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AFP Change of Health Notification Form

(Physical and/or Psychological illness/injury)

Why is this form required?

The form assists in fulfilling a mandatory reporting requirement in accordance with the AFP National Guideline on Personnel Security (Section 10). If you are unable to access this [electronic version](#) see the manual [Change of Health Notification Form \(DOCX, 50KB\)](#). Whilst this form is part of the Change of Circumstances process, the information provided will only be viewed by Organisational Health clinicians. The AFP has an obligation to provide a safe work environment to individuals, their colleagues and the general public. AFP appointees have a personal obligation under the WHS ACT (2011) to reduce risk to themselves, their colleagues and the public. They may be personally liable if they do not take reasonable steps to reduce identified risks.

The COHNF is a notification tool that enables the AFP Chief Medical Officer (CMO) or their delegate to identify potential health risks. It provides an opportunity for Organisational Health (OH) to give appropriate and timely health advice to the affected person in order to reduce potential health risks.

AFP Organisational Health assess health risks on behalf of the organisation to ensure the AFP meets its duty of care. It is the CMO or delegate's role to determine if certain illnesses or injuries may affect a person's ability to carry out all functions of their role safely.

AFP clinicians use this form as a tool to engage with ill or injured appointees to explore what supports, reasonable adjustments, exemptions and holistic care may be required to create an optimal environment for members to recover or manage their illness or injury.

The COHNF will be reviewed by the CMO or their delegate who may be required to disclose relevant information to your supervisor in order for them to safely manage you in the work place. If this is required you will be notified.

Temporary Health Exemptions

The purpose of a temporary health exemption is to create space for appointees experiencing illness or injury enabling them to focus on their recovery. A temporary exemption is just that, temporary. There is an expectation appointees will make a full recovery unless there is medical evidence to the contrary. A temporary exemption also manages expectations should there be a requirement to respond to a situation which requires use of force. This protects the appointee from re-injury or exacerbating their current illness/injury.

Relevant information may be progressed to Personnel Security, who will assess any associated risks and determine your ongoing suitability to hold and maintain a security clearance, in accordance with the AFP National Guideline on Personnel Security.

Who needs to fill in this form?

The COHNF is required to be completed when appointees have had a change in their health status that may affect their ability to undertake their role safely.

Appointees are required to submit a COHNF if they:

- Have an injury and or illness which may affect their ability to undertake their role safely,
- Require a health exemption for OSA and Organisational Health do not already have this information.
- Are directed by AFP Security
- Have been recommended to do so by an Organisational Health clinician

Examples of illness/injury which may require a COHNF:

- Major surgery
- Commencement of medication that may affect your cognition and decision making capability
- Illness or injury that affects your ability to undertake the physical requirements of your role safely
- Operational members who would like their temporary health exemption lifted will need to complete the COHNF and have the relevant [Matrix](#) completed by their treating practitioner. (matrix can be located on the Organisational Health hub page under Forms)

Reasonable adjustment / exemptions

If due to an injury, illness or medical procedure, an AFP appointee is unable to safely carry out all functions of their role, reasonable adjustments or a temporary health exemption may be required.

Certain health issues may impact the person's ability to hold a security clearance or undertake specific tasks. When this is the case, the CMO or their delegate will issue appropriate health care advice to the member and their supervisor. The CMO or their delegate will determine if any exemptions/ suspension from specific tasks are required, and the appropriate time frames for any exemption or suspension.

Confidentiality

The information collected on the COHNF is treated as Medical-In-Confidence and Sensitive: Personal; and will be held on the appointees health file. Please note: there are circumstances where

the CMO or their delegate is obliged under legislation to provide sufficient information to an appointee's supervisor and the work place to enable them to safely and effectively manage the appointee. In these circumstances the appointee will be kept informed.

In cases where an appointee's security clearance may be affected OH will advise Personnel Security Vetting in accordance with AFP governance. (This will be high level information and within the parameters of Sensitive Personal Privacy requirements).

Unsure if you need to complete this form?

If appointees are in doubt whether they should complete the COHNF or not, they are encouraged to contact AFP Organisational Health Triage on 02 5127 0111.

Change of Health Notification Form

The form can also be completed manually:

- [Change of Health Notification Form \(DOCX, 50KB\)](#)
Right click and choose 'Save As...' to save a copy and edit this form

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AFP National Guideline on health for AFP appointees

[View document details \(metadata\)](#)

NOTE: This National Guideline is currently under review; however, all obligations must still be followed. Appointees should contact the **Office of the Chief Medical Officer** for any questions.

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s 22(1)(a)(ii)

AFP	Australian Federal Police
CMO	Chief Medical Officer
WHS Act	<i>Work Health and Safety ACT 2011</i> (Cth)

3. Definitions

AFP appointee – means a Deputy Commissioner, an AFP employee, special member or special protective service officer and includes a person:

- engaged overseas under s. 69A of the *Australian Federal Police Act 1979* (Cth) (AFP Act) to perform duties as an AFP employee

- seconded to the AFP under s. 69D of the AFP Act
- engaged under s. 35 of the AFP Act as a consultant or contractor to perform services for the AFP and who has been determined under s. 35(2) of the AFP Act to be an AFP appointee.

(See s. 4 of the AFP Act.)

Chief Medical Officer – means the medical practitioner, registered with the Australian Health Practitioner Regulation Agency, engaged by the AFP as its Chief Medical Officer.

Fitness for continued duty assessment – is an independent assessment which may incorporate an initial needs assessment to establish an employee's work capacity, treatment and/or reasonable adjustment that may be necessary to assist an employee to remain or return to work.

Initial needs assessment – is an assessment by an independent health provider or team of health professionals to determine an AFP appointee's physical and/or mental capability.

Physical capacity assessment – means an assessment tool using physical tests to measure an AFP appointee's fitness.

AFP Registered Nurse – means a nurse, registered with the Australian Health Practitioner Regulation Agency, engaged by the AFP.

AFP Registered psychologist – means a psychologist, registered with the Australian Health Practitioner Regulation Agency, engaged by the AFP.

4. Guideline authority

This guideline was issued by the National Manager People, Safety and Security using power under s. 37(1) of the *Australian Federal Police Act 1979* (Cth) as delegated by the Commissioner under s. 69C of the Act.

5. Introduction

This guideline outlines the obligations for AFP appointees to possess and maintain a standard of health, wellbeing and physical fitness that enables them to fulfil the inherent requirements of their role competently and safely.

6. Policy

The AFP has an obligation under the *Work Health and Safety ACT 2011* (Cth) (WHS Act) to provide a safe work environment where possible and to mitigate any foreseeable risk of

injury or harm to its workers. The AFP must ensure that AFP appointees are fit for role and able to carry out their various functions safely.

Sections 24, 40C and 40EB of the *Australian Federal Police Act 1979* (Cth) allow the AFP to establish various conditions and competency requirements for engagement.

The CMO's role, or their clinical delegate, is to assess health risks on behalf of the AFP to determine:

- a candidate's suitability for engagement
- the ability of current AFP appointees to undertake the physical and psychological requirements of their role safely.

AFP health professionals within Organisational Health operate within their scope of professional practice under a model of health care led by the CMO with support from the Chief Psychologist and Principal Registered Nurse.

AFP appointees under Work Health and Safety legislation have a personal obligation to reduce risk to themselves, their colleagues and the public. Under the WHS Act, AFP appointees may be personally liable if they do not take reasonable steps to reduce identified risks.

7. Requirements

AFP appointees may be required to undertake assessments to determine their fitness for duty as determined by their role scope and/or inherent requirements. These assessments are part of the standard gateways to engage, undertake their role, deploy/travel overseas, train or redeploy within the organisation.

Through evidence-based assessment processes, AFP appointees may be directed to undergo some or all of the following assessments by the CMO or their clinical delegate:

- medical assessments
- musculoskeletal assessments
- psychological and psychiatric assessments
- physical competency assessments
- initial needs assessments, and/or
- fitness for continued duty assessments.

In order for the CMO to be able to assess health risks, an AFP appointee may be requested to provide additional information in relation to these assessments. If requested, this information will be considered prior to recommending fitness for new roles, physical activities, international deployment, training or travel.

When requested to provide additional information, the AFP appointee will be given medical instructions to be completed by their treating health practitioner. Costs incurred

obtaining this information will be at the AFP appointee's expense if the injury/illness is not work related. Cost incurred from work related injuries/illness will be reimbursed through accepted Comcare claims.

If an AFP appointee declines to participate in these assessments or to provide additional information, the CMO or their delegate may be unable to undertake a full health risk assessment. Inability to undertake a full assessment may risk the health and safety of the appointee. As a result, the CMO or their delegate may recommend the appointee is not fit for their role, physical activity, international deployment, training or travel.

If the CMO requires further information, the AFP appointee will be directed to attend an independent health service provider for assessment to determine medical fitness for the intended activity. This assessment will be at the AFP's expense.

8. Change of health notification

It is the CMO's role to determine if certain illnesses or injuries may affect an AFP appointee's ability to safely carry out all functions of their role.

AFP appointees may be directed by the CMO or their clinical delegate to complete and submit a *Change of Health (medical or psychological illness/ injury) notification form*. This form is a notification tool which enables the CMO or delegate to identify potential significant health and safety risks to the individual or the workplace. Submission of the form enables appropriate and timely health advice to be given to the affected AFP appointee and their supervisor to reduce potential or actual health and safety risks.

An AFP appointee should meet their roles and responsibilities as articulated in the *Inherent Requirements* and/or role scope. If an AFP appointee is unable to meet their responsibilities they must complete a Change of Health notification form.

In addition, a Change of Health notification form must be completed when an AFP appointee has had:

- a significant (not minor) change in their health status
- a significant (not minor) surgical procedure
- commencement or cessation of long-term medication
- an illness greater than 28 days
- injuries which may affect their ability to undertake their role safely
- a significant change in their health status since they were last cleared by either Medical Services, Psychological Services or Personnel Security Vetting. Some health issues may affect an AFP appointee's fitness for duty and previously issued medical or psychological clearances.

A change of health notification form is not required for minor health issues that do not affect an AFP appointee's ability to undertake the inherent requirements of their role.

Many health issues can be effectively managed by the business areas. If a supervisor has concerns regarding an AFP appointee's ability to safely carry out the requirements of their role, they may request an AFP appointee complete and submit a Change of Health notification form. If this does not occur, the supervisor can make the determination to send any employee under their direction to attend a fitness for continued duty assessment.

Organisational Health uses the health information provided in the form to assist AFP appointees and business areas to provide appropriate support and/or reasonable adjustment for as required.

9. Fitness for continued duty

Where the Commissioner and/or their delegate is concerned about an AFP appointee's fitness for continued duty, a referral must be made to AFP Injury Management in accordance with the provision contained within s. 39 of the [Australian Federal Police Enterprise Agreement 2017–2020](#). The request to attend a fitness for continued duty assessment is a lawful direction under Section 40 of the AFP Act and there is no provision for appeal by an AFP appointee.

The advice of the CMO may be sought by AFP Injury Management as required.

The AFP appointee may be directed to attend an independent medical and or psychological assessment at the AFP's expense. The assessment report is reviewed by the CMO who makes recommendations regarding the AFP appointee's suitability to meet the inherent or essential requirements of their role as outlined in the *AFP Statement of Inherent Requirements from a Health Perspective for AFP Sworn Policing and Protective Service Officer Roles* and/or essential requirements of their role scope.

Further information is contained within the [Better Practice Guide on Fitness for Continued Duty](#).

10. Medical confidentiality

An AFP appointee's health information must be treated as Medical-In-Confidence and Sensitive: Personal. Health information is held on the AFP appointee's relevant Organisational Health file. Access to this information is governed by the [Better Practice Guide for Organisational Health File Access](#).

The CMO and their clinical delegate are obliged under legislation to provide sufficient information to an AFP appointee and their supervisor to enable the safe and effective management of that AFP appointee. Information disclosed to AFP Security from the CMO or their clinical delegate may be held on the AFP appointee's personal security file.

11. Further advice

Queries about the content of this guideline should be directed to organisational-health-triage@afp.gov.au.

12. References

Legislation

- *Australian Federal Police Act 1979* (Cth)
- *Work Health and Safety Act 2011* (Cth).

AFP governance instruments

- AFP Commissioner's Order on Operational Safety (CO3)
- AFP National Guideline on personnel security vetting
- AFP National Guideline on security reporting
- Australian Federal Police Enterprise Agreement 2017–2020.

Other Sources

- Change of Health (medical or psychological illness/ injury) notification form
- Inherent Requirements from a Health Perspective for AFP Sworn Policing and Protective Service Officer Roles
- Organisational Health File Access Policy
- Enterprise Risk Profile, Category 1.

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AFP National Guideline on recruitment

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11.2 Medical or psychological health gateway requirements

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Better Practice Guide on Effective Probation and Performance Management

(Band 1-8 Employees and Technical Specialists)

Date of initial endorsement:	20 September 2018
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Disclosure and classification: This document is classified (select classification) and is intended for internal AFP use. Disclosing any content must comply with Commonwealth law and the AFP National Guideline on information management.

Compliance: This instrument is part of the AFP's professional standards framework. The AFP Commissioner's Order on professional standards (CO2) outlines the conduct expected of AFP appointees. Inappropriate departures from the provisions of this instrument may constitute a breach of AFP professional standards and be dealt with under Part V of the Australian Federal Police Act 1979 (Cth).

This document is a functional governance instrument as defined in the AFP Commissioner's Order on governance (CO1).

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Introduction

The AFP recognises the importance of effectively managing Employee performance from commencement until separation, to enable our work to be aligned to the strategic goals of the organisation and ensure the development and support of our people.

This better practice guide (BPG) and the principles contained within are designed to shape and support behaviours and decision-making that are consistent with the AFP core values.

This BPG provides guidance for AFP Employees, Supervisors and Delegates about best practice for conducting the AFP probation and performance processes, developing performance development agreements (PDAs) and addressing performance concerns; and should be read in conjunction with the [Effective Probation and Performance Management Toolkit \(band 1-8 and technical specialists\)](#).

The term 'performance' used throughout this BPG refers to an Employee's capability, behaviour and attendance.

1. Scope

- 1.1. This BPG is applicable to all AFP band 1 -8 Employees and technical specialists covered by the [AFP Enterprise Agreement 2017-2020 \(EA\)](#), and [AFP \(Overseas Conditions of Service\) Determination \(No1\) 2013](#).
- 1.2. Executive Level Employees' performance requirements are managed through the [Better Practice Guide on effective performance management \(executive level\)](#).
- 1.3. Senior Executive Service (SES) performance requirements are managed through individual Statements of Commitment under the SES Performance Framework.
- 1.4. Consultants and independent contractor's performance requirements are managed through the relevant contract.

2. Principles

- 2.1. Probation and performance management should be considered and managed under the following set of guiding principles:
 - The highest level of ethical behaviour and integrity should be modelled by all Employees when requesting, approving or advising on the terms and conditions of the AFP employment framework.
 - Decisions should align to the AFP's commitment to diversity & inclusion, health & wellbeing and the strategic direction of our workforce.
 - Decision makers are accountable for their actions and should ensure they understand their responsibilities in applying the terms and conditions of the AFP employment framework.
 - All Employees should be able to have trust and confidence that the terms and conditions of the AFP employment framework are applied in a fair, unbiased and equitable manner.
 - The effective induction of new Employees is integral to setting the grounds for their success in the AFP.
 - Effective performance is required of **all** Employees regardless of their role, responsibility or level.

- Supervisors and Employees are jointly responsible and accountable for working together to continually improve performance and achieve outcomes.
- Performance issues are actively addressed and managed in a structured and transparent manner, with Procedural Fairness and natural justice applied.

3. Employee responsibilities

3.1. Employees are responsible for:

- establishing a PDA in consultation with their Supervisor, that accurately reflects their objectives and measures, expected behaviours and developmental needs and goals, within the required timeframes
- understanding what work they need to deliver, why and how it is to be done in line with their PDA
- ensuring they complete all required AFP and role specific mandatory training as soon as possible following commencement in the AFP or in a new role, and undertake recertification as required
- working to achieve and maintain required standards of performance as outlined in their PDA, the relevant [Work Level Standards](#) and the [AFP core values](#)
- seeking clarification about performance expectations as required
- assisting in the identification of and participation in appropriate professional development
- actively engaging in probation reviews, regular informal and formal feedback discussions with their Supervisor
- discussing possible reasons for any identified performance issues and uplifting their performance accordingly.

4. Supervisor responsibilities

4.1. Supervisors are responsible for leading all elements of performance management, including:

- promoting and fostering an effective performance culture by providing ongoing, specific and timely performance feedback
- conducting a comprehensive induction of new Employees in their first weeks of employment with the AFP or in a new role
- setting clear performance and behavioural expectations and informing the identification and development of objectives, measures and professional developmental needs within the Employee's PDA, and ensuring Employees establish the PDA within the required timeframes
- ensuring all Employees understand what they are expected to deliver relevant to their PDA, and clearly communicate if responsibilities and expectations vary
- monitoring and assessing Employee's performance during probation, including behaving in accordance with the AFP core values, security principles and their capability against specific job duties.
- ensuring Employees hold the requisite qualification and/or competencies to perform their role safely and effectively, and where gaps exist work with Employees to develop capability
- supporting the Employee to meet the requirements and performance expectations of their role, including ensuring Employees are provided with the necessary information, resources and support

- celebrating successes and recognising consistently good and/or high performance as it occurs
- providing constructive, specific and timely feedback (verbally and in writing), and supporting and encourage Employees to achieve expected performance outcomes, including where an Employee's performance is not meeting required standards as set out in their PDA and/or [Work Level Standards](#)
- addressing performance issues as they arise, ensuring performance management and development processes are conducted in an ethical manner, with Procedural Fairness and appropriate confidentiality practices applied
- engaging with the [PS Performance Management team](#) if concerns are held about the performance of an Employee during probation and/or before formally assessing an Employee's performance as 'support required' or 'underperforming' during the performance cycle.

5. Manager One Removed responsibilities

5.1. Managers one removed are responsible for:

- ensuring Supervisors effectively manage the probation, performance and development of Employees and deal promptly with performance issues
- providing advice, guidance and support to Supervisors who are managing any concerns with Employee performance, behaviour and/or attendance
- ensuring Supervisors adhere to the requirements of the probation process, performance cycle and managing underperformance as outlined within this BPG
- ensuring any feedback provided by an Employee on their Supervisor's leadership is appropriately addressed and managed confidentially.

6. Delegate responsibilities

6.1. Delegates are responsible for:

- ensuring Procedural Fairness when making a decision involving managing performance.

7. Probation for new Employees

7.1. In accordance with the [Fair Work Act 2009 \(Cth\)](#), Employees are subject to a six month minimum employment period. The AFP aligns the probation period for new AFP Employees with the minimum employment period, meaning that all new AFP Employees are subject to a **six month** probation period.

7.2. The probation period enables the AFP to determine whether a new Employee is suited to the AFP and the job they have been recruited for. Suitability includes performance, but also encompasses broader factors including conduct, organisational fit, demonstrating AFP core values and meeting the expected standards of behaviour.

7.3. A probation period cannot be extended beyond an Employee's minimum employment period.

7.4. The only exception to the probation period outlined in section 7.1 of this BPG are the following individuals:

- casual Employees
- locally engaged overseas Employees (local overseas legislation)
- contractors /secondees/ special members (mutual letters of exchange or contracts).

7.5. The Supervisor should conduct an induction of the new Employee within their first two weeks of employment with the AFP. This process should include, but is not limited to:

- overview of the probation process
- development of a PDA
- overall orientation of the AFP
- command/business area induction
- job specific induction.

- 7.6. The Supervisor must ensure they have clearly articulated the expected performance required by the Employee in their role, as outlined in their PDA, and considered any training and/or support required by the Employee to perform their job effectively.
- 7.7. While on probation, Employees will receive all relevant entitlements commensurate with their role, as outlined in the [EA](#).
- 7.8. Where a casual Employee is offered ongoing or non-ongoing employment, including either through a casual conversion or recruitment process, their time spent as a casual Employee in the AFP will count towards the minimum employment period.
- 7.9. Supervisors requiring assistance are encouraged to contact the [PS Performance Management team](#) early for support and advice on the probation process.

Probation reviews

- 7.10. The Supervisor must undertake reviews throughout the probation period to assess the Employee's performance, as outlined below:

	3 month probation review (initial)	5 month probation review (final)
Employees	required	required
Employees – entry level program (graduates and trainees)	required	required
	Where an Employee is required to undertake business area rotations as part of an AFP entry level program, all Supervisors throughout the probation period must ensure the probation review process is completed as required in accordance with this BPG.	
Employee - police recruit	not required	not required
	In lieu of the 3 and 5 month review process, police recruits are subject to ongoing assessments for the duration of their Federal Police Development Program (FPDP)	
Employee - lateral police recruit	not required	required
	Lateral police recruits are subject to ongoing assessments for the duration of their Lateral Police Development Program (LPDP), and following graduation from the AFP College and deployment to station location, the attested police officers are subject to the 5 month review process	
	not required	required

Employee - protective service officer recruit	Protective service officer recruits are subject to ongoing assessments for the duration of their Protective Service Officer Program (PSOP) and following graduation from the AFP College and deployment to station location, the attested protective service officers will be subject to the 5 month review process
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- 7.11. Where an Employee is subject to an initial and/or final probation review as outlined in section 7.10 of this BPG, the Supervisor is to meet with the Employee to discuss their performance and conduct to date, and complete the relevant probation review report through the AFP Service Portal.
- 7.12. If the Supervisor has identified any performance issues or if any earlier identified issues have not been resolved within a reasonable timeframe after coaching, training and support have been provided to the Employee they should refer to section 7.17 of this BPG.
- 7.13. If any performance concerns are identified following the Employee's successful completion of the probation period, they must be managed in accordance with section 11 of this BPG.
- 7.14. If a Supervisor is satisfied that the Employee has satisfactorily met all performance, behaviour and attendance requirements at the conclusion of the probation period, the employee's employment will continue.

Changing roles during probation

- 7.15. To enable an Employee's suitability to be adequately assessed for the role which they have been engaged, where possible they should remain in their initial hire position until the probation period has been successfully completed.
- 7.16. Where there is a requirement for an Employee to transfer into a different role before they have completed their probation, probation continues until the full (six months) probation period has been completed. The new Supervisor must take on responsibility for the probation process.

Addressing performance concerns during probation

- 7.17. Where a Supervisor has concerns about the performance, including conduct and/or behaviour, of an Employee during any stage of their probation period they should engage with the [PS Performance Management team](#) (and the relevant AFP entry-level program team if applicable) as soon as possible to seek advice as to what steps need to be taken, which may include:
- discussing the specific issues in the Employee's performance and what the required standards are in line with the Employee's PDA
 - discussing the specific corrective action required to improve the performance, including coaching, training and/or support for the Employee to uplift their performance to the required standard
 - considering additional structure to the way in which the Supervisor manages the Employee's probation period, through the implementation of weekly or fortnightly meetings
 - advising a reasonable timeframe in which the Employee is required to address the issues
 - advising the Employee that failure to improve their performance (to the required standard) may result in the Employee not meeting the requirements of their probation, and referral of the matter to the Delegate for consideration of their ongoing employment suitability.
- 7.18. The Supervisor should provide suitable and ongoing feedback to the Employee on their progress against the corrective actions in place, to address the identified performance issues.

- 7.19. Discussions regarding the Employee's performance, and the additional support required, including outcomes and required actions, must be documented in writing between the Supervisor and Employee and recorded in the Employee's PDA, ideally within **five days**.
- 7.20. Where the Employee is within their probation period, the Delegate may decide to proceed immediately with termination as outlined in section 7.23.

Termination of employment under probation

- 7.21. An Employee's employment can only be terminated if they have failed to satisfy conditions in relation to probation before the end of the probation period.
- 7.22. If any identified performance issues, including conduct and/or behaviour, are not resolved within a reasonable timeframe, the [PS Performance Management team](#) will determine if there is sufficient evidence for the Delegate to consider termination of the Employee's employment, including that, where applicable:
- performance expectations, including required standards to be met, have been clearly communicated to the Employee
 - the Employee has been provided with suitable and ongoing documented feedback and given the opportunity and support to uplift their performance to the required standard
 - the Employee has been provided with appropriate training and resources to improve their performance and they still continue to perform below the required standard
 - the Employee has been advised that failure to improve their performance (to the required standard) may result in them not meeting the requirements of their probation and referral of the matter to the Delegate for consideration of their ongoing employment suitability.
- 7.23. If it is determined the Employee has not demonstrated the required standard of performance during their probation period, and a decision has been made to terminate their employment, the Delegate must provide written advice to the Employee advising them of this outcome and the date their employment will cease.
- 7.24. Where an Employee has been involved in serious misconduct, the Commissioner may terminate the employment of the Employee without notice or payment in lieu of notice of termination in accordance with the [National Guideline on complaints management and resolution of grievances](#).
- 7.25. In circumstances where an Employee's performance fails to meet requirements and a Supervisor does not take action during the probation period to terminate employment, the performance concerns must then be managed in accordance with section 11 of this BPG.
- 7.26. In accordance with the [Fair Work Act 2009 \(Cth\)](#) it is unlawful for an employer to terminate employment for certain reasons, including but not limited to:
- temporary absence from work because of illness or injury
 - physical or mental disability
 - family or carer's responsibilities or pregnancy.

8. AFP performance cycle

- 8.1. The AFP operates a twelve month performance cycle (1 July – 30 June) which includes the development of Performance Development Agreements (PDAs) for band 1-8 Employees and technical specialists. There are four key PDA process activities undertaken throughout the performance cycle.
- 8.2. Refer to the [Effective Probation and Performance Management Toolkit \(band 1-8 and technical specialists\)](#) for information on the requirements of each stage of the PDA process.

9. Performance Development Agreements

- 9.1. In accordance with section 63 of the [EA](#), it is mandatory for all band 1-8 Employees and technical specialists to participate in the PDA process.
- 9.2. Employees must have a PDA at 'agreement signed' status **no later than fourteen days** after the beginning of the performance cycle, or their date of commencement in a new role or with the AFP.
- 9.3. Where an Employee is undertaking a graduated return to work arrangement, their PDA should be updated to reflect the return to work plan requirements.
- 9.4. Non-ongoing Employees engaged for a period of three months or more must participate in the PDA process.

Access rights

- 9.5. Employees are to ensure that 'access rights' within their PDA are assigned to their current chain of command.
- 9.6. A member of People Strategies (PS), ACT Policing Human Resources team, PRS, or a regional Human Resources/Corporate Service unit team may access an Employee's PDA to support a performance management process.
- 9.7. Supervisors needing to access a previous PDA for an Employee which they currently have responsibility, should request this directly from the Employee in the first instance. Alternatively the Supervisor can contact the [PS Performance Management team](#).
- 9.8. In extenuating circumstances, where access to the online PDA system is not available, a paper-based PDA may be used and the Supervisor and chain of command are responsible for ensuring that access to the PDA conforms to this BPG and a copy is provided to [People Centre](#).

Performance feedback

- 9.9. The Supervisor and Employee must engage in a formal feedback exchange on the Employee's performance at the end of the performance cycle.
- 9.10. Following the formal feedback exchange, the Supervisor must add commentary into the PDA system that summarises the feedback given to the Employee, assign a PDA rating and close the PDA.
- 9.11. Employees have **five days** from the date they receive notification their PDA has been closed, to respond to the commentary and rating assigned by the Supervisor.
- 9.12. Where there is a requirement to close a PDA during the performance cycle, the Supervisor and Employee must engage in a formal feedback exchange on the Employee's performance, and a rating be assigned by the Supervisor as outlined in sections 9.9 and 9.10 of this BPG.
- 9.13. Where the Employee and/or Supervisor will be on planned leave at the end of the performance cycle, the Employee and their Supervisor must ensure the formal feedback exchange has occurred and the Employee's PDA is closed prior to commencing leave.
- 9.14. Where an Employee is unexpectedly absent for an extended period of time at the end of the performance cycle, the Supervisor should contact the [PS Performance Management team](#) prior to completing the PDA.
- 9.15. Where a Supervisor is unexpectedly absent for an extended period of time at the end of the performance cycle, the Manager One Removed is to complete the PDA process. The Manager One Removed can contact the [PS Performance Management team](#) for advice in this circumstance.
- 9.16. If a Supervisor changes roles throughout the PDA process and will no longer have Supervisory responsibilities of an Employee, they should provide commentary within the Employee's PDA on

their performance up until that time, and provide a summary of performance as part of their handover to the new Supervisor.

- 9.17. When determining the final PDA rating for an Employee, Supervisors must take into consideration any commentary provided by an Employee's previous Supervisor/s throughout the performance cycle, including any information relating to performance issues.

Employee feedback on supervisor

- 9.18. Employees may provide direct feedback on their Supervisor's leadership and management of their PDA to their Manager One Removed through the PDA system at any stage throughout the performance cycle. This feedback is not visible to the Supervisor for which the feedback relates to.
- 9.19. The Manager One Removed should consider any feedback on a Supervisor's leadership provided by an Employee and discuss any issues with the Supervisor, ensuring the Employee who provided the feedback is not identified.

Performance Development Agreement rating scale

- 9.20. The PDA process utilises a four-point scale to rate a band 1 – 8 Employee or technical specialist's performance, behaviour and attendance at the end of the performance cycle:

RATING	DESCRIPTION
Outstanding	<p>The Employee has achieved outstanding results over the full performance cycle by consistently meeting and regularly exceeding all expectations, both against their critical objectives and behaviours outlined in the relevant Work Level Standards.</p> <p>This rating is applied to recognise exceptional performance throughout the performance cycle.</p> <p>In addition to the mandatory performance appraisal commentary in the PDA system, a validation form is required to be completed which requires examples and evidence to support this rating.</p>
PDA fulfilled	<p>The Employee has met the required critical objectives and demonstrated expected behaviours outlined in their PDA and the relevant Work Level Standards. The rating reflects solid performance over the performance cycle and is considered a positive outcome.</p> <p>This rating is applied to recognise expected performance throughout the performance cycle and the minimum standard required by Employees.</p>
Support required <i>(sub-set of PDA fulfilled)</i>	<p>The Employee requires further support to meet their critical objectives.</p> <p>This rating is applied to recognise the need for more individualised support for an Employee demonstrating poor/marginal performance, prior to becoming a formal underperformance process.</p> <p>Supervisors should contact the PS Performance Management team BEFORE applying this rating.</p>
Underperforming	<p>The Employee has failed to meet one or more of the critical objectives in their PDA and/or expected workplace behaviours consistent with the Work Level Standards, despite regular feedback and support provided by the Supervisor over a reasonable period of time.</p>

	<p>This rating is applied to recognise underperformance during the performance cycle.</p> <p>Supervisors should contact the PS Performance Management team BEFORE applying this rating as it initiates the commencement of a formal underperformance process.</p>
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Broadband and incremental progression

- 9.21. Where an Employee has participated in the PDA process and attained a minimum rating of 'PDA fulfilled' or 'PDA fulfilled – support required', they will be eligible to receive incremental progression and/or progression through a broadband (specific assessment requirements also apply. Refer to [Attachment B of the EA](#)).
- 9.22. Where an Employee has participated in the PDA process and attained a rating of 'underperforming', incremental progression will be delayed until a 'PDA fulfilled' (or above) rating is achieved.
- 9.23. If an Employee has had more than one PDA in place within the performance cycle and has attained different ratings, the rating attained at the end of the performance cycle will determine an Employee's eligibility to receive incremental progression and/or progression through a broadband.
- 9.24. Where an Employee, who is subject to a broadband advancement arrangement under [Attachment B of the EA](#), is not compliant with section 9.21 of this BPG until after their incremental anniversary date, the date of sign off by the Delegate confirming their compliance with all assessment requirements (including PDA compliance), will be used and become the Employee's new incremental anniversary date.
- 9.25. There will be no option to backdate incremental progression unless evidence can be provided showing the Employee was not at fault for the delay.

Base salary increases

- 9.26. There is no impact on base salary increases for Employees as a result of non-compliance with the PDA process.

Change of roles during performance cycle

At level transfers and promotions

- 9.27. Where an Employee transfers at level into a role with different requirements or is promoted up to and including band 8 level, their current PDA must be closed and a new PDA be at the 'agreement signed' status **within fourteen days** of commencing in the new role.
- 9.28. Where an Employee is promoted to EL level, their PDA must be closed with their current Supervisor and the Employee must enter into a Charter of Performance with their new Supervisor **within fourteen days** of commencing in the new role.

Higher duties

- 9.29. Where an Employee is on higher duties up to and including band 8 level **for any period of time** they should record leadership experience and development within their current PDA.
- 9.30. Where an Employee is on higher duties in an EL position **for any period of time**, they should record leadership experience and development within their current PDA.

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Consideration of medical factors

- 11.6. Where an Employee discloses a medical condition, the Supervisor must seek advice from [SHIELD](#) as to whether reasonable adjustments need to be implemented as part of the action to address any identified performance issues.
- 11.7. If an Employee has a medical condition which they believe may impact, or does impact, their ability to perform the inherent requirements of their role and/or affect their behaviours, and reasonable adjustments need to be considered, they must disclose this information to the AFP via Personal Profile [Insight!](#). The Employee can also discuss their medical condition and any potential reasonable adjustments with [SHIELD](#).

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Supervisor should seek advice from [PS Performance Management team](#) as to the most appropriate course of action.

- 11.9. Where it is determined it is reasonable to formally direct an Employee to attend a performance discussion, the Supervisor must provide the Employee direction to attend in writing giving a **minimum of 24 hours'** notice of the meeting and:
- provide a clear purpose for the meeting; and
 - offer the Employee to bring a Support Person (as outlined in section 13.1) if they wish.
- 11.10. If, despite a formal direction, the Employee refuses to attend a scheduled performance meeting, the Supervisor should initiate conduct action under section 40 of the [Australian Federal Police Act 1979 \(Cth\)](#).

12. Addressing underperformance

Commencement of a formal underperformance process

- 12.1. Performance is considered 'underperforming' when despite regular feedback and support having been provided by the Supervisor over a reasonable period of time, the Employee has failed to meet the objectives in their PDA and/or expected workplace behaviours consistent with the relevant Work Level Standards.
- 12.2. The underperformance process does not apply to Employees subject to the six month probation period as outlined in section 7 of this BPG.
- 12.3. If a Supervisor believes an Employee is underperforming, they must ensure they have taken the following action before a rating of underperforming can be considered:
- clearly communicated performance expectations of the role to the Employee including what the required standards are to be met
 - discussed and supported corrective actions aimed to help the Employee uplift their performance to the required standard
 - provided ongoing and regular feedback and addressed poor/marginal performance as it occurred
 - given the Employee reasonable opportunity to improve their performance
 - documented in writing discussions with the Employee about their performance
 - assessed that the Employee continues to perform below the PDA fulfilled required standard
 - engaged with the [PS Performance Management team](#).
- 12.4. If the PS Performance Management team determines there is sufficient evidence to commence a formal underperformance process, the Supervisor may assign a rating of 'underperforming' in the PDA and provide written notice to the Employee which includes:
- the specific areas of performance which are considered to be underperforming and what the required standards are
 - a copy of the PDA current at the time of the assessment
 - advice on the underperformance process and formal assessment period, including informing the Employee that they have the right to have a Support Person in performance meetings as outlined in section 13.1
 - possible consequences if the Employee does not attain and sustain the required performance standards by the end of the formal assessment period.

Formal assessment period

- 12.5. Once the Supervisor has provided the Employee notification of the decision to commence an underperformance process, they should implement a Performance Improvement Plan (PIP). The Employee should have the opportunity to provide feedback on the PIP.
- 12.6. The PIP must include:
- a clearly defined statement of the performance issues
 - performance, behaviour and attendance expectations, including how they will be measured
 - any support, training or resources which will be provided to the Employee and available during the assessment period
 - the timeframe over which the Employee's performance will be assessed by their Supervisor (the formal assessment period).
- 12.7. A copy of the PIP must be provided to the PS Performance Management team, Employee and Supervisor.
- 12.8. The formal assessment period of **eight weeks** commences from the date the PIP is implemented, unless the Supervisor and/or the Employee believe there are exceptional circumstances to extend this timeframe. The PS Performance Management team will provide advice in this circumstance.
- 12.9. The Supervisor must provide regular verbal and written feedback to the Employee on their performance throughout the formal assessment period.
- 12.10. Where a PIP has been implemented, this becomes the primary performance management tool and overrides the Employee's PDA while the PIP is in place.
- 12.11. The Employee's current PDA will need to be assigned a rating of underperforming, and closed with a comment advising a PIP is commencing, and include the dates of the eight week assessment period.

Outcomes of a formal assessment period

- 12.12. At the end of the formal assessment period, the Supervisor must submit a written formal assessment report to the Delegate which includes:
- a copy of the PIP
 - specific details on how the Employee's performance was monitored and assessed
 - specific details on what verbal/written feedback was provided to the Employee throughout the assessment period
 - the areas of performance that the Employee achieved and sustained at the required standards, and/or the areas of performance that the Employee failed to achieve and sustain at the required standards
 - any factors that were taken into account during the assessment period, such as illness, injury, disability or any other relevant factors, and how these factors were managed during the process
 - a conclusion that the Employee has or has not achieved and sustained the required standard or performance.
- 12.13. If the Employee has achieved and sustained the required standard of performance, the Delegate must provide written advice to the Employee advising them of this outcome and that:
- the performance issues have been resolved and no further action is required;

- they are entitled to receive any relevant increment progression effective from the end of the formal assessment period; and
 - clearly outlines the potential actions if there is a recurrence of performance issues.
- 12.14. If the Employee has not achieved and sustained the required standard of performance, the Delegate must provide written advice to the Employee advising them of this outcome and provide a copy of the Supervisor's assessment report and the proposed action to be taken which may include:
- an extension of the assessment period;
 - reduction in classification;
 - termination of employment; or
 - other appropriate action deemed suitable by the Delegate.
- 12.15. The Employee is entitled to **ten working days** from the receipt of advice to respond to the findings and the action proposed by the Delegate.
- 12.16. The Delegate, having taken into account the Supervisor's final assessment report, the Employee's response and any other relevant matters, must advise the Employee in writing of their decision and the action to be taken.

Recurrence of performance issues

- 12.17. Where an Employee's performance is assessed as underperforming within the twelve month period immediately following the end of the formal assessment period, underperformance procedures may be re-instigated at the request of the Supervisor.
- 12.18. If the Employee's declining performance is in regard to the same performance objectives subject to the previous formal assessment, the Delegate has the discretion to shorten the assessment period to less than eight weeks if requested by the Supervisor.

13. Welfare and support

- 13.1. An Employee may bring a Support Person to a meeting regarding their performance. Their role is to provide emotional support and practical assistance to the Employee and they must not speak on behalf of the Employee or provide personal opinions during the meeting.
- 13.2. If an Employee and/or Supervisor requires additional support and/or health and wellbeing advice during an underperformance process, they should engage with [SHIELD Triage](#).

14. Management of complaint outcomes

- 14.1. Where a complaint outcome has been identified for an Employee through a Category 1 or 2 conduct investigation and requires action by a Supervisor, it must be recorded within the Employee's PDA and the matter discussed with them.
- 14.2. A complaint outcome can be recorded in a PDA at any time during the performance cycle and must remain in place:
- for the period of time nominated by the [Resolution team](#); or
 - until the Supervisor is satisfied that the required objectives have been achieved.
- 14.3. Where the Employee fails to meet or comply with the complaint outcome requirements, the actions will remain in their PDA until such time as the required action has been taken by the Employee or further action is taken. For further information, please refer to the [AFP National Guideline on complaint management and resolution of grievances](#).

15. Review of decisions

Review of performance rating or management action

- 15.1. Where an Employee disagrees with a performance rating or another significant performance management action, and the issues cannot be resolved through their chain of command, a Performance Review Audit can be requested in writing through the [PS Performance Management team](#) for consideration of Coordinator Workplace Relations.
- 15.2. If a decision is made by Coordinator Workplace Relations to conduct a Performance Review Audit, an Independent Reviewer will be assigned and the Employee notified in writing.
- 15.3. The Independent Reviewer will provide a recommendation to the Employee's National Manager/Assistant Commissioner for consideration and final decision and the Employee provided with a written outcome on completion of the performance audit review.

16. Dispute resolution

- 16.1. If an Employee is not satisfied with the outcome of a decision, they should refer to section 71 of the [EA](#), which outlines the dispute resolution process. For further information, please refer to [Better Practice Guide on dispute resolution](#).
- 16.2. [The dispute resolution provisions in the EA](#) **do not apply** to the decision to terminate employment. Please refer to section 57(6) of the [EA](#) for relevant provisions.
- 16.3. Where termination occurs during probation period, the Employee is unable to access the unfair dismissal provisions of the [Fair Work Act 2009 \(Cth\)](#).

17. Further information

Legislation	Australian Federal Police Act 1979 (Cth) Fair Work Act 2009 (Cth)
Related governance	Enterprise Agreements AFP Enterprise Agreement 2017-2020 National Guidelines AFP National Guideline on complaint management and resolution of grievances Better Practice Guides Better Practice Guide on dispute resolution
Delegations	AFP Enterprise Agreement 2017-2020 Determination No. 3 of 2017 – Instrument of Delegations and Authorisations
Supporting material	Effective Probation and Performance Management Toolkit (band 1-8 and technical specialists)
Further support	<ul style="list-style-type: none">• For enquiries regarding the application of this better practice guide, please contact peoplecentre@afp.gov.au• For enquiries regarding the information contained in this better practice guide, please contact peoplepolicy@afp.gov.au

18. Shortened forms

Shortened form	Full form
AFP	Australian Federal Police
BPG	Better Practice Guide
EA	Enterprise Agreement
PDA	Performance development agreement
PIP	Performance improvement plan
PS	People Strategies

19. Definitions

Term	Definition
AFP Employee/s	a person (or persons) engaged under section 24 of the Australian Federal Police Act 1979 (Cth).
Delegate	a person who has been given statutory authority by an instrument of delegation to make particular decisions or perform particular functions
Independent Reviewer	a person assigned to conduct a review of an Employee's performance rating or another significant performance management action impacting the Employee who is independent from the Employee's command
Manager One Removed	a Supervisor's Supervisor
Performance Development Agreement	an agreement made under the AFP's performance development and performance appraisal system for band 1-8 Employees and technical specialists
Performance Improvement Plan	a document outlining what the problem is with an Employee's performance and what they need to do to improve it
Performance Review Audit	an independent review mechanism for dealing with disputes about an Employee's performance rating or another significant performance management action impacting the Employee
Procedural Fairness	refers to fairness in the procedures followed when arriving at a decision, including: <ul style="list-style-type: none">• the right to be heard• the right of a person to an impartial decision
Senior Executive Service	a person(s) who has been engaged, in writing, under Section 24 of Australian Federal Police Act 1979 (Cth) and declared an AFP SES under Section 25 of the AFP Act 1979
Statement of Commitment	a statement outlining an SES Employee's leadership contribution to the AFP for the year ahead
Supervisor	a person who carries the responsibility for the supervision of one or more Employees, including the monitoring of attendance and performance
Support Person	a person who provides emotional support and assistance to an Employee during performance discussions, however, is not an advocate or spokesperson on behalf of the Employee
Work Level Standards	an overview of the performance expectations critical for each band level, including the required skill, responsibility and behaviours

20. Version Control

Version number	Date of Issue	Author/s	Delegate	Brief Description of change
0.1	20 Sep 2018	People Centre	Manager People Strategies	Initial Better Practice Guide on Effective Performance Management
0.2	22 May 2023	People Policy team	A/Manager People Strategies	<p>Major review of BPG and overhaul of content, including:</p> <ul style="list-style-type: none"> • Amalgamation of <i>BPG on probation</i> and <i>BPG on effective performance management</i> • Update of responsibilities of Employees, Supervisors and Delegates • Update of performance management principles • Clarification around the management of the 'support required' rating for PDAs, including further detail on management of poor/marginal performance • Removal of PDA non-compliance as a reason for not being eligible for base salary increases • Information around the management of casuals offered ongoing or non-ongoing employment and time counting towards the minimum employment period. • Information on how to manage circumstances involving more than one PDA in place within the performance cycle and the attainment of different ratings • Additional information on the management of the formal under performance process.

Functional governance

Better Practice Guide on Fitness for Continued Duty

Date of initial endorsement:	1 March 2018
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Owner:	Manager Organisational Health
Contact:	Organisational-Health-Triage@afp.gov.au
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IPS status	Full

Disclosure and classification

This document is classified **OFFICIAL** and is intended for internal AFP use. Disclosing any content must comply with Commonwealth law and the [AFP National Guideline on information management](#).

Compliance

This instrument is part of the AFP's professional standards framework. The [AFP Commissioner's Order on professional standards \(CO2\)](#) outlines the conduct expected of AFP appointees. Inappropriate departures from the provisions of this instrument may constitute a breach of AFP professional standards and be dealt with under Part V of the [Australian Federal Police Act 1979](#) (Cth).

This document is a functional governance instrument as defined in the [AFP Commissioner's Order on governance \(CO1\)](#).

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5.2 When may an initial needs assessment be appropriate?

An INA may be considered in the following circumstances:

- if the medical condition is severe and/or the employee has limitations for work capacity.
- if the medical condition is slow onset and symptoms have developed over a period of time.
- medical evidence suggests a possibility of re-injury at work.
- factors in the work environment, including any perceived or actual adverse relationships with supervisors or colleagues.
- if the employee has suffered a previous or similar injury, or has several concurrent injuries.
- increase in unplanned absences.
- income protection or compulsory third party personal injury claims.

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6. Fitness for Continued Duty Assessment

6.1 What is a Fitness for Continued Duty Assessment?

A FFCD duty assessment is a medical assessment undertaken by an IME. The purpose of a FFCD assessment is to determine an employee's work capacity, proposed treatment plan, and any reasonable adjustments that may be necessary to assist an employee to remain at, or return to work. The request to attend a FFCD assessment is a lawful direction under section 40 of the AFP Act, and there is no provision for appeal by an employee. The direct line manager holds delegation to send any employee under his or her direction to attend a FFCD assessment.

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Section 39 of the EA - Referrals for Medical Advice:

(1) Where the Commissioner is concerned about an Employee's fitness for duty, the Commissioner may, at AFP expense, direct an Employee to attend to the following so as to provide the AFP a report regarding any potential medical condition or diagnosis of the Employee:

- a. attend an assessment by a suitably qualified, registered health practitioner nominated by the AFP; and/or
- b. a consultation with the Employee's health practitioner.

(2) In the circumstances where the medical certificate provided by the Employee's treating health practitioner or specialist conflicts with that obtained from a registered health practitioner engaged by the AFP, the latter would prevail unless otherwise advised by the AFP Chief Medical Officer.

Section 27 of the EL EA - Referrals for Medical Advice:

(1) Where the Commissioner is concerned about an Employee's fitness for duty, the Commissioner may, at AFP expense, direct an Employee to attend:

- (a) an assessment by a suitably qualified registered health practitioner nominated by the AFP; and/or
- (b) a consultation with the Employee's health practitioner,

(2) for the purposes of obtaining a report that provides information regarding any potential or existing medical condition. The Commissioner may also direct the Employee to give the Commissioner a report of the examination.

(3) In the circumstances where the medical certificate provided by the Employee's treating health practitioner or specialist conflicts with that obtained from a registered health practitioner engaged by the AFP, the latter would prevail unless otherwise advised by the AFP Chief Medical Officer.

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Better Practice Guide on Health aspects of international travel

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Contact:	Chief Nurse
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Compliance: This instrument is part of the AFP's professional standards framework. The AFP Commissioner's Order on professional standards (CO2) outlines the conduct expected of AFP appointees. Inappropriate departures from the provisions of this instrument may constitute a breach of AFP professional standards and be dealt with under Part V of the Australian Federal Police Act 1979 (Cth).

This document is a functional governance instrument as defined in the AFP Commissioner's Order on governance (CO1).

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4.3 Office of the Chief Medical Officer (OoCMO)

OoCMO is to ensure sufficient information is available to support pre-deployment health preparation. This may include:

- specification of risk-stratified medical standards,
- monitoring and reporting on current outbreaks or situations impacting on health threat or medical service availability,
- health threat assessments,
- health capability assessments, and
- health support plans.

OoCMO is responsible for liaising with key relevant stakeholders, including IC and regional program Commanders, to ensure location and operational information is contemporary, accurate and fit for purpose.

In accordance with CO3, the Chief Medical Officer (CMO), or delegate, is responsible for making assessments or recommendations regarding the medical suitability of AFP appointees and dependants (if relevant) to undertake a duty role. This includes overseas travel, deployment, attachment or posting.

4.4 Health Regulations and Standards (HRS) and SHIELD Hub personnel

HRS and SHIELD health practitioners are to:

- use their professional judgement and work within their authorised scope of practice to support the AFP appointees and their Chain of Command in the assessment of medical suitability to undertake the identified role and travel,
- co-ordinate pre-travel and post-travel health appointments to achieve maximum efficiency where possible. For example, combining screening and remediation action where possible; application of risk-indicated vaccinations or pathology, and
- support fit-for-purpose screening or assessment parameters to inform clinical decision-making, having regard for the Australian Privacy Principles, exiting AFP health governance instruments and clinical indicators.

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Better Practice Guide on Occupational Health Monitoring

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This document is a functional governance instrument as defined in the AFP Commissioner's Order on governance (CO1).

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Deliver or Remediate

The process of delivering or remediating is the same. A SHIELD Hub including Injury Prevention will contact the Supervisor or AFP Personnel in the first instance.

AFP Personnel should review the Relevant SOP on Occupational Health Monitoring - (Exposure Type) for more information on what to expect during the appointment.

Where occupational health monitoring is required, workplaces and Local SHIELD Hub are responsible for taking action to facilitate and support access to appropriate services.

Collaborators

In some instances, and usually during complex situations SHIELD will request consent from an AFP personnel to discuss the complex situation with the local and national Multi-Disciplinary Team (MDT).

A complex situation may include injuries or illness that are affecting or affected by other illnesses or injuries of the AFP personnel. SHIELD will work with the MDT to support the AFP personnel on managing the complex situation.

For more information about MDTs please review the Functional Governance in Section 8.3: Hierarchy of Documents.

Registered Medical Practitioner

Occupational health monitoring must be carried out by, or under the supervision of, a registered medical practitioner with experience in health monitoring. The local SHIELD Hub is responsible for ensuring AFP personnel who require health monitoring are referred to appropriately qualified registered medical practitioners.

Medical examinations are conducted by approved registered practitioners using standard clinical techniques to assess for the presence of health effects related to exposure. Medical examinations are often periodic, and include an assessment of medical and occupational history, exposure history and a clinical examination. Where appropriate, a medical examination may include clinical tests like spirometry, audiometry, and radiography.

When planning a health monitoring program and when interpreting results, it is important to understand the limitations of the test method and results. It is also important to AFP personnel the level of a hazardous chemical or its metabolites in the body may not necessarily correlate with workplace exposure to the hazardous chemicals (e.g. lifestyle behaviours may confound results), symptoms or adverse effects to health.

Injury Management

In some instances, the Injury Management team (or Rehabilitation Case Managers) may require as part of their directions to request an AFP personnel to attend an occupational health monitoring service. Personnel who receive occupational health monitoring outside of the AFP (SHIELD), must note that all Information Management rules apply and their health records will not be shared within SHIELD unless an MDT consent applies.

For more information, please review the Functional Governance in Section 8.3: Hierarchy of Documents.

Assessments

AFP personnel are to consult with the relevant health monitoring registered medical practitioner who will assess the requirement for health monitoring based on the provided information. The registered medical practitioner may request additional information if it is necessary to inform their assessment or recommendation/s.

- To ensure the registered medical practitioner understands the situation and potential exposure levels that a personnel could be exposed to, the health monitoring registered medical practitioner may require additional information, including:
 - name and address of the AFP or employer,
 - the name and date of birth of the AFP personnel,
 - the work the AFP personnel is, or will be, carrying out that has triggered the requirement for health monitoring,
 - if the AFP personnel have started that work, how long the AFP personnel has been carrying out that work,
 - a list of the hazardous chemicals that the AFP personnel is or is expected to be exposed to,
 - the dates that the AFP personnel last used the chemicals,
 - the safety data sheet (SDS) for the chemicals,
 - relevant risk assessment reports and/or investigations where workplace exposure standards have been reached or exceeded, and
 - details of workplace exposure standards and results of any air monitoring carried out at the workplace.

Information about other hazardous chemicals to which the AFP personnel may be exposed, is required to help determine if additive or synergistic effects are possible. For example, if the adverse effects of the hazardous chemical may be exacerbated or the threshold for adverse effects may be lower.

The AFP personnel may need to provide specific consent prior to supplying their personnel or medical-in-confidence information to a health monitoring registered medical practitioner.

The registered medical practitioner may find:

- health monitoring is not required or
- health monitoring is required.

Occupational health monitoring (not required)

If the health monitoring registered medical practitioner determines that health monitoring is not required, they are to notify SHIELD, and any other relevant stakeholders in writing. The notification is to include advice and, if required, recommendation to manage occupational health issues.

Occupational health monitoring (required)

If the health monitoring registered medical practitioner determines that occupational health monitoring is required, the AFP personnel shall be supported to access health monitoring.

When health monitoring is required, the AFP has a duty under WHS Regulations to ensure the following:

- The AFP personnel have access to a medical officer through the supporting referral mechanism for appropriate health monitoring,
- The workplace and the AFP personnel provide relevant information to the medical officer,
- Health monitoring data and reporting is provided to local SHIELD Hub and disseminated according to the classification of the report,
- The workplace receives advice of the outcome of the health monitoring report and provides a copy to the AFP personnel/s and, if required to the regulator (Comcare),
- There is a workplace review and revision of control measures if health monitoring indicates exposure or ill health related to exposure,
- All information relevant to the health monitoring and referral is stored and maintained on the AFP personnel medical file for not less than 30 years after the record was made.

Where health monitoring is required, the relevant supervisor should familiarise themselves with the Safe Work Australia's Health Monitoring for Exposure to Hazardous Chemicals: Guide for Persons Conducting a Business or Undertaking

Report

For each AFP personnel participating in occupational health monitoring, the treating health monitoring registered medical practitioner is required to produce a health monitoring report. This report should include, as necessary, any indicators of high or excessive exposure and any recommendations for the management of the workplaces hazard/s.

The referring local SHIELD Hub is responsible for ensuring a health monitoring report is received and reviewed for each AFP personnel referred for health monitoring. The data is to be managed in accordance with the [AFP NG on Information Management](#) (and subordinate governance instruments) and the duties defined the WHS Regulation.

AFP personnel, workplaces, and (if required under the WHS legislation) Comcare, are to be provided with a copy of the report or a summary of the findings, congruent with the appropriate handling of medical-in-confidence information.

Once the health monitoring registered medical practitioner issues the health monitoring report, Injury Prevention services will collaborate (as appropriate) with relevant sections including Injury Management, local SHIELD Hub, health monitoring registered medical practitioner, occupational hygienist, and other specialists, to develop a hazard-specific health monitoring procedure and provide advice and recommendation/s to mitigate the workplace hazard.

A health monitoring report may contain recommendations on follow-up testing, a review of workplace controls or removal of the AFP personnel from exposure to the hazard. Injury Prevention, Injury Management and local SHIELD Hub will liaise with the workplace to ensure recommendations are understood and implemented as far as practicable, and that AFP personnel are not returned to work with the specified hazard until cleared to do so by the health monitoring registered medical practitioner.

Workplaces are responsible for reviewing and implementing, so far as reasonably achievable, the advice and recommendation/s to mitigate the occupational exposure hazard.

AFP personnel who have been transferred or removed from exposure-related work must be kept up to date with any further information about their occupational health monitoring.

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Psychological Services work with Portfolios to determine psychological risks associated with roles and / or specific operations. Psychological Services interventions are designed to respond to organisational health risks and support member's psychological wellbeing in the workplace. These approaches contribute to fulfilling AFP workplace health and safety obligations.

Psychological Services role in Clearances, Assessments and Debriefing is to:

- Conduct clearances and provide recommendations on psychological suitability for roles
- Provide mental health assessments of staff in identified high risk roles
- Work with members and their supervisors in managing members who experience psychological impact of their work
- Provide psychological consultation and training.

Clearance, Assessment & Debriefing Protocols

- Protocols for clearance, assessments and debriefing for Business Areas are shown in the table below.
- An Organisational Health clearance has commenced for rapid deployment. This involves clearance by Medical Services, Psychological Services and Work, Health, Safety and Rehabilitation.
- Members referred for rapid deployment clearance will complete a "Mental Health Assessment" form which contains brief personal information and psychological screening questionnaires. The clearance remains valid for one year unless there a change in mental health status. (Refer to: http://afphub.afp.le/HealthWellbeingFitness/medical_services/Pages/AFPChangeofHealthNotificationForm.aspx).
- Members who are cleared via a routine Mental Health Assessment will also be considered cleared for rapid deployment.
- Mandatory debriefing will occur for specific deployments (such as critical incidents) on the member's return to their usual role. The area responsible for deploying members will work with Psychological Services regarding debrief arrangements and advise members of the requirements.
- Clearances, mental health assessments and debriefing are mandatory and may be a requirement for entering or continuing in a role.
- Psychological Services provide the clearance outcome (cleared / not cleared) to the referring supervisor or deployment coordination area.
- There may be a decrease in the requirements in some areas to undergo individual discussion with Psychological Services as part of routine Mental Health Assessment processes.

If you are unsure of processes associated with your role please contact Psychological Services.

Members have the right to refuse to undergo the processes or to request a review of a decision by emailing Psychological Services Psychological-Services@afp.gov.au .

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Additional Information:

AFP Hub Psychological Services

<http://afphub.afp.le/HealthWellbeingFitness/psychologicalservices/Pages/default.aspx>

Useful information about mental health and support services can be found at:

<http://afphub.afp.le/HealthWellbeingFitness/psychologicalservices/factsheets/Pages/default.aspx>

Email: Psychological-Services@afp.gov.au

Phone: s 47E(c)

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ACCCE Mental Health Plan Handbook

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Functional governance instrument

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Owner:	Commander ACCCE & Human Exploitation
Contact:	ACCCE@afp.gov.au
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Disclosure and classification

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Compliance

This instrument is part of the AFP's professional standards framework. The [AFP Commissioner's Order on Professional Standards \(CO2\)](#) outlines the conduct expected of AFP appointees. Inappropriate departures from the provisions of this instrument may constitute a breach of AFP professional standards and be dealt with under Part V of the [Australian Federal Police Act 1979 \(Cth\)](#).

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9. ACCCE Staff Clearance and Management Protocols

9.1 Mental Health Assessments

New members to the ACCCE are to be psychologically cleared by AFP Organisational Health to the level of their nominated role in accordance with the AFP Handbook: Managing the Psychological Health Impact on Staff from Explicit Material. These clearances must be conducted prior to the member physically locating at the ACCCE. Once a member is cleared, Organisational Health will notify the ACCCE of the clearance level and duration the clearance is valid for. Should a member be physically located in the ACCCE prior to being psychologically cleared they must work in a Low Risk Zone (refer Section 8.1 Access Control).

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9.2 ACCCE Specific Staff Clearances

Some members of the ACCCE require routine access to High Risk or Medium Risk zones to perform their duties but may not necessarily require exposure to explicit material at the levels indicated in AFP Handbook: Managing the Psychological Health Impact on Staff from Explicit Material. Due to the frequency of these duties it may be impractical and disruptive to utilise the Visitor Warning System to facilitate the duties. These members may require an ACCCE specific Staff Clearance as outlined below;

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9.3 Operation/Project Specific Mental Health Strategies

- Some operations/projects undertaken by ACCCE members may from time to time present a higher level of risk and require a specific Mental Health Strategy (MHS) to address the identified risks.
- Where an operation/project specific MHS is required, it will be a consultative agreement between AFP Organisational Health and the ACCCE. The operation/project specific MHS should clearly outline the overall objective of the plan and personnel requirements. Most operation/project specific MHSs will involve sensitive operational information, and should be treated accordingly.

9.4 Mental Health Reviews

The purpose of the review is to support psychological coping strategies and enable early response for any emerging concerns. Unless otherwise indicated, Mental Health Reviews (MHR) for these roles will occur as follows:

- Low Risk (unexpected or incidental) – N/A
- Medium Risk (occasional or irregular) – Annual Review
- Medium Risk Restricted – As advised by Organisational Health on a case-by-case basis.
- High Risk (routine or required) – Biannual Review
- High Risk Restricted – As advised by Organisational Health on a case-by-case basis.
- High Risk (operation/project specific) – As per the operation/project specific MHS

These review periods are designed to be a proactive wellbeing measure and exceed the current regime indicated in the AFP Handbook: Managing the Psychological Health Impact on Staff from Explicit Material. The AFP Handbook was written prior to the ACCCE initiative and does not take into account the developing capabilities in the ACCCE.

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9.7 Return to duty in the ACCCE following a period of leave for psychological reasons

Members who take leave from duties in the ACCCE for psychological reasons are not automatically precluded from returning to work in the ACCCE. The procedure for returning to duty is as follows;

1. The member identifies that they are fit to return to duty at the AFP.

2. The member is provided with an opportunity to “opt out” of working at the ACCCE should they want to.
3. AFP Organisational Health reassesses the member. This assessment includes the pre-clearance screening instruments as well as an interview and may include consultation with a members’ General Practitioner. The assessment should consider any vulnerabilities present in the member’s presentation and how these may interact with the ACCCE environment (particularly regarding exposure to CAM).
4. AFP Organisational Health will make a recommendation that the member is:
 - a. Suitable for re-engagement with the ACCCE
 - b. Unsuitable for re-engagement with the ACCCE or
 - c. Suitable with mitigation.
5. If the recommendation is Suitable with mitigation, AFP Organisational Health should engage with ACCCE management to ensure the required mitigation strategies can reasonably be implemented. Examples of mitigation strategies may be engagement in a discrete project with a lower level of risk or re-engagement with regular monitoring by Psychological Services.

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Statement of inherent requirements from a health perspective for AFP Sworn Policing and Protective Service Officer roles

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Functional governance instrument

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Compliance

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Definitions

AFP appointee	<p>A Deputy Commissioner, an AFP employee, special member or special protective service officer and includes a person:</p> <ul style="list-style-type: none">• engaged overseas under s. 69A of the Australian Federal Police Act 1979 (Cth) (the Act) to perform duties as an AFP employee• seconded to the AFP under s. 69D of the Act• engaged under s. 35 of the Act as a consultant or contractor to perform services for the AFP and determined under s. 35(2) of the Act to be an AFP appointee. <p>(See s. 4 of the Act.)</p>
AFP employee	<p>Is a person engaged under s. 24 of the Australian Federal Police Act 1979 (Cth).</p>
AFP member	<p>An AFP employee in respect of whom a declaration under s. 40B of the Australian Federal Police Act 1979 (Cth) is in force.</p>

Acronyms

AFP	Australian Federal Police
DDA	<i>Disability Discrimination Act 1992</i>
OC Spray	Oleoresin (Capsicum) Spray
OSA	Operational Safety Training and Assessment
PSO	Protective Service Officer

Introduction

This Handbook identifies the inherent requirements for AFP operational policing from a health perspective (physical health and psychological health). This document provides context and governance for the AFP Medical Standards for sworn police and Protective Service Officers (PSOs).

This is one of a suite of statements of inherent requirements which provide an agreed statement of the Commissioner's expectations regarding the foundational skills, ethics, attributes and capabilities at a functional level for police officers and PSOs.

Scope

The AFP has a duty to protect AFP members and members of the public, and in doing so, must comply with a range of Australian Government legislation, including:

- [Disability Discrimination Act 1992](#)
- [Australian Federal Police Act 1979](#)
- [Workplace Health and Safety Act 2011](#)
- [Fair Work Act 2009](#)

Under the *Disability Discrimination Act 1992* (the DDA), it is unlawful for an employer to discriminate against a person on the grounds of that person's disability, for the purpose of deciding who should be offered employment; or in determining the terms and conditions on which employment is offered.

Under the *Workplace Health and Safety Act 2011*, the AFP is required to protect workers and other persons against harm to their health, safety and welfare through the elimination or minimisation of risks arising from work. In addition, under Section 30 of the *Workplace Health and Safety Act 2011*, there are severe penalties for a person who has a health and safety duty and fails to comply with that duty by, for example, placing an individual at risk of injury or illness.

Overview

AFP members in sworn policing and PSO roles must be able to perform the inherent requirements outlined in this document throughout their operational policing career with the AFP. Decisions on whether an individual is able to safely perform the inherent requirements of an operational policing role must be made on a case-by-case basis, having regard for medical advice and also having regard for the relevant Commonwealth legislation.

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Strength and Mobility Requirements

Inherent Requirement Statement

Strength and mobility can be defined into two different aspects: gross motor skills (physically demanding) and fine motor skills (requiring manual dexterity). The following inherent requirements are an integral part of operational policing role.

Inherent Requirement
Functional Aspects of Strength and Mobility Requirements
<ul style="list-style-type: none"> • Drive • Walk/Run/Climb • Stand • Use of force and defensive tactics • Coordinate small muscle movements—usually involving the synchronisation of hands and fingers—with the eyes • Grip control
Task/behaviour related to Functional Aspects
<ul style="list-style-type: none"> • Rapidly get into and out of a police vehicle • Tolerate sitting for long periods of time within vehicle • Lawfully and safely drive a police vehicle under varying conditions, including urgent driving situations, while maintaining safe and efficient control and appropriate communication • Walking long distances and prolonged standing • Pursuing individuals on foot, including running and climbing • Negotiating stairs, gradients and slippery terrain • Physically wrestling with, or restraining individuals who may resist or be uncooperative and using self-defence techniques or other strategies when necessary • Safely aiming and shooting provided firearms, conducted electrical weapons and oleoresin spray • Application and removal of handcuffs in different types of situations • Carrying police equipment some of which may be heavy or bulky, including accoutrements weighing up to 10 kgs for extended periods • Jumping over or avoiding obstacles • Pulling oneself up onto, balancing on and jumping down from obstacles • Safely undergo Operational Safety Assessment, including as a 'subject' • Safely undergo repeated joint and limb manipulation including having considerable pressure applied to joints, in particular, shoulder and elbow joints

Health Requirements

Inherent Requirement Statement

Health requirements refer to a person's ability to perform an operational role without increasing the risk to themselves, their colleagues or members of the public.

Inherent Requirement
Functional aspects of safety issues
<ul style="list-style-type: none">• Driving• Balancing• May be required to safely deploy overseas• Maintaining uninterrupted level of consciousness• Performing an operational role• Coping with physically stressful situations
Task/behaviour related to safety issues
<ul style="list-style-type: none">• Ability and willingness to be safely vaccinated against a range of infectious diseases• Ability and willingness to take appropriate medication when travelling/deploying overseas, e.g. anti-malarial medication• Maintain an appropriate drivers licence at a commercial standard• Deploy overseas, including to areas with no or limited health support/health facilities• Ability to bleed safely• Ability to physiologically cope with physically stressful situations and not result in physical harm to the individual• Remain conscious and alert for sustained periods without interruption, with little or no time to prepare for this situation• Cope with sudden, unexpected and extended periods away from normal place of work, including ability to manage with limited breaks and limited access to food or medication• Perform shifts of varying and extended duration, day or night, and any season• Operate in confined spaces and at heights

Further Advice

Queries about the content of this document should be referred to Coordinator Clinical Services through SHIELD-Triage@afp.gov.au.

Inherent requirements will require review as police operational priorities and focus change. The health component of this document was compiled by medical professionals and will be reviewed five yearly or at the direction of AFP Commissioner.



AFP

Handbook: Managing the Psychological Health Impact of Exposure to Explicit Material

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Functional Governance

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9.2 Assessment for Suitability: Low Risk Teams

Material Induction Clearance

Appointees in low risk roles are not required to undergo a psychological clearance assessment or the material induction process. However, appointees should read the "Exposure to Explicit Material Guidelines" document (see Appendix 2) prior to commencing in their role. If the team's role scope changes (i.e. increased exposure), a review of the risk assessment should be undertaken by the business area.

Reporting and Monitoring

If staff are exposed to explicit material they should report this to their supervisor. Supervisors should speak with the appointee in private to monitor for distress and offer support (see Appendix 3 for specific support strategies). A referral to SHIELD should be considered if needed and supervisors may choose to encourage or direct appointees to attend an appointment with a SHIELD mental health clinician, particularly in circumstances involving significant incidents (refer to Section 11).

9.3 Assessment for Suitability: High Risk Teams

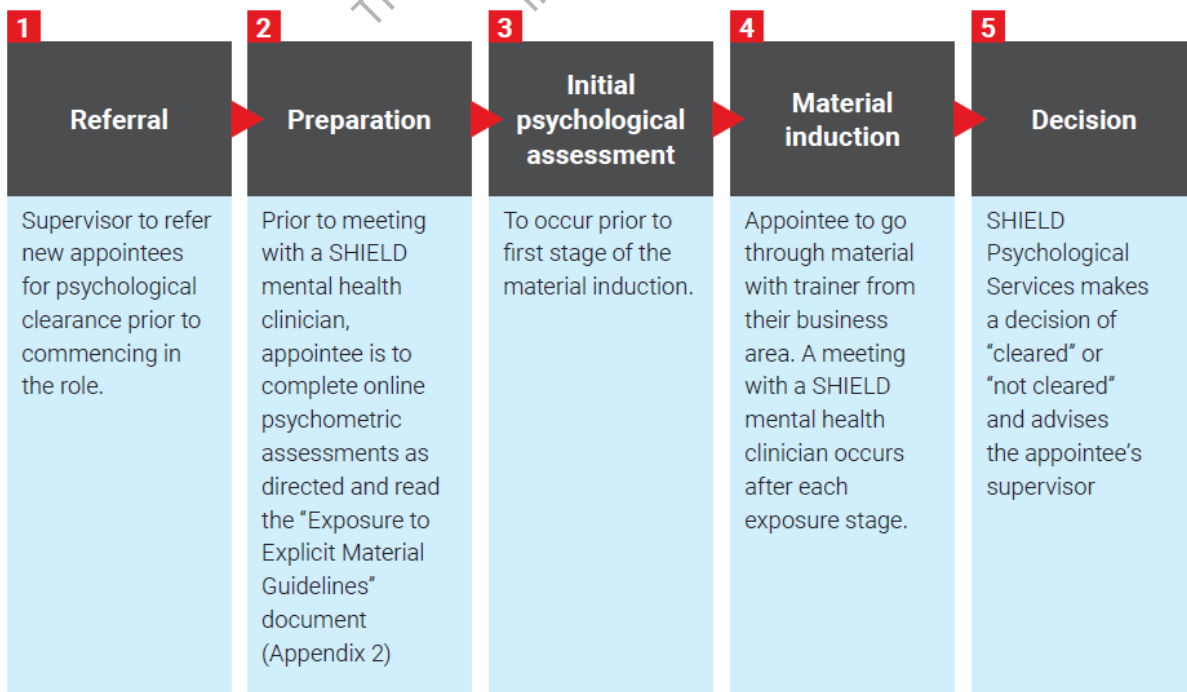
Selection

Choice: Where possible, recruitment to high risk exposure areas should allow appointees to opt in and out of the role. Potential candidates should be provided enough information about explicit material tasks to assist an informed decision when applying. Information about the role and tasks can be provided via multiple sources including outlining the role scope in advertisements for the position, during the interview process, and/or providing the Handbook to potential candidates.

Considerations: Selection for high exposure roles should include consideration of psychological maturity and potential for contributing to a positive and supportive work environment. Business areas may choose to consult with SHIELD to select for specific roles or for optimal teams. External applicants should not be placed in roles requiring exposure to explicit material until at least three months after recruitment to allow time to adjust to working in a new organisation. AFP Graduates and Directions participants should not be considered for roles requiring exposure to explicit material during their first year.

Material Induction Clearance Process

Prior to commencing work in a high risk team, all potential candidates must undergo a material induction clearance process. This involves exposure to various types and degrees of explicit material (depending on the role) with a trainer from the business area, together with a psychological assessment component following the material exposure. The psychological assessment is used to explore whether the individual is likely to be at psychological risk in the role, and provides a baseline measurement for ongoing monitoring of their psychological wellbeing. Steps in the explicit material clearance are as follows:



1. Referral

The supervisor is to contact SHIELD to refer the candidate; this can be done via the local command SHIELD Hub or via SHIELD Triage (see Section 14.5 for contact information). The supervisor is responsible for referring incoming appointees for an explicit material induction clearance before the appointee commences in the role. The clearance process should be completed within six weeks from the supervisor's referral to SHIELD.

2. Preparation

Candidates are then expected to complete psychometric assessments as outlined by SHIELD, which may include assessments which incur a cost. The referring business area funds any costs associated with online psychometric assessments. These must be completed prior to the initial psychological assessment. SHIELD holds these test results.

Candidates must also read the "Exposure to Explicit Material Guidelines" document (see Appendix 2) prior to the assessment with a SHIELD mental health clinician and the material induction. This document provides an overview of what to expect and strategies to manage the exposure and self-care.

3. Initial Psychological Assessment

Once SHIELD has received completed psychometrics assessments and acknowledgement of having read the required document as outlined above, an appointment will be made for the initial interview assessment with a mental health clinician.

The SHIELD mental health clinician reviews the psychometric assessment results and the appointee's circumstances as ascertained during the interview. Pre-existing vulnerabilities and current stressors are assessed and balanced against protective factors when determining psychological suitability for the role. A brief plan is discussed with the appointee to manage potential vulnerabilities and reinforce coping strategies.

Standards:

- candidates should be free from psychological disorder or if previously experienced a psychological disorder, should have received appropriate recognised treatment and no longer meet the criteria for a psychological disorder as confirmed by their treating doctor
- have demonstrated stability and be free of risk issues or significant vulnerabilities for a period of at least 12 months, as a minimum
- consideration of a history of sexual or other abuse will be made on a case-by-case basis
- candidates may be required to provide SHIELD with treatment information from their relevant health provider (GP, Psychiatrist, Psychologist)
- protective factors include, but are not limited to, health status and health regime, history and use of personal support networks, emotional and psychological maturity and use of stress management strategies.

SHIELD will advise the referring supervisor if the candidate is cleared to proceed with the business area material induction.

4. Material induction

The material induction is conducted by trainers within specific high risk business areas. This is a realistic job preview where candidates view a selection of explicit material relevant to the business area crime type, in a graduated manner. Samples of the most confronting material are not shown during this process. This is to provide a realistic example of what to expect in the role and allows candidates to make an informed decision prior to committing to the role. The material induction process also assists mental health clinicians and the business area to assess a candidate's suitability for the role.

The structure and content of the material induction differs between business areas depending on the role. However, as a general rule, explicit material should be presented using a "graduated" method, commencing with less confronting examples and gradually increasing to higher intensity. Intensity is only increased after the person is able to manage each example. This allows the individual to mentally adjust to the material, apply personal resilience skills and learnt strategies, and manage any associated stress. **Applicants may withdraw from the induction at any time**, or choose not to pursue their application following the induction.

Following each of the material induction stages, candidates are to contact SHIELD to arrange an interview with a mental health clinician. This is to discuss reactions and thoughts, and assess suitability. Following the interviews, the clinician will make a decision as to whether or not the appointee is "cleared" to continue to the next stage of the induction exercise or not, and will advise the material induction trainer.

The material induction is only undertaken by candidates in high exposure roles. In some instances where it is uncertain whether an operational matter may be classified as high exposure, the material induction should not occur until this is clarified.

If an appointee has been performing a role in a high exposure environment for longer than three months, exposure is already likely to have occurred, giving the appointee a sufficient sample of the work and allowing for the emergence of any adjustment issues. If there is no evidence of an adjustment issue, a material induction is unnecessary. Instead, appointees should be monitored on an as needed basis, and in accordance with the standard protocol for annual reviews.

5. Explicit material clearance decision

SHIELD is to advise the referring supervisor in writing of the clearance decision (cleared/not cleared). The clearance process requires completion of all steps (psychometrics assessments, reading the "Exposure to Explicit Material Guidelines" document, material induction stages and follow-up psychological interviews).

Differences in processes between business areas

The process outlined above is the general process that each business area must follow for members in high risk roles. While all steps outlined above must be adhered to, the exact content and structure of the process differs between business areas. More specific information about the processes in other high risk business areas including Crime Scenes and Digital Forensics, is available in Appendix 4.

10.2 Periodic mental health reviews

Initial Review

New appointees to high exposure roles are to complete a brief initial mental health review with SHIELD three months after commencement. The purpose of the review is to enable an early response to any emerging concerns and discuss psychological coping strategies. Unless otherwise indicated, mental health reviews for these roles will occur annually thereafter. The timing of these reviews will be managed via an automated system via Insight, which will notify the SHIELD mental health clinicians and appointees when a review is required.

Annual Reviews

All members of high risk exposure teams are to undergo an annual mental health review with SHIELD. This review is mandatory. The mental health review focuses on self-awareness about the impacts of the work, signs of vulnerability and monitoring of mental health, and intervention and coping strategies if needed. Wherever possible, the mental health review should occur face to face.

Following the mental health review, the SHIELD mental health clinician will provide a brief written recommendation to the supervisor of cleared/not cleared/duty restrictions. Where the decision is "not cleared" or "duty restrictions", a discussion about the reasons and recommendations should occur between the appointee and a SHIELD mental health clinician prior to advising the appointee's supervisor. The appointee needs to be cleared by a SHIELD mental health clinician before resuming their work. Where a recommendation is not endorsed by the supervisor, the supervisor is to notify SHIELD of this in writing. SHIELD will then advise the business area manager about the recommendation and disagreement, and suggested strategies and support information.

Exit Interviews

Appointees are to complete an exit interview when they leave the high exposure role, even if this is not aligned to the ongoing annual mental health review schedule. The appointee or their supervisor are to request the exit interview through SHIELD, ideally before they depart from the role. The exit interview:

- assesses the appointee's psychological status
- may involve the use of psychometrics instruments
- assists "closure" of any identified outstanding issues

- provides psychoeducation about potential transition experiences and allows discussion about possible psychological impacts of work in a high risk team
- assists in linking the appointee to any ongoing support services, if required.

If there are indicators of psychological distress at the exit interview, appointees will be expected to undergo further assessment or intervention as recommended by SHIELD.

Appointees should participate in a post-exit debrief with a SHIELD mental health clinician six to 12 months after they leave the role if they remain with the AFP. Appointees will receive an automated notification that the post-exit interview is due, and should arrange an appointment with SHIELD accordingly. Where there are indicators of psychological distress at this debrief, the mental health clinician will refer the appointee to support services.

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Functional governance

Standard Operating Procedure on Graduated Exposure to Counter Terrorism Explicit Material

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Disclosure and classification

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Compliance

This instrument is part of the AFP's professional standards framework. The [AFP Commissioner's Order on professional standards \(CO2\)](#) outlines the conduct expected of AFP appointees. Inappropriate departures from the provisions of this instrument may constitute a breach of AFP professional standards and be dealt with under Part V of the [Australian Federal Police Act 1979](#) (Cth).

This document is a functional governance instrument as defined in the [AFP Commissioner's Order on governance \(CO1\)](#).

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Definitions

Applicant	A member of the AFP who is required to undergo the graduated exposure process as a requirement of their role.
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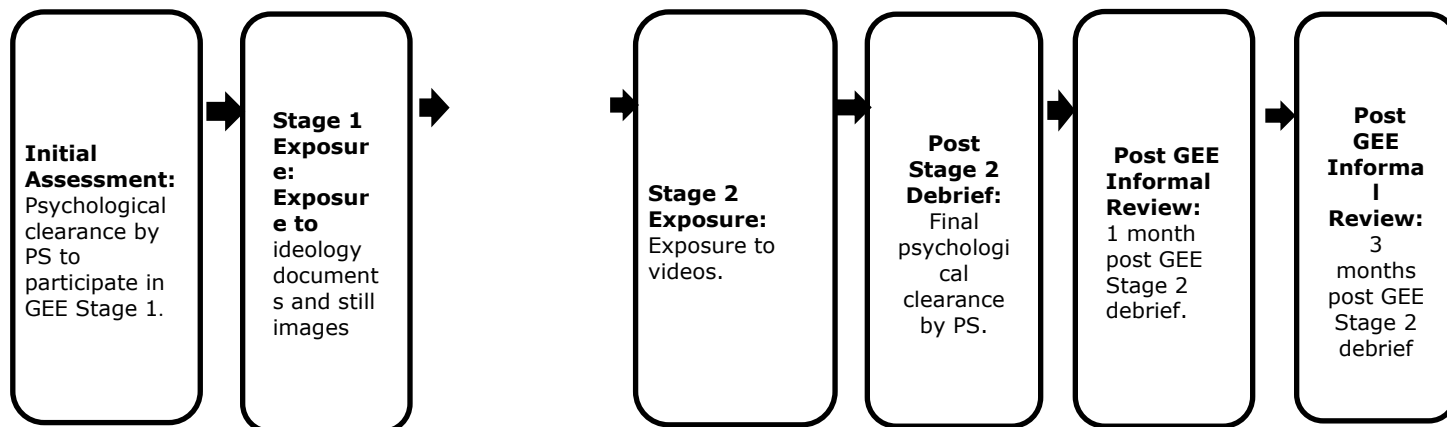
Acronyms

AFP	Australian Federal Police
CT	Counter Terrorism
OET	Online Engagement Team
CEM	Child Exploitation Material
PS	Psychological Services

Introduction

This Standard Operating Procedure (SOP) provides guidance for AFP appointees regarding the Graduated Exposure Exercise (GEE), designed to facilitate new member's psychological adjustment to viewing Counter Terrorism (CT) related explicit material in preparation for their CT role.. This document should be read in conjunction with the [Handbook: Managing the Psychological Health Impact on Staff from Explicit Material](#). GEE is a collaborative process between CT/ CT Intel team leaders, team members, GEE trainers, and Psychological Services (PS).

The graduated exposure process involves a number of key components, consisting of:



The Graduated Exposure Exercise Trainer facilitates a PowerPoint presentation to assist member through Stage 1 and Stage 2 GEE. Different stages in GEE pertain explicit material of different intensity...

The PowerPoint consists of documents, images, and videos containing explicit material discovered during CT investigations.

Working in the CT crime area can provide a great deal of work satisfaction. However, it can also present a range of psychological risk to members. The Graduated Exposure Exercise (GEE) is one of a range of strategies to mitigate psychological risk associated with being exposed to explicit material.

The purpose of GEE is to allow identified new CT members to view samples of explicit material they may encounter as a part of their CT role, prior to commencing that work. GEE presents a range of explicit material according to intensity and likelihood of evoking stress response, from least intensive to most intensive. The reason for this is to provide the member an opportunity to naturally habituate lower intensity explicit material and apply personal coping skills, prior to progressing to higher intensity explicit material. The process is designed to facilitate adaptive coping and systematic desensitisation in viewing CT related explicit material. GEE Stage 1 includes CT related explicit material pertaining to texts, posters, and images. GEE Stage 2 includes CT related explicit material pertaining to videos.

GEE is to be completed by identified new CT members prior to commencing their CT roles. The member must not be exposed to explicit material as part of their role, prior to completing GEE and receiving written confirmation from Psychological Services regarding the member's psychological clearance to view CT related explicit material.

Applicants may withdraw from GEE at anytime.

The assigned Psychological Services clinician will conduct a mental health review with the member prior to GEE Stage 1 (Initial Mental Health Assessment), 24 to 72 hours post GEE Stage 1 (Post Stage 1 Debrief), 24 to 72 hours post GEE Stage 2 (Post Stage 2 Debrief). The member's final psychological clearance to view CT related explicit material as part of their role will be decided at Post Stage 2 Debrief. If the member is assessed to be psychologically cleared to view CT related explicit material, they are offered informal mental health welfare contacts 1 month and 3 months after Post Stage 2 Debrief.

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