



MQ Health
MACQUARIE UNIVERSITY
HEALTH SCIENCES CENTRE

Origination 12/2019
Last 06/2025
Approved
Effective 06/2025
Last Revised 06/2025
Next Review 06/2028

Owner Pennee
Thompson: HR
Consultant
Area Human
Resources
Applicability MQ Health

Whistleblower Policy

1. Purpose

(1) The purpose of the Whistleblower Policy is to:

- a. encourage Disclosers to report an issue if they believe someone has engaged in Disclosable Matters or Serious Wrongdoing without fear of reprisal;
- b. outline how MQ Health will deal with whistleblowing reports in accordance with the Corporations Act 2001 (Cth) and the [Public Interest Disclosures Act 2022](#) (PID Act);
- c. clarify when a whistleblowing report will fall under this Policy, and when it will fall under the [Public Interest Disclosure Policy](#) of Macquarie University (the University); and
- d. set out the avenues available to Disclosers to report Disclosable Matters or Serious Wrongdoing to MQ Health under this Policy.

Scope

(2) This Policy applies to the Disclosers, which in the context of MQ Health, include:

- a. employees, directors and officers;
- b. volunteers;
- c. consultants and contractors, including their employees;
- d. suppliers, including their employees; and
- e. relatives, dependents, spouses or dependents of a spouse of any of the above.

(3) This Policy does not apply to students or members of the public (refer to the [Complaints Resolution Policy for Students and Members of the Public](#) and the [Complaints Resolution Procedure for Students and Members of the Public](#)).

(4) If the conduct qualifies as a suspected wrongdoing that can be dealt with under the PID Act as a public interest disclosure, the Discloser will need to consider if the report should be made under the [Public Interest Disclosure Policy](#) or this Policy. A disclosure that can be made under either policy may only be made under one, not both, of the policies.

(5) This Policy does not apply to a Personal Work-Related Grievance or any complaint of injustice in the assessment of any employee's performance or disciplinary procedures. A Personal Work-Related Grievance must be dealt with under the University's [Complaint Management Procedure for Staff](#).

(6) There are three types of public interest disclosures in the [PID Act](#): Voluntary, Mandatory and Witness. This Policy primarily deals with Voluntary Disclosures.

Background

(7) As a regulated entity under the Corporations Act 2001 (Cth) (the Corporations Act), MQ Health is subject to the Treasury Laws Amendment (Enhancing Whistleblower Protections) Act 2019 (the Whistleblower Protection Law), which requires MQ Health to have a whistleblower policy that complies with Section 1317AI of the Corporations Act.

(8) The Whistleblower Protection Law deals with reporting suspected misconduct, or an improper state of affairs or circumstances of the regulated entity or information that indicates the regulated entity (including their employees or officers) have engaged in:

- a. conduct that constitutes a breach of the Corporations Act (amongst other statutes);
- b. an offence against any other law of the Commonwealth that is punishable by imprisonment for a period of 12 months or more; or
- c. conduct that represents a danger to the public or the financial system.

(9) MQ Health is a controlled entity of the University. As part of the University group, MQ Health is subject to the Public Interest Disclosures Act 2022 (NSW) (the PID Act).

(10) The PID Act deals with the following public interest disclosures (known as Serious Wrongdoing): [corrupt conduct](#), [maladministration](#), serious and substantial waste, [government information contravention](#) and [local government pecuniary interest contravention](#).

(11) This Policy should be read in conjunction with other University policies, in particular the [Public Interest Disclosure \(PID\) Policy](#). The PID Policy outlines the University's internal system for receiving, assessing and dealing with reports of suspected Serious Wrongdoing.

2. Policy

Principles

(12) MQ Health is committed to promoting and supporting a culture of integrity.

(13) MQ Health encourages the reporting of any instances of suspected unethical, illegal, fraudulent or undesirable conduct involving MQ Health, and will ensure that those persons who make a report can do

so without fear of intimidation, disadvantage, or reprisal.

(14) MQ Health takes Disclosable Matters and Serious Wrongdoing reports ('Disclosures') seriously and will act promptly and fairly to investigate reported suspected wrongdoing.

(15) MQ Health will take all reasonable and necessary steps to treat Disclosures with confidentiality and will endeavour to provide protection to those who make a report of suspected wrongdoing from Detrimental Action.

Notification requirements

(16) MQ Health has the following notification obligations when a Disclosure is made:

- a. provide an acknowledgement of the report and a link to the relevant policy to Discloser within 45 days of making the report;
- b. provide an update on the progress of an investigation to the Discloser at intervals of not more than three (3) months throughout the investigation; and
- c. notify the Discloser of the action taken or proposed to be taken in respect of the report within six (6) months of the report being made. If the investigation is not complete, this will include notification of the reason it is not complete.

Confidentiality

(17) MQ Health will take all reasonable steps to keep the identity of the Discloser and the fact that they have reported suspected wrongdoing confidential. Where practical and reasonable, MQ Health will not reveal this information to any person except for those responsible for managing the report, or unless required by law.

(18) Anonymous Disclosures are accepted under this Policy. However, anonymous reports may have significant limitations that inhibit proper and appropriate inquiry or investigation. These limitations may include the inability of MQ Health to take reasonable steps to provide the Discloser with the necessary support and protection from reprisals, as well as provide feedback on the progress or outcome and/or to gather additional particulars to assist the inquiry/investigation.

(19) If a Discloser chooses to report a Disclosure anonymously, MQ Health will comply with this request and will endeavour to investigate the Disclosure.

(20) Disclosure of information by a Discloser, who is acting honestly and reasonably, qualifies for protection under the Corporations Act and is protected under this Policy if the Discloser has reasonable grounds to suspect the matter in relation to MQ Health is made in accordance with this Policy. A Discloser can still qualify for protection even if their Disclosure turns out to be incorrect.

(21) Information contained in a Disclosure can be disclosed with or without the Discloser's consent if:

- a. the information does not include the Discloser's identity;
- b. MQ Health has taken all reasonable steps to reduce the risk that the Discloser will be identified from the information; and

- c. it is reasonably necessary to investigate the issues raised in the Disclosure.

(22) Subject to this Policy, the Corporations Act, the PID Act and other applicable laws, unauthorised disclosure of the identity or information that is likely to lead to the identification of the Discloser who has made a report of suspected wrongdoing, to any person not involved in the investigation, without the consent of the Discloser, is a breach of this Policy and will be subject to disciplinary action.

Protection against Detrimental Action

(23) MQ Health will take all reasonable steps to provide a Discloser with the necessary support and protection from Detrimental Action.

(24) In assessing and dealing with Disclosures, MQ Health will consider the possibility of Detrimental Action and will seek to minimise its occurrence.

(25) If a Discloser is concerned about the possibility of Detrimental Action, they should raise the matter with the Whistleblower Protection Officer.

(26) Actions may be taken that are not considered Detrimental Action. These include administrative action that is reasonable for the purpose of protecting a Discloser from detriment and/or managing a Discloser's unsatisfactory work performance.

Protection against actions

(27) If a Discloser reports a Disclosure, they will not be subject to any liability and no action, claim or demand can be taken against them for making the report. They will not have breached any confidentiality obligations, and they will have the defense of absolute privilege in defamation.

(28) A Discloser is, however, not protected from civil or criminal liability for any of their conduct which may be revealed by a report.

(29) The protections in this Policy will also apply to a Discloser who has made a disclosure of information relating to MQ Health to a legal practitioner for the purpose of obtaining legal advice or legal representation in relation to whistleblowing protection laws.

(30) A Discloser can seek compensation and other remedies through the courts if:

- a. they suffer loss, damage or injury because of a Disclosure; and/or
- b. MQ Health failed to take reasonable precautions and exercise due diligence to prevent Detrimental Action.

(31) Disclosers are encouraged to seek independent legal advice in the circumstances outlined in clause 30.

(32) Disclosures that are found to be deliberately false or have been made maliciously do not qualify for protection under the Corporations Act and will be deemed to be a breach of this Policy.

Access to this Policy

(33) This Policy will be made available to officers and employees of MQ Health and will be accessible from [MQ Health's website](#).

Breach of this Policy

(34) A breach of this Policy may be regarded as misconduct which may lead to disciplinary action (including dismissal, termination of service or cessation of a service or client relationship).

(35) Any breach of confidentiality of the identity of a Discloser and any retaliation (or threatened retaliation) against the Discloser will be taken seriously and if appropriate will be investigated separately.

Review of this Policy

(36) The Board of MQ Health will periodically review this Policy to:

- a. ensure that Disclosures are recorded and dealt with appropriately; and
- b. consider whether any changes are required to the Policy.

3. Procedures

Reporting a Disclosure

(37) A Discloser can report a Disclosure in writing or verbally to:

- a. any manager of MQ Health;
- b. a Whistleblower Disclosure/Protection Officer or any other Eligible Recipient; or
- c. the University's Disclosure Coordinator.

(38) Schedule A of this Policy provides the contact details for those identified in clause 37 b and c.

(39) Disclosers are encouraged to make a report in writing as this can assist to avoid any confusion or misinterpretation.

(40) Disclosers are encouraged to report within MQ Health, in the first instance. Where the Discloser believes this is not appropriate, an alternative reporting mechanism is available.

(41) If a report is made verbally, the person receiving the report will make a comprehensive record of the report and ask the Discloser to sign it. The Discloser should keep a copy of this report.

(42) The report should include:

- a. date, time, and location of key events;
- b. names of person(s) involved in suspected wrongdoing, their position and how they are involved;
- c. relationship with the person(s) involved, such as whether the Discloser works closely with

- them;
- d. an explanation of the matter reported;
- e. how the Discloser became aware of the matter they are reporting;
- f. possible witnesses; and
- g. other relevant information.

(43) Disclosers can also make a Disclosure at any time directly to a statutory body or government department, such as ASIC or the Australian Federal Police.

(44) Disclosers can also make a Disclosure to a journalist or a parliamentarian, where the Discloser has reasonable grounds to believe that making a further Disclosure of the information is in the public interest. Where certain criteria prescribed by the Corporations Act are met, the Discloser will also qualify for protection.

(45) Disclosers can also make an Emergency Disclosure to a parliamentarian or a journalist where the Discloser has reasonable grounds to believe that the information concerns a substantial or imminent danger to the health or safety of one or more persons or to the natural environment.

Preliminary Investigation

(46) If a Discloser reports a Disclosure to a manager/supervisor of MQ Health or anyone else other than the Whistleblower Disclosure/Protection Officer, the recipient of the information must report the information to a Whistleblower Disclosure/Protection Officer, within 5 working days of receipt of the report and in accordance with the confidentiality protocols detailed in this Policy.

(47) There may be occasions when it would be appropriate for some person other than the Whistleblower Disclosure/Protection Officer to have responsibility for dealing with the report. If the report relates to a Whistleblower Disclosure/Protection Office, the matter may be referred to the University's Disclosure Coordinator, who will then have the role of the Whistleblower Disclosure/Protection Officer under this Policy.

(48) Whistleblower Disclosure/Protection Officers are responsible for receiving, forwarding and acting upon Disclosures made under this Policy. On receipt of a written Disclosure, the Whistleblower Disclosure/Protection Officer will contact the Discloser to confirm that the report has been received and advise whether it is possible to keep the report confidential.

(49) The Whistleblower Disclosure/Protection Officer will determine whether the report is a public interest disclosure under the [PID Act](#) and may seek advice from the Office of General Counsel as appropriate.

(50) If a report is assessed to be a public interest disclosure, the Whistleblower Disclosure/Protection Officer will inform the Discloser of the [Public Interest Disclosure \(PID\) Policy](#) and refer the Discloser to the University's Disclosure Coordinator.

Investigation

(51) In conducting the investigation, subject to the confidentiality obligations imposed by this Policy, the Corporations Act and the [PID Act](#), the Whistleblower Disclosure/Protection Officer may seek assistance from the Office of General Counsel, the University Disclosures Coordinator, or a third party as required.

(52) During the investigation, the Whistleblower Disclosure/Protection Officer may contact relevant parties to clarify and/or gather facts and to seek expert or legal advice.

(53) While the investigation is being undertaken, the Whistleblower Disclosure/Protection Officer will keep the Discloser informed by providing updates at a minimum every three (3) months. This may include:

- a. providing information about the progress of the investigation or other enquiries (or any delays if applicable);
- b. providing advice if the Discloser's identity needs to be disclosed for the purposes of investigating the matter or making enquiries; and/or
- c. providing advice of any decision not to proceed with the matter.

(54) There may be circumstances where an investigation is not warranted (for example, if the conduct has previously been investigated), in which case, the Whistleblower Disclosure/Protection Officer will advise the Discloser of this outcome, including the reasons for ceasing investigation of the matter.

(55) The Whistleblower Disclosure/Protection Officer will notify the Discloser within six (6) months of the report being made of:

- A. the action taken or proposed to be taken in respect of the report; or
- B. that the matter has been investigated and is not complete, together with the reason it is not complete.

Notification of action taken

(56) The notification report should contain sufficient information to demonstrate that adequate and appropriate action was taken, or is proposed to be taken, in respect of the Disclosure and include a statement of the reasons for the action taken or proposed to be taken in response to the report.

(57) The notification report should also include sufficient information to enable the individual to make an assessment as to whether:

- A. a decision was made not to investigate the matter; or
- B. a decision was made to investigate the matter, but the investigation has not been completed within 90 days of the original decision being made; or
- C. the matter was investigated but no recommendation was made for the taking of any action in respect of the matter.

Support for individuals who are the subject of a report

(58) MQ Health is committed to ensuring staff who are the subject of a Disclosure are treated fairly and reasonably. They will be:

- A. treated fairly and impartially;
- B. told their rights and obligations under the policies and procedures of MQ Health and the University;
- C. kept informed during any investigation as appropriate;
- D. given the opportunity to respond to any allegation made against them; and
- E. informed of the result of any investigation as appropriate.

(59) The identity of any individual subject to a report of a Disclosure will be protected where it is reasonable and possible to do so.

Reporting obligations and record keeping

(60) The University's Disclosure Coordinator will provide an annual return to the [NSW Ombudsman](#) in relation to each period of 12 months ending on 30 June (the return period).

(61) Unless the [NSW Ombudsman](#) approves a later time, the annual return must be provided within 30 days after the end of the return period to which it relates.

(62) The annual return will include:

- A. Voluntary public interest disclosures received by MQ Health during the return period;
- B. action taken by MQ Health to deal with Voluntary public interest disclosures during the return period; and
- C. measures taken by MQ Health to encourage and support Disclosers to report public interest disclosures in the workplace.

(63) Records of all public disclosure reports and associated information must be kept in accordance with the University's [Records and Information Management Policy](#).

Compliance with the PID Act

(64) The Whistleblower Disclosure/Protection Officer will report to the Chair of the MQ Health Board on progress, findings and recommended actions from any public interest disclosures and MQ Health's compliance with the PID Act.

Roles and Key Responsibilities

(65) The Managing Director is responsible for:

- a. fostering a workplace culture where reporting is encouraged;
- b. receiving Disclosures from public officials;

- c. ensuring there is a system in place for assessing Disclosures;
- d. ensuring MQ Health complies with this Policy, the Corporations Act and the PID Act;
- e. ensuring that MQ Health has appropriate systems for:
 - i. overseeing internal compliance with the Corporations Act and the PID Act;
 - ii. supporting public officials who make Disclosures, including minimising the risk of Detrimental Action;
 - iii. implementing corrective action if Reportable Conduct/Serious Wrongdoing is found to have occurred;
 - iv. complying with reporting obligations regarding allegations or findings of Detrimental Action; and
 - v. complying with yearly reporting obligations to the NSW Ombudsman.

(66) Whistleblower Protection/Disclosure Officers are responsible for:

- a. receiving reports from public officials;
- b. receiving reports when they are passed on to them by managers/supervisors;
- c. ensuring reports are dealt with appropriately; and
- d. ensuring that any verbal reports that have been received are recorded in writing.

(67) Managers/Supervisors are responsible for:

- a. receiving reports from persons that report to them or that they supervise; and
- b. passing on reports they receive to a Whistleblower Protection/Disclosure Officer.

(68) All employees are responsible for:

- a. reporting suspected Disclosable Matters/Serious Wrongdoing or other misconduct;
- b. using their best endeavours to assist in an investigation of suspected wrongdoing if asked to do so by a person dealing with a report on behalf of MQ Health;
- c. treating any person dealing with or investigating reports of suspected wrongdoing with respect; and
- d. not threatening or taking Detrimental Action against any person who has made, may in the future make, or is suspected of having made a Disclosure.

Schedule A

| Position | Role under PID policy | Name and contact details |
|-------------------------------------|---|---|
| Managing Director | Whistleblower Protection/ Disclosure Officer | Professor Patrick McNeil +61 2 9850 2841 patrick.mcneil@mq.edu.au |
| Deputy CEO and Director of Strategy | Whistleblower Protection/ Disclosure Officer | Ms Natalie Sequeira +61 2 9850 2843 natalie.sequeira@mq.edu.au |
| Macquarie University Compliance | University's Disclosure | Ms Rebecca Jarman |

| Position | Role under PID policy | Name and contact details |
|---------------------|-----------------------|---|
| and Privacy Manager | Coordinator | +61 2 9850 7218 rebecca.jarman@mq.edu.au |

4. Guidelines

(69) Nil

5. Definitions

(70) The following definitions apply for the purpose of this Policy:

- a. Detrimental Action (also known as detrimental conduct) means action taken against an individual because they have made, or are believed to have made, a public interest disclosure. Such action may include causing, comprising or involving any of the following:
 - i. injury, damage or loss;
 - ii. intimidation or harassment;
 - iii. discrimination, disadvantage or adverse treatment in relation to employment;
 - iv. dismissal from, or prejudice in, employment; and
 - v. disciplinary proceedings.
- b. Disclosable Matter means information that concerns a serious breach of corporation laws or other reportable conduct such as information concerning misconduct or an improper state of affairs or circumstances by MQ Health, or an officer or employee of MQ Health, including but not limited to:
 - i. illegal conduct, such as theft, dealing in, or use of illicit drugs, violence or threatened violence, and criminal damage against property;
 - ii. fraud, money laundering or misappropriation of funds;
 - iii. offering or accepting a bribe;
 - iv. financial irregularities;
 - v. failure to comply with, or breach of, legal or regulatory requirements; and
 - vi. engaging in or threatening to engage in Detrimental Action against a person who has made a disclosure or is believed or suspected to have made, or be planning to make, a disclosure.
- c. Discloser means the person who qualifies under clause 2 of this Policy to make a Disclosure.
- d. Disclosure means a report of a Disclosable Matter or Serious Wrongdoing.
- e. Eligible Recipient means:
 - i. an officer or senior manager/supervisor of MQ Health;
 - ii. an auditor or member of an audit team conducting an audit of MQ Health; or
 - iii. the designated Whistleblower Disclosure/Protection Officer, as listed in Schedule A of this Policy.

- f. Mandatory PID refers to a public interest disclosure where the public official has made a report about Serious Wrongdoing because they have a legal obligation to make that report, or because making that report is an ordinary aspect of their role or function in an agency.
- g. MQ Health means Pty Limited ABN 46 141 203 125, a company limited by shares, that is a controlled entity of Macquarie University ABN 90 952 801 237.
- h. Personal work-related grievance means a grievance about any matter in relation to the Discloser's employment, or former employment, having (or tending to have) implications for the person and does not have significant implications for MQ Health. For example:
 - i. an interpersonal conflict between the Discloser and another employee;
 - ii. a decision that does not involve a breach of workplace laws;
 - iii. a decision about the engagement, transfer or promotion of the Discloser;
 - iv. a decision about the terms and conditions of engagement of the Discloser; or
 - v. a decision to suspend or terminate the engagement of the Discloser, or otherwise to discipline the Discloser.
- i. Serious Wrongdoing means matters which will be dealt with by the University as a public interest disclosure under the [PID Act](#). These include:
 - i. corrupt conduct;
 - ii. serious maladministration;
 - iii. a Government Information Contravention (breach of the [Government Information \(Public Access\) Act 2009](#)(GIPA));
 - iv. a privacy contravention; and
 - v. a serious and substantial waste of public money.
- j. Voluntary PID refers to public interest disclosure where a report made by the public official because they decided, of their own accord, to come forward and disclose what they know.
- k. Witness PID refers to a public interest disclosure where a person discloses information during an investigation of Serious Wrongdoing following a request or requirement of the investigator.

Approval Signatures

| Step Description | Approver | Date |
|------------------|--|---------|
| | Patrick McNeil: Deputy Vice-Chancellor (Medicine and Health) | 06/2025 |
| | Patrick McNeil: Deputy Vice-Chancellor (Medicine and Health) | 05/2025 |

Applicability

MQ Health