Data unavailable Number of formal reports of sexual harassment: • 2023: 1 • 2025: 1 **Supplementary measures** Participants who said they reported sexual harassment: • 2023: Data unavailable • 2025: W 20.0% M Data unavailable Reasons for not making a formal sexual harassment complaint: • 2023: Data unavailable • 2025: Data unavailable Satisfaction with handling of workplace sexual harassment complaint:		No	There is very limited data available to be able to ascertain progress against this Indicator. However, while the number of formal reports remained the same, the number of anonymous reports has slightly increased, PDH will therefore commit to exploring strategies within the 2025 GEAP to improve the prevention of and response to sexual harassment in the workplace. From the 2025 People Matter Survey, the data indicates that there is sexual harassment occurring but it is not being formally reported. Sexual harassment occurring could include employee to employee as well as patient/public to employee. This lack of reporting indicates a gap between employee experiences and the organisation's reporting statistics. This under-reporting suggests that employees may lack confidence in existing processes, fear negative consequences, or feel uncertain about how their concerns will be handled. In a close-knit community, such as Portland, the lack of formal reporting of sexual harassment—whether occurring between employees or involving patients and employees—is often shaped by social dynamics that extend well beyond the workplace. Employees may hesitate to report incidents due to concerns about the personal and familial repercussions that can arise when community members are deeply interconnected. The fear of damaging long-standing relationships, creating tension between families, or being perceived as causing conflict within the community can act as a powerful deterrent to speaking up. This environment can lead individuals to tolerate or quietly manage inappropriate behaviour rather than engage formal reporting pathways, even when they feel unsafe or uncomfortable. As a result, the organisation may not receive an accurate picture of the prevalence or severity of sexual harassment, limiting its ability to intervene effectively and uphold a safe, respectful workplace for all. In response, PDH is implementing several measures to strengthen trust and increase formal reporting. These actions aim to create an environment where employees feel safe, supported, and empowered to

	• 2023: Data unavailable • 2025: Data unavailable Satisfaction with handling of formal workplace sexual harassment complaint: • 2023: Data unavailable • 2025: Data unavailable			report inappropriate behaviour. PDH commits to reviewing and refining our reporting systems including ensuring anonymous reporting options, as well as training staff on sexual harassment and Active Bystander Action.
5	**Critical performance measures** Gender composition of recruited employees: • 2023: W 78.5% M 21.5% • 2025: 77.8% M 22.2% Gender composition of employees who were promoted: • 2023: Data unavailable • 2025: W 92.3% M 7.7% Perceptions of recruitment, by gender: • 2023: Data unavailable • 2025: W60.5% M 68.8% Perceptions of promotion, by gender: • 2023: Data unavailable • 2025: W47.6% M 62.5%		Yes	While the data was largely stable between 2023 and 2025, there was 0.7% improvement in male recruitment. Despite this small improvement, the PDH data reflects the fact that health is a traditionally female dominant industry and there are various challenges to recruiting outside of gender norms, particularly in a rural area like Portland. Accordingly, recruitment remained female-dominated (77.8% women), only slightly shifting from 2023, yet the proportion of women among promoted employees was even higher at 92.3%, indicating that women were more likely to advance but also reflecting the already skewed applicant pool. Despite this, men reported more positive perceptions of both recruitment (68.8% vs 60.5% for women) and promotion processes (62.5% vs 47.6% for women).
6	**Critical performance measures** Average weeks of parental leave, by gender: • 2023: W 32 M Data unavailable • 2025: W 16.6 M 2.0 Uptake of flexible work, by gender: • 2023: Data unavailable • 2025: W 1.6% M 1.6% Perceptions of flexible work culture, by gender: • 2023: W 60.7% M Data unavailable • 2025: W 71.8% M 75% **Supplementary measures** Gender composition of parental leave takers: • 2023: W 100% M Data unavailable • 2025: W 80.0% M 20% Gender gap in carer's leave: • 2023: W 24.4% M 11.3% • 2025: W 36.1% M 18.0%		Yes	The data shows noticeable shifts between 2023 and 2025, but these changes must be interpreted in the context of a small health service where even one or two employees can significantly influence percentage-based results. The sharp reduction in average weeks of parental leave taken by women—from 32.0 weeks in 2023 to 16.6 weeks in 2025—largely reflects the smaller number of pregnancies in 2025 rather than a structural change in entitlements or behaviour. The lack of data of men taking parental leave in 2023 is reflective of the small workforce and the lack of men who were eligible for parental leave. The uptake of men taking parental leave in 2025 (20% of all leave-takers) is a positive development, signalling early movement toward shared caregiving responsibilities, although the small sample size limits the ability to draw broader conclusions. Uptake of flexible work remains low and identical across genders at 1.6%, suggesting that flexible arrangements are either under-utilised, not formally documented or not widely required in the current workforce composition. However, perceptions of flexible work culture improved for women (from 60.7% to 71.8%) and are strong among men at 75%, indicating growing confidence in the organisation's support for flexibility. PDH is committed to improving our data for this critical measure by improving our processes for formalising and documenting flexible work arrangements. The widening gender gap in carer's leave—rising from 24.4% vs 11.3% in 2023 to 36.1% vs 18.0% in 2025—shows that women continue to carry a disproportionate share of caring responsibilities, however, a higher percentage of men took carer's leave in 2025 than in 2023 which may mean that gender norms around caring are beginning to shift. Overall, while the data shows some encouraging trends, the small workforce means that year-to-year fluctuations are heavily influenced by individual circumstances, underscoring the need to interpret these measures with caution and focus on longer-term patterns rather than isolated shifts.
7	**Critical performance measures** Occupational gender segregation:		Yes	

Occupation groups	Women		Men		Self-described	
	2023	2025	2023	2025	2023	2025
1 - Managers	82.4 %	89.2 %	17.6 %	10.8 %	***	***
2 - Professionals	88.2 %	87.6 %	11.8 %	12.4 %	***	***
3 - Technicians and Trades Workers	60.0 %	62.5 %	40.0 %	37.5 %	***	***
4 - Community and Personal Service Workers	94.6 %	90.8 %	5.4 %	9.2 %	***	***
5 - Clerical and Administrative Workers	96.0 %	97.4 %	4.0 %	2.6 %	***	***
6 - Sales Workers	***	***	***	***	***	***
7 - Machinery Operators and Drivers	66.7 %	50.0 %	33.3 %	50.0 %	***	***
8 - Labourers	89.7 %	88.6 %	10.3 %	11.4 %	***	***
All occupations	**89.7 %**	**88.6 %**	**10.3 %**	**11.4 %**	***	***

The current data does not accurately reflect the true composition of our workforce due to the historical use of and inconsistencies in the ANZSCO classification codes applied in PDH payroll system. PDH is committed to improving the accuracy and relevance of future reporting by completing a complete review of codes used while transitioning to the updated OZCA framework, which will provide a more precise representation of our occupational structure.

Despite the classification constraints, the available data indicates positive movement across several occupation groups, including Professionals, Community and Personal Service Workers, Machinery Operators and Drivers, and Labourers. These groups show variable progress toward reducing gender segregation and, when viewed at an aggregate level, the overall gender outcomes across all occupations also demonstrate a modest improvement in 2025, suggesting incremental but meaningful advancement in workforce equity.

*Indicators (column K)

1. Gender composition of all levels of the workforce
2. Gender composition of the governing body
3. Equal remuneration for work of equal or comparable value across all levels of the workforce, irrespective of gender
4. Sexual harassment in the workplace
5. Recruitment and promotion practices in the workplace
6. Availability and utilisation of terms, conditions and practices relating to: family violence leave, flexible working arrangements, and working arrangements supporting employees with family or caring responsibilities
7. Gendered segregation within the workplace

Section 2.2 Describing factors limiting and contributing to progress (required)

Identify and discuss any factors that may have affected your ability to progress against each indicator (see 2.2 of the 2026 PR guidance).

P: Indicator	Q: Did any of the factors listed below limit or contribute to your progress?* (required)	R: Explain how any factor(s) limited or contributed to your progress. If 'none' is selected, write N/A and move to (S) (required)	S: List the strategies implemented that contributed to or aligned with the indicator. (required)
1	☒None ☐ a ☐ b ☐c ☐d ☐e ☐f ☐g	N/A	Implementation of the Huron Studor Leadership program across the organisation, focusing on all staff, Managers and Executives. This training program has continued over the Progress Reporting period. PDH is currently reviewing its Recruitment & Selection policy to assess each stage of the hiring process for unconscious bias, widening outreach to attract diverse applicants, and setting clear expectations for fair shortlisting. It will embed gender-balanced interview panels, helping to reduce individual bias and signal PDH's commitment to equity.
2	☒None ☐ a ☐ b ☐c ☐d ☐e ☐f ☐g	From 2023 to 2025 there was approximate gender parity on the PDH Governing Body, whose members are appointed by the Minister for Health. As these appointments fall solely within the Minister's authority, our organisation has no influence over Board selection however, strategies are employed to maintain this gender parity,	Strategies employed to maintain gender parity in the Governing Body include ensuring broad community awareness of any vacancies and ensuring that all recruitment materials use gender-neutral, inclusive language to encourage a diverse range of applicants.
3	☒None ☐ a ☐ b ☐c ☐d ☐e ☐f ☐g	N/A	Transparent Salary Classifications — Enterprise Agreements provide a clear, published remuneration ranges for all positions to reduce discretionary bias in pay decisions. Monitoring of Acting and Higher-Duties Opportunities — Tracking who receives temporary promotions to ensure equitable access to experience that leads to higher pay. Reviewing Flexible Work Arrangement policy
4	☐None ☒ a ☒ b ☐c ☐d ☐e ☐f ☐g	Small workforce and close-knit teams discourage formal reporting of sexual harassment due to fear of identification in a small community and implications to themselves and family outside of workplace due to social overlap within the community.	PDH commits to improving training of staff on the reporting sexual harassment including sexual harassment by patient to staff. PDH is currently setting up a formal reporting structure that will include anonymous reporting options. PDH also commits to providing staff with information about Active Bystander Action.
5	☒None ☐ a ☐ b ☐c ☐d ☐e ☐f ☐g	N/A	PDH has implemented standardised recruitment and promotion processes — using consistent criteria, structured interviews, gender balanced interview panels and gender-neutral job descriptions to minimise bias in recruitment and advancement. Senior Management and HR staff have completed 'equity, diversity and inclusion' training.
6	☒None ☐ a	N/A	Flexible Work Policy Implementation — Providing options such as part-time work, job-sharing, flexible start and finish times, compressed working weeks arrangements where operationally

	☐ b ☐c ☐d ☐e ☐f ☐g		feasible. PDH commits to the continued review of the Flexible Work Policy with the incoming changes to Work from Home Victorian legislation. Clear Communication of Leave Entitlements — Ensuring all employees are informed of their rights to parental leave, personal leave, carer's leave, and other statutory or organisational leave provisions via easy accessibility to the PDH Leave Policy and Enterprise Agreements. Encouraging Uptake of Flexible Work by All Genders — Promoting flexible arrangements as gender-neutral to reduce stigma and support equitable access. Promotion of a Supportive Workplace Culture — Encouraging managers and staff to normalise flexible work and leave usage that does not disadvantage staff career progression.
7	☒None ☐ a ☐ b ☐c ☐d ☐e ☐f ☐g	N/A	Targeted Recruitment Initiatives — Actively encouraged applications from under-represented genders in all roles through inclusive advertising and gender-neutral language. Gender-Balanced Shortlisting and Interview Panels — Ensuring recruitment and promotion processes include diverse panel representation to reduce bias and broaden candidate selection. Career Pathway and Development Programs — Providing mentoring, leadership development, and training opportunities aimed at increasing participation of under-represented genders in non-traditional roles. Bias and Inclusive Leadership Training — Educating managers on unconscious bias, gender stereotypes, and equitable decision-making in recruitment, task allocation, and promotion. Monitoring of Acting and Higher-Duties Appointments — Tracking temporary promotions to ensure equitable access to experience that leads to advancement in all job streams. Workplace Culture Initiatives — Fostering an environment that supports diversity in all roles, challenges gender stereotypes, and encourages employees to pursue positions based on capability rather than traditional gender norms

*Factors (column Q):

a. the size of the organisation, including the number of employees
b. the nature and circumstances of the organisation, including any barriers to making progress
c. requirements that apply to the organisation under any other Act, including an Act of the Commonwealth
d. the organisation's resources
e. the organisation's operational priorities and competing operational obligations
f. the practicability and cost to the organisation of making progress; and
g. genuine attempts made by the organisation to make progress.

Step 3: Reporting on GEAP strategies

Refer to Step 3 in the 2026 progress report guidance:

- 3.1 Explaining incomplete strategies (if any) (required)
- 3.2 Describing achievements, challenges and learnings (recommended)
- 3.3 Providing other updates on implementation (recommended)
- 3.4 Describing resourcing allocation (required)

Section 3.1 Explaining incomplete strategies (if any) (required)

For any strategies in your GEAP that were not completed, explain why these strategies were not completed. If all were completed, please state this (see 3.1 of the 2026 PR guidance).

L-2 'Enable gender balance in specialist skill area' – The organisation has not met the goal of enabling gender balance in specialist skill areas largely because its small size and rural location continue to limit the available talent pool. Specialist roles are already difficult to fill, and attracting a diverse range of qualified candidates becomes even more challenging when the organisation competes with larger metropolitan employers offering broader career pathways. These structural constraints mean that recruitment efforts, while ongoing, have not yet been able to overcome the limited local supply of candidates, resulting in persistent gender imbalance in these highly specialised positions.

W-1 'Promote a culture of fairness and respect where all staff feel confident in reporting issues of sexual harassment and discrimination' – Delay in releasing of new reporting program due to Local Area Network. PDH is currently working through new Psychosocial Hazards at Work in accordance with legislation. PDH is awaiting the rollout of new reporting platform for secure, confidential reporting in relation to sexual harassment and discrimination. This incomplete strategy will form part of new GEAP.

E-1 'Ensure compliance with all obligations under the Gender Equality Act 2020' – Completion of the requirement has been delayed primarily due to limited staff capacity and insufficient staff with the necessary training and skills. The organisation has not yet been able to roll out Gender Impact Assessment (GIA) training widely, meaning only a small number of employees currently have the skills to conduct these assessments effectively. With competing operational priorities and constrained resources, the necessary training and implementation processes have progressed more slowly than planned, resulting in incomplete compliance at this stage.

Section 3.2 Describing achievements, challenges and learnings (recommended)

Describe any key achievements, challenges, or learnings of the outcome or implementation of your strategies (see 3.2 of the 2026 PR guidance).

Section 3.3 Providing other updates on implementation (recommended)

Provide any other updates on your GEAP implementation (see 3.3 of the 2026 PR guidance).

Section 3.4 Describing resourcing allocation (required)

Describe your organisation's resource allocation to implement your GEAP strategies (see 3.4 of the 2026 PR guidance).

The organisation's capacity to implement its GEAP strategies is constrained by limited resourcing, with responsibility for this work falling to just two employees (1.6 FTE) within the HR team. Both staff members are already managing full workloads, meaning GEAP activities must be completed alongside their existing operational duties rather than being supported by dedicated time or roles. This stretched allocation of resources slows progress, reduces opportunities for proactive planning, and limits PDH's ability to embed gender equality initiatives as systematically or comprehensively as intended.

Now that the HR team members are more aware of the demands of implementing the organisation's GEAP strategies, they will:

- seek approval from the PDH CEO to allocate dedicated FTE to this requirement,
- look at ways to streamline processes,
- take advantage of the support offered by the Diversity & Inclusion Coordinator from the South West Local Health Service Network (of which PDH is a member), and
- explore the possibility of involving PDH staff from outside of the HR function in the planning and implementation of gender equality activities.

Any other additions or comments (optional)

Provide any other commentary in relation to any aspect of your progress report.

You have come to the end of the 2026 progress report template. Have you included all the minimum requirements? Use the checklist in the 2026 progress report guidance to make sure.

We'd love to hear from you!

Your feedback is valuable to us. You are welcome to provide us with feedback on how you went with reporting on your progress, including how useful the guidance, template and supports were to you. You can do this by clicking on the link: Feedback to the Commissioner for Gender Equality in the Public Sector