



Discipline Procedure

1. Purpose

The WA Country Health Service (WACHS) Discipline Procedure (Procedure) supports the practical application of the mandatory *WA Health Discipline Policy – MP 0127/20* (the Policy).

WACHS recognises and respects the rights, views, values and expectations of all people. WACHS is committed to providing a diverse and inclusive workplace in accordance with its values and statutory obligations.

This Procedure recognises there may be occasions when it is necessary and appropriate for a discipline process to be undertaken. Natural justice and procedural fairness are essential in this process to ensure employee rights are protected, prevent bias, promote transparency, and to ensure decisions can withstand industrial scrutiny.

A discipline process is not a substitute for management and there is a need for managers to undertake early intervention to address unacceptable workplace conduct. This ensures the cessation of unacceptable conduct, early resolution, preservation of working relationships, and avoiding unnecessary and/or disproportionate discipline processes.

This Procedure helps maintain confidence and trust in how WACHS discipline processes are conducted through:

- Consistent and timely triage and assessment of matters which may be disciplinary.
- Frameworks to support Decision Makers (DM) to make decisions which are reasonable, commensurate and consistent.
- Proceeding with the least formality required.
- Involving Subject Matter Experts (SME) to inform the discipline process.

The input from SMEs is crucial in discipline processes, especially those involving the conduct of registered health professionals. This includes considering obligations related to reportable conduct and aiding DMs in their decisions during a discipline process. Appropriate SMEs, such as those from the relevant clinical area or speciality, is to be consulted in all discipline processes unless actively determined not to be required.

2. Procedure

The following is a procedure to how each stage of the process is to be conducted. Each case is to be reviewed and handled in a manner appropriate to its own circumstances. The guiding steps in this document are to be used only as a procedure and variation, additional steps or the removal of steps may be undertaken as required. So long as the principals of Procedural fairness are met, the process itself may be amended as required.

2.1 Immediate Risk Mitigation

It may be determined that immediate action is required to actively mitigate any risk to the public (including patients), staff, any other individuals (e.g. contractors, visitors to WACHS

sites etc) and/or the organisation. Risk mitigation strategies may include, but are not limited to:

- Amending rosters and work locations etc. to ensure certain individuals (e.g. the Complainant and Respondent) are separated
- Altering duties/scope of practise
- Directing away from workplace and/or
- Proposed suspension (full pay, partial pay or no pay).

Risk mitigation actions are for the sole purpose of mitigating risk while the discipline process is progressed. They are often temporary, should not be perceived as an inference of wrongdoing and are not Disciplinary Action. The least adversely impactful action (on the involved parties and the organisation) should be implemented.

All risk mitigation actions must be actioned not only in accordance with legislation and industrial instruments, but also WACHS' delegated authorities and internal procedures e.g. decisions regarding proposed/imposed suspension of staff (full pay, partial pay or no pay) can only be made by the Chief Executive (CE).

Should any risk mitigation action continue for longer than six weeks, review and approval is to be obtained from Executive Director, People, Capability and Culture (EDPCC), or where circumstances require, a Chief Operating Officer (COO) and/or the CE.

Individuals subject to risk mitigation action are to be supported throughout the process.

2.2 Confidentiality

Preserving the confidentiality of the discipline process is important to ensure fair treatment and fair process, to minimise the risk of victimisation, to avoid defamation proceedings, and out of respect for involved parties' privacy. It also helps develop and maintain employee confidence in the process.

A preference for anonymity should be managed according to the circumstances of each case and whether the matter would meet the threshold of a Public Interest Disclosure in accordance with the *Public Interest Disclosure Act 2003 (WA)*.

Anonymity cannot be guaranteed to a complainant or witness, as documents, evidence and identity may become known to ensure procedural fairness or where required for mandatory notification or industrial or legal requirements.

All parties involved in the discipline process, including the Complainant, the respondent, any witnesses and/or SMEs are obliged to maintain confidentiality of the matter. Any breach of this confidence may constitute a breach of the *WA health Code of Conduct Policy* (MP 0124/19).

2.3 Advice to Respondents

Written advice is to be provided to the respondent at various stages of the discipline process to:

- Advise, via a Notice of Commencement (NoC), that a discipline process has commenced and provide information about the process, their rights, and the support mechanisms available to them.
- Provide updates and advice regarding any changes to process and timeframes.

- Where required, provide the respondent with a formal opportunity to respond to alleged breach/es of discipline, via an Opportunity to Respond (OTR).
- Where required, provide the respondent with a formal opportunity to respond to any proposed disciplinary findings and actions.
- Confirm the process has concluded and any final disciplinary findings and actions, or other outcome, as well as advice regarding any avenues of appeal.

Note: If a decision is made at any stage of the discipline process that immediate actions are required to mitigate risk (e.g. direction away from the workplace, alteration of duties/scope of practise, suspension etc.), the respondent is to be provided an opportunity to respond to those proposed actions as soon as practicable.

2.4 Advice to Relevant Leads

Whilst maintaining confidentiality remains a primary requirement for all involved in a discipline process, there may be instances where it is necessary to provide relevant persons (e.g. Executive and/or District Directors, Operations Managers, Medical Workforce leads and line managers etc.) with a limited level of awareness regarding a specific discipline process. Disclosure of information should only be considered to ensure relevant staff can effectively address any potential ongoing risks the alleged conduct may present, and to maintain service delivery expectations and standards.

2.5 Involvement of Other Parties

A respondent or witness may have a support person of their choosing present at any interviews or meetings held in relation to the discipline process. This person is present to provide support only.

A respondent or witness should be advised that they may seek advice or support from their union or any other person at any stage of the discipline process.

WACHS are to take all reasonable steps to ensure all parties, including the Respondent, any complainant/s, witnesses and/or SMEs, understand the process, their rights and responsibilities, and that they are entitled to advocacy and support throughout the process.

If required, information should be made available in alternative formats to meet the communication needs of staff. This may include, but is not limited to, the use of an interpreter, and allowing verbal responses and information to be provided (instead of in writing or via another medium).

2.6 Notifications and Reports to External Organisations

All matters that advance to a discipline process are to be assessed by the IU to ensure WACHS fulfils its legislative and policy obligations with respect to external reporting. WACHS' obligations may be derived from, but may not be limited to, one or more of the following:

- *Health Services Act 2016 (the HS Act).*
- *Health Practitioner Regulation National Law (WA) Act 2010 (the National Law)*
- *Corruption, Crime and Misconduct Act 2003.*
- *Parliamentary Commissioner Act 1971.*
- *Aged Care Quality and Safety Act 2018.*

- the mandatory *WA health Notifiable and Reportable Conduct Policy – MP 0125/19*.

Depending on the nature of the matter/s subject to a discipline process, notifications and/or reports may be made to one or more external organisation, including but not limited to:

- Departmental Chief Executive Officer
- Australian Health Practitioner Regulation Agency (Ahpra)
- Corruption and Crime Commission
- Public Sector Commission
- WA Police Force
- Aged Care Quality and Safety Commission
- Ombudsman

All notifications and reports made to external organisations must be actioned not only in accordance with WACHS legislative and policy obligations, but also WACHS' delegated authorities and internal procedures (e.g. all Ahpra notifications made under s146(1) of the HS Act or s142 of the National Law must first be reviewed and endorsed by one of the following prior to submission: CE, COOs, ED Medical Services, ED Nursing and Midwifery or ED Clinical Excellence).

2.7 Advice to Complainants

Where appropriate, advice is to be provided to the complainant at various stages of the discipline process, including support options such as Employee Assistance Program (EAP).

At the conclusion of the process, the complainant is to be notified that the process has concluded and resulted in an appropriate outcome.

The disclosure of confidential information to a complainant needs to be carefully balanced with a respondent's right to privacy.

It is not appropriate to inform the complainant of the disciplinary finding and/or any action taken.

2.8 Record Keeping

Documented decisions relating to each matter should be maintained in accordance with the *State Records Act 2000 (WA)*, to ensure the details of the matter (including all decisions) are capable of review.

The DM is required to keep notes and evidence of their decision-making process.

2.9 Timeliness

All reported matters are to be triaged and/or subject to Disciplinary Determination as soon practicable.

All discipline processes are to be progressed within reasonable timeframes.

Respondents are to be notified of the process and intended timeframes. Where timeframes change or may not be met, respondents are to be notified as soon as practicable.

WACHS acknowledges that discipline processes can be distressing for the parties involved, especially complainants and respondents. WACHS is to take reasonable steps to ensure discipline processes are managed and progressed efficiently and effectively.

WACHS acknowledges that some delays are unavoidable, especially when they are due to external factors outside its control (e.g. directions from the WA Police Force to hold a process in abeyance, or the inability of a respondent to meaningfully participate in the process etc.). In such circumstances, and where appropriate, WACHS is to ensure the respondent and any other involved parties with an express need to know are updated on any changes to the expected timelines and provided with ongoing advice and support.

The IU is to provide EDPCC with a 4-weekly update on each ongoing discipline process. EDPCC is to review any cause of delays to expected timeframes and where delays are attributable to the DM, the matter is to be referred to CE for expedition.

Where delays are due to a respondent's actions or inactions, this is to be noted and highlighted to the respondent.

Delays due to internal IU or PCC processes, are to be reviewed and steps taken to address their cause.

The IU is to provide the CE with a 4-weekly summary of all reported matters, including the IU's Triage Assessment and/or Panel's Disciplinary Determination, and where it was determined SME involvement was not required.

2.10 False or Frivolous Complaints

If at any stage during the discipline process, the DM determines that a complaint is false, vexatious, frivolous, misconceived, or lacking in substance, they may discontinue the process.

Where a complaint is determined to be false, vexatious, or frivolous, consideration may be given to treating the provision of that information as a suspected breach of discipline, if the complainant was an employee at the time the complaint was made.

2.11 Stage 1: Triage

The purpose of the initial triage is to ensure reported matters are managed through the appropriate process. To ensure a consistent approach, the triage is undertaken by the Integrity Unit (IU), with oversight by the Director IU.

The triage is informed by the Triage Matrix which provides guidance on which pathway a matter should progress.

The IU is to work collaboratively with People, Capability and Culture (PCC) Directorates and other WACHS business areas to ensure efficient and positive outcomes for all reported matters. Where a matter may be clinical or medical in nature, the initial triage must be informed by an appropriate SME (e.g. from the relevant clinical area or speciality).

Triage steps

Matters requiring triage can be referred to the IU from any Executive Director, District Director, Program Lead, Human Resource (HR) Manager, COO, the CE or directly from a complainant.

Having reference to the Triage Matrix, the IU is to assess the information provided and determine if:

1. Further information is required. In which case the IU are to seek further information from the person who referred the matter or any other relevant party.
2. The matter is not disciplinary and more appropriately addressed through other non-disciplinary action or process (e.g. Management Action, a Grievance, Unsatisfactory/Substandard Performance, or Fitness for Work process etc). In which case the IU is to refer the matter to HR (or other appropriate area) for action.
3. The matter may concern a suspected breach of discipline but is able to be effectively and more appropriately dealt with informally through Management Action. In which case the IU are to refer the matter to the relevant line manager and/or HR for action.
4. The matter may concern a suspected breach of discipline. In which case it is to be referred to the Disciplinary Determination Panel (the Panel) - consisting of both COOs and the EDPCC - to determine if the matter is to be dealt with as a disciplinary matter (proceed to Stage 2 below).

Note: If immediate risk mitigation is required, the Panel are to refer the matter to the CE as required (e.g. for decisions relating to the alteration of duties/scope of practise, or formal suspension etc.).

During the triage stage, the IU is to assess and take appropriate action to ensure WACHS fulfils its legislative and policy obligations regarding notifiable and reportable conduct.

2.12 Stage 2: Disciplinary Determination

The purpose of this process is to ensure that only matters determined to be disciplinary in nature, are being advanced to the discipline process.

When a matter is referred to the Panel for consideration, it is to review the currently available information and determine whether a matter may concern a suspected breach of discipline and what, if any, action is required.

The Disciplinary Determination is informed by the Discipline Matrix which provides guidance on how similar matters have previously been dealt with by WACHS.

Given matters may be multi-faceted and complex, the Panel are to have regard to its context and circumstances as a whole and seek SME advice if required.

Disciplinary Determination steps

1. The IU is to refer a triaged matter to the Panel for disciplinary determination.
2. To ensure the timely consideration of matters, the Panel is to meet weekly to consider the matter/s referred to it by the IU. The Panel may meet out-of-session, if required.

3. For each referred matter, the Panel is to review the available information and determine if the matter meets the threshold to be considered a disciplinary matter.
4. Disciplinary:
 - i. If the Panel determines the matter is disciplinary, they may advise that a discipline process be commenced (proceed to Stage 3 below).
 - ii. If the Panel determines the matter is not disciplinary the matter is to be referred to the Manager and Human Resources Business Partner (HRBP).
5. If the available information is insufficient to make a disciplinary determination, the Panel may require further enquiries to be conducted to inform its decision. Those enquiries may include, but are not limited to, seeking information/advice from SMEs, HR or other business area/s, the respondent, and/or other parties as required.
6. Unless there is a compelling reason not to do so, the IU is to advise the respondent's HRBP and/or line manager of the Panel's Disciplinary Determination in respect to the matter.

2.13 Stage 3: Discipline Process

A discipline process may only be commenced pursuant to a determination made by the Panel that the matter is disciplinary.

Notice of Commencement

As soon as practicable, the IU is to advise the Respondent in writing of the commencement of the discipline process via the provision of a NoC.

- The NoC is to include information about the discipline process, the Respondent's rights, and the support mechanisms available to them.
- Where the Panel has determined the available information is insufficient to form an alleged breach/es of discipline, the NoC is to detail the substance of the matter/s subject to the process, and provide an opportunity for the respondent to provide information, documentation, or other advice (e.g. suggested lines of enquiry) about the matter (see Chart 2B)
- Where the Panel has determined the available information is sufficient to form an alleged breach/es of discipline, the NoC is to provide an opportunity for the Respondent to provide information in response to the allegation/s. Where this occurs a NoC may not be necessary (see Chart 2A).

Referral to a Decision Maker

Pending any response from the Respondent, the IU is to refer the matter to an independent DM for consideration of next steps. The IU referral to the DM is to include:

- A summary of the currently available information, including that obtained and considered at the Triage and Disciplinary Determination stages, as well as the outcome/s of any further enquires conducted.
- The NoC/OTR and any responses received from the Respondent; and
- A suggested scope of investigation if there are further potential lines of inquiry identified and considered appropriate in the circumstances.

Decision Maker's determination of next steps

After considering the matter, the DM may determine:

1. Further information and/or investigation is required. In which case the DM may request further enquiries be conducted. Once those enquiries are completed, the DM is to re-consider the matter further under this step.

or

2. To discontinue the discipline process and either:
 - i. Take no further action; or
 - ii. Deal with the matter via Management Action, non-disciplinary Improvement Action, and/or other form of action or process (e.g. a Grievance, Unsatisfactory/Substandard Performance, or Fitness for Work process etc).

or

3. Where an OTR has not previously been provided to the respondent, provide the respondent with an opportunity to respond to any alleged breach/es of discipline.

or

4. Where an OTR has already been provided to the respondent, the DM may determine to discontinue the discipline process and either:

- i. Take no further action; or
- ii. Deal with the matter via Management Action, non-disciplinary Improvement Action, and/or other form of action or process (e.g. a Grievance, Unsatisfactory/Substandard Performance, or Fitness for Work process etc.).

or

- iii. The available information is insufficient to make a disciplinary finding and seeks further information from the respondent in writing and/or requests further enquiries be conducted. Once those enquiries are completed, the DM is to re-consider the matter further under this step.

or

- iv. The available information is sufficient to make a disciplinary finding.

Decision Maker's proposed disciplinary finding/s and actions (if any)

Where the available information is sufficient to make a disciplinary finding, the DM may determine with respect to each alleged breach of discipline propose that the allegation is either:

1. Not substantiated. In which case the DM make determine to either:
 - i. Take no further action; or
 - ii. Deal with the matter via Management Action, non-disciplinary Improvement Action, and/or other form of action or process (e.g. a Grievance, Unsatisfactory/Substandard Performance, or Fitness for Work process etc).

or

2. Substantiated – either in part or in full. In which case the DM may propose:
 - i. To take no further action.

- ii. Improvement Action and/or Disciplinary Action, as defined in the Health Services Act 2016 (HS Act).

Note: Where multiple allegations or a matter is partially substantiated, DM may decide to take Disciplinary Action and/or non-disciplinary Improvement Action, or any other combination of action as appropriate.

In considering proposed disciplinary outcome/s the DM may be informed by the Decisions Matrix and/or seek advice as required (e.g. from a SME or WACHS Legal etc.). This ensures any proposed disciplinary outcomes are fair, consistent, and commensurate with the proposed disciplinary finding/s.

Note: If the DM determines the substantiated alleged breach/es of discipline are serious enough to warrant consideration of the full suite of Disciplinary Actions (up to and including dismissal), the DM is to refer the matter to the CE for consideration.

Letter of Intent

The Respondent is to be advised in writing of the DM's proposed disciplinary finding/s and actions, if any, via a Letter of Intent (LOI) and provided with an opportunity to respond before a final decision is made.

Final Outcome Letter

After considering any response to the proposed disciplinary finding/s and actions, if any, the DM is required to make a final decision and communicate this to the respondent in writing via a Final Outcome Letter (FOL).

3. Roles and Responsibilities

Decision Makers

The DM is accountable for ensuring, where appropriate, relevant SME involvement occurs. The level of involvement and the particular expertise of the SME depend on the matter. It is possible that the DM is suitably qualified to also be considered a SME.

The DM is also responsible for ensuring matters referred to them for decision are actioned as soon as practicable, and within no more than two weeks of receipt.

All decisions made by a DM should be documented and include the decision-making rationale, including reference to information considered and relied upon in making the decision.

The DM can, at any stage of the discipline process, decide to discontinue the process and take no further action or Improvement Action. That decision must be documented to ensure it is transparent and capable of review.

Subject Matter Experts (and SME Panels)

There is to be a positive assumption that SME advice is sought by the DM when determining proposed disciplinary findings and actions. The exception being when the DM determines SME input is not required, in which case that decision is to be documented.

An SME is to have the appropriate, specific knowledge and experience in the applicable subject matter area. SMEs are to only provide advice within their areas of subject matter expertise. Multiple SMEs may be required where a matter covers multiple subject matters.

The level of involvement and advice sought, and the appropriate SME, is to be determined having regard to each matter individually. SME involvement may be informal (e.g. seeking advice relating to general clinical matters, rosters etc.) or formal (e.g. via the request for, and provision of, written SME reports etc.).

The SME is responsible for ensuring matters referred to them for advice are actioned as soon as practicable, and within no more than two weeks of receipt.

The CE may, at any stage of the discipline process, require a matter under consideration to be reviewed by a SME Panel, consisting of up to three persons, as determined by the CE. The SME Panel may offer advice and assistance to the DM, regarding the progression and/or resolution of a matter.

All staff are required to comply with the directions in WACHS policies and procedures as per their roles and responsibilities. Guidelines are the recommended course of action for WACHS and staff are expected to use this information to guide practice. If staff are unsure which policies procedures and guidelines apply to their role or scope of practice, and/or are unsure of the application of directions they should consult their manager in the first instance.

4. Monitoring and Evaluation

This policy is to be evaluated as required to determine effectiveness, relevance and currency. At a minimum it is to be reviewed every 2 years by the Director, Integrity Unit.

5. References

Nil

6. Definitions

Term	Definition
Complainant(s)	The person(s) making an allegation or complaint.
Decision Maker (DM)	The person authorised to put allegations to a Respondent, make findings in relation to discipline matters, and determine appropriate disciplinary actions.
Disciplinary Action	Pursuant to section 6 of the HS Act in relation to a breach of discipline by an Employee, means any one or more of the following: <ul style="list-style-type: none"> (a) a reprimand (b) the imposition of a fine not exceeding an amount equal to the amount of remuneration received by the Employee in respect of the last 5 days during which the Employee was at work as an Employee before the day on which the finding of the Breach of Discipline was made

	<ul style="list-style-type: none"> (c) transferring the Employee to another health service provider with the consent of the Employing Authority of that health service provider (d) if the Employee is not a chief executive, transferring the Employee to another office in the health service provider in which the Employee is employed; (e) reduction in the monetary remuneration of the Employee (f) reduction in the level of classification of the Employee; (g) alteration of the Employee's scope of practice or duties, or both, and (h) dismissal.
Disciplinary Determination Panel	Consists of both COO's and the Executive Director People, Capability and Culture (EDPCC) to determine if the matter is to be dealt with as a disciplinary matter.
Employee	<p>Pursuant to section 6 of the HS Act an Employee means a person employed in a Health Service Provider and includes:</p> <ul style="list-style-type: none"> (a) the chief executive of the Health Service Provider; (b) a health executive employed in the Health Service Provider (c) a person employed in the Health Service Provider under section 140, and (d) a person seconded to the Health Service Provider under section 136 or 142. <p>Also includes a former employee.</p>
Improvement Action	<p>Pursuant to section 6 of the HS Act, improvement action, in relation to an Employee, means any one or more of the following actions by the Employing Authority of the Employee for the purpose of improving the performance or conduct of the Employee:</p> <ul style="list-style-type: none"> (a) counselling (b) training and development (c) issuing a warning to the Employee that certain conduct is unacceptable or that the Employee's performance is not satisfactory, or any other action of a similar nature.
Management Action	Management Action includes dealing with matters with the least formality required to reach an appropriate conclusion (e.g. counselling a staff member about their behaviour or raising awareness with them of a particular policy or management expectation) but is not Improvement Action. It may result in a separate process (e.g. Grievance or Unsatisfactory/Substandard Performance) being commenced.
Respondent	The employing authority's Employee against whom an allegation or complaint has been made.
Subject Matter Expert (SME)	A person who holds the requisite knowledge in the field of the advice sought. An individual who by education, training, and/or experience is a recognised expert on a particular subject, topic, or system.

7. Document Summary

Coverage	WACHS-wide
Audience	All staff
Records Management	Non Clinical: Corporate Recordkeeping Compliance Policy Clinical: Health Record Management Policy
Related Legislation	<ul style="list-style-type: none"> • Aged Care Act 2024 (Cth) • Corruption, Crime and Misconduct Act 2003 (WA) • Health Services Act 2016 (WA) • Parliamentary Commissioner Act 1971 (WA) • Public Interest Disclosure Act 2003 (WA) • Public Interest Disclosure Regulations 2003 (WA) • Public Sector Management Act 1994 (WA) • State Records Act 2000 (WA)
Related Mandatory Policies / Frameworks	<ul style="list-style-type: none"> • MP 0124/19 Code of Conduct Policy • MP 0127/20 Discipline Policy • Integrity Policy Framework
Related WACHS Policy Documents	Nil
Other Related Documents	<ul style="list-style-type: none"> • MP 0125/19 Notifiable and Reportable Conduct Policy • MP 0083/18 Disputes About the Professional Conduct of a Contracted Medical Practitioner Engaged Under a Medical Services Agreement Policy
Related Forms	Nil
Related Training	Nil
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: 5192
National Safety and Quality Health Service (NSQHS) Standards	<ul style="list-style-type: none"> • Action 1.07 • Action 1.10 • Action 1.11 • Action 1.12
Aged Care Quality Standards	Nil
Chief Psychiatrist's Standards for Clinical Care	Nil
Other Standards (please specify and include link)	

8. Document Control

Version	Published date	Current from	Summary of changes
2.00	23 February 2026	23 February 2026	Change of title, formerly Discipline Guide. Major revision to support practical application of mandatory policy MP0127/20.
2.01	24 February 2026	24 February 2026	Deletion of text published by error, page 9 under subhead Final Outcome Letter.

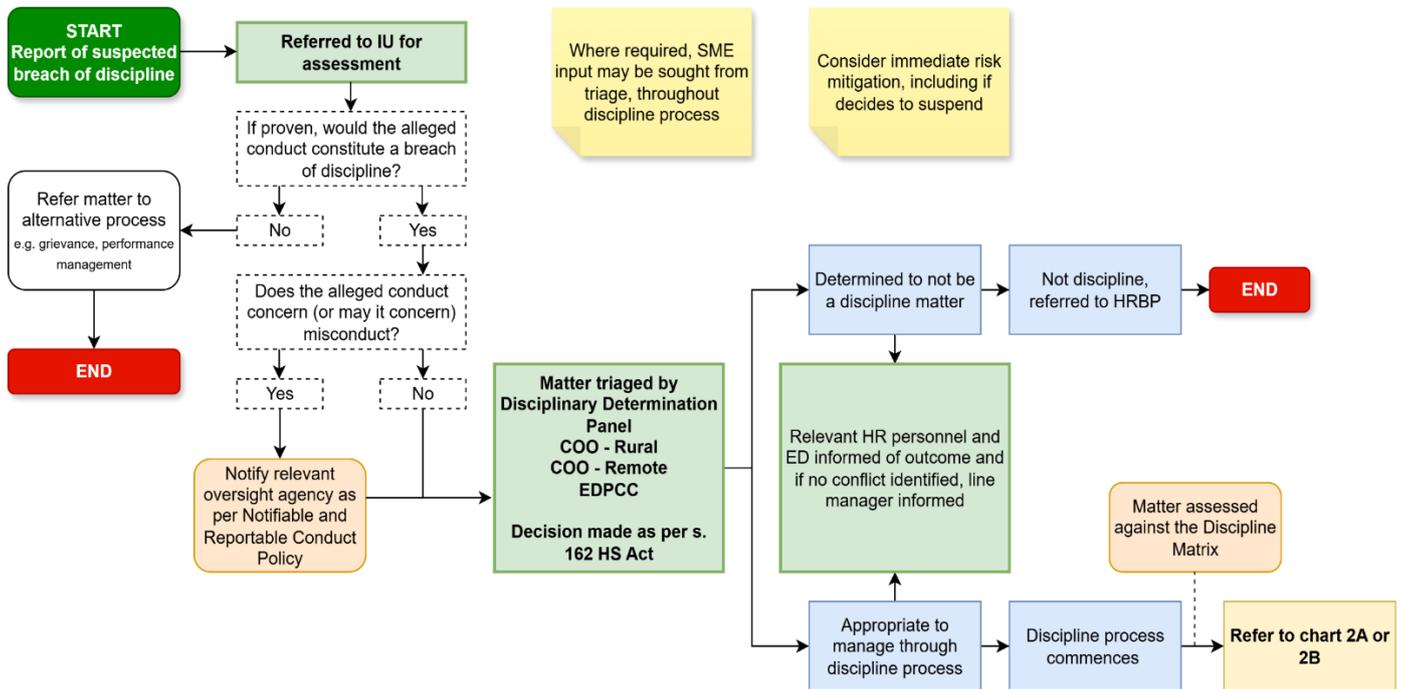
9. Approval

Policy Owner	Executive Director, People, Capability and Culture
Co-approver	Chief Operating Officer
Contact	Director, Integrity Unit
Business Unit	Integrity Unit
EDRMS #	ED-CO-19-103638
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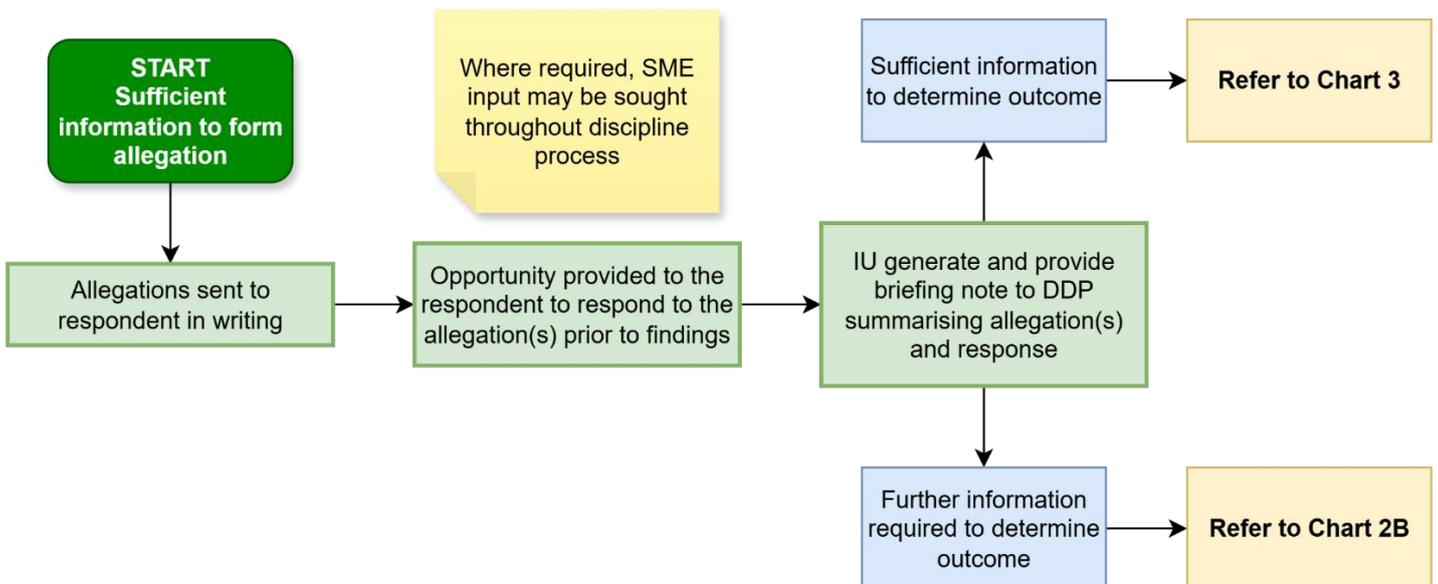
This document can be made available in alternative formats on request.

Appendix A: Process Charts

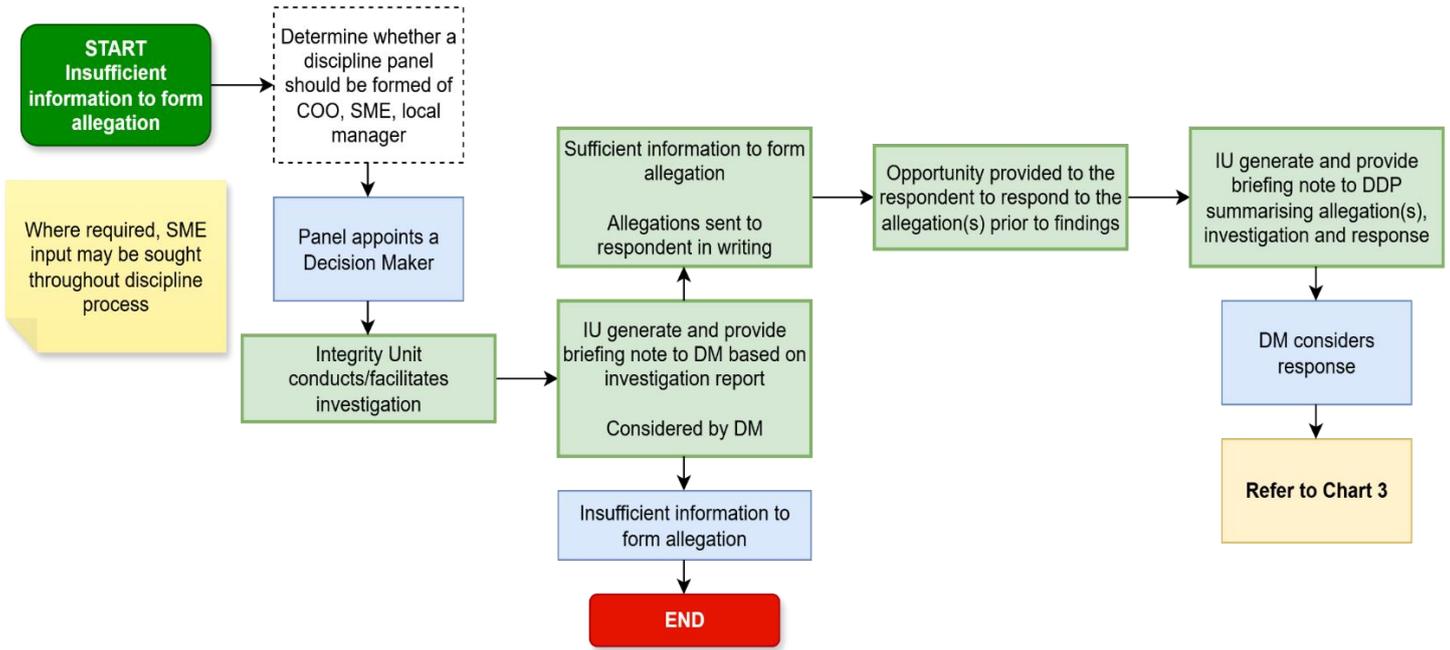
DISCIPLINE PROCESS – CHART 1



DISCIPLINE PROCESS – CHART 2A



DISCIPLINE PROCESS – CHART 2B



DISCIPLINE PROCESS – CHART 3

