



Governing for quality aged care

A director's guide

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Introduction: Governing for quality aged care

The recent legislative changes¹ in response to the Royal Commission into Aged Care Quality and Safety have ushered in a new era for directors in aged care. These changes have significant implications for boards, requiring more than incremental improvement. Rather, we suggest governance for quality aged care requires a reset.

Legislated governance changes which apply from 1 December 2023 require that:

- a majority of members of the board are independent non-executive members;
- at least one member of the board has experience in providing clinical care;
- a quality care advisory body be established to provide ongoing feedback and advice (including a written report every six months) on the quality of the aged care service;
- the provider annually offers to set up a consumer advisory body;
- older Australians are prioritised in the organisation's constitution of a wholly-owned subsidiary company, over the holding company;
- the board ensures staff have the appropriate qualifications, skills and experience to provide aged care services.

Furthermore, the forthcoming new Aged Care Act² is expected to crystallise the requirement for "high-quality care", with clear accountability resting on directors for the quality and safety of aged care services. The proposed new legislation is designed to focus on older people and their diverse needs, with a statement of rights and principles and supported decision making. It anticipates strengthening the Aged Care Quality and Safety Commission's monitoring, investigation, and

enforcement powers. The proposed legislation emphasises data collection, particularly on customer complaints and a stronger integration of information and intelligence, including feedback from older people, to hold providers accountable.³ While directors may not directly participate in service delivery, it is their responsibility to have clear oversight of the quality of services on the ground.

Client centred care goes beyond avoiding harm; it encompasses kindness, encouragement and understanding the unique challenges faced by clients at their particular life stage.

The benchmark has shifted and community expectations are high. As such, it is imperative to meet clients where they are, aligning services with their needs.

Outlined below are key principles for aged care boards to embrace in navigating these challenges:

1. Clarify the organisation's purpose and the desired outcome for clients
2. Actively engage clients to amplify their voices
3. Place quality of care and desired client outcomes at the forefront of decision-making
4. Rethink care and clinical governance
5. Cultivate a diverse skills-based board
6. Promote a culture that attracts people with the required skills and a mindset for improvement.

1. Aged Care and Other Legislation Amendment (Royal Commission Response) Act 2022

2. Subject to Parliamentary passage, the new Act is planned to commence from 1 July 2024
[Department of Health and Aged Care Consultation paper 2](#)

3. [Department of Health and Aged Care, August 2023](#)

1. Clarify the organisation's purpose and the desired outcome for clients

At its core, the organisation's purpose should set clear expectations for what it hopes to achieve for its clients.

This goes beyond providing basic care; in the words of the Royal Commission, care should *"enable older people to continue to find hope, enjoyment and meaning, as far as possible, at all stages of their life and regardless of poor health or physical or cognitive impairment"*. While the above requirements are designed to improve the quality and transparency of aged care services, we believe that a critical benchmark for any aged care board is their confidence in their clients' well-being.

Are clients thriving under our watch? It's a poignant question that every director should reflect upon.

Directors should consider using evidence-based tools to measure client health and well-being (for example tools that measure quality of life, mood,

physical health, social relationships and the ability to participate in decision making), directly linking performance measures to achievement of client objectives. This requires a strategic approach that focuses on client quality of life. In practice this will differ by organisation depending on the needs of the clients and the services provided.

Having set clear expectations, the board's role is to continually test whether those expectations are understood and whether they are borne out by the client experience.

Open communication about the company's achievements, challenges and future plans contributes to fostering trust among clients, families and the broader community. The company's perspective on innovation in care practices, leveraging technology and research is of keen interest to clients and their families, as these decisions deeply influence their lives.

GOVERNANCE RED FLAGS:

- The organisation claims to prioritise client well-being, but board reports lack measures linked to client outcomes.
- Acceptance of poor client outcomes without a remedial plan to address deficiencies.
- An organisational and board culture of "blaming the aged care system" rather than accountability for client outcomes.
- Assumption that for-purpose providers can do no harm to clients.

QUESTIONS FOR DIRECTORS

- Has the board defined measures for success in client outcomes?
- How do we assess the efficacy of our service in achieving desired client outcomes?
- Does management demonstrate a mindset of improving client outcomes rather than a focus on "describing the scale of the problem"?

2. Actively engage clients to amplify their voices



Active engagement goes beyond passively listening to clients, their families and their advocates. At the core of any successful aged care service is the principle that those receiving the care should have a voice in how that care is designed and delivered. By actively involving clients, the organisation not only empowers them but also taps into a valuable source of firsthand insights and feedback.

In addition to the current Aged Care Quality and Safety Standards⁴ which require providers to encourage and support consumers to provide feedback and make complaints about care; as well as to involve consumers in developing, delivering, and evaluating care and services, the amendments to the Aged Care Act⁵ require aged care providers to annually offer consumers and their representatives, the establishment of one or more consumer advisory bodies.

There is no mandated size or structure for a consumer advisory body. Its size should reflect the consumer interest within the organisation with the goal to ensure that consumers are listened to and that the organisation continually adapts to meet consumer needs effectively. Depending on the organisation's size and diversity, multiple consumer advisory bodies might be beneficial. For instance, the organisation may establish a consumer advisory body for each residential facility or alternatively a body that covers multiple facilities.

4. [Guidance and resources for providers to support the Aged Care Quality Standards](#)

5. [Section 63-1D\(9\)](#)

Providers also need to carefully balance the inherent complexity in the perspectives and needs of both those receiving care (whose viewpoints might be impacted by conditions such as cognitive impairment) and their immediate families, who, while deeply involved, may have viewpoints that differ from those of the client.

Clear and open communication with consumer advisory bodies is important. Under the Act, feedback from consumer advisory bodies must be considered in board decision making about care quality and the board is required to explain in writing how the feedback was considered.

Establishing a consumer advisory body, in itself, does not guarantee improved client outcomes. Indeed, many aged care organisations have been using consumer advisory bodies for some time. The real measure of effectiveness lies in how the organisation listens to the consumer advisory body's feedback and how genuinely this is woven into daily practice. It involves a culture where client voices are not only heard but also valued and acted upon.

Sincere engagement and purposeful action are what will authentically lift client experiences and outcomes. We suggest that better boards delve deeper and have a clear insight into the client's journey. A closer look at a client's day-to-day activities and insights into how clients spend their time, and whether they find value in services provided, can be instructive. This is not to

suggest that directors should involve themselves in operational matters. Rather, boards should task their organisations with making sure that clients play an active role in various aspects of service delivery, from service planning to policy development, advocacy, strategic planning, training and quality improvement. In doing so, an emphasis on consumer diversity and inclusion is paramount.

Directors should seek to understand the pain points in the client journey and how their organisation's strategy responds. This might be achieved through reporting on metrics and trend analysis, as well as planned visits to operations and meetings with clients and their families. In other words, identify what gets in the way of client wellbeing and address those factors. This requires boards and management teams to embrace changes in practice and attitudes.

Actively engaging clients is not just about improving services, it is about respecting and recognising the rights of those receiving care. When clients feel they are active participants in their care journey rather than passive recipients, it leads to increased satisfaction, trust and overall wellbeing. From the board's perspective this translates to better outcomes, and an enhanced reputation.

For further guidance, see AICD resource, *Elevating stakeholder voices to the board* and Figure 1 on the following page.⁶

GOVERNANCE RED FLAGS:

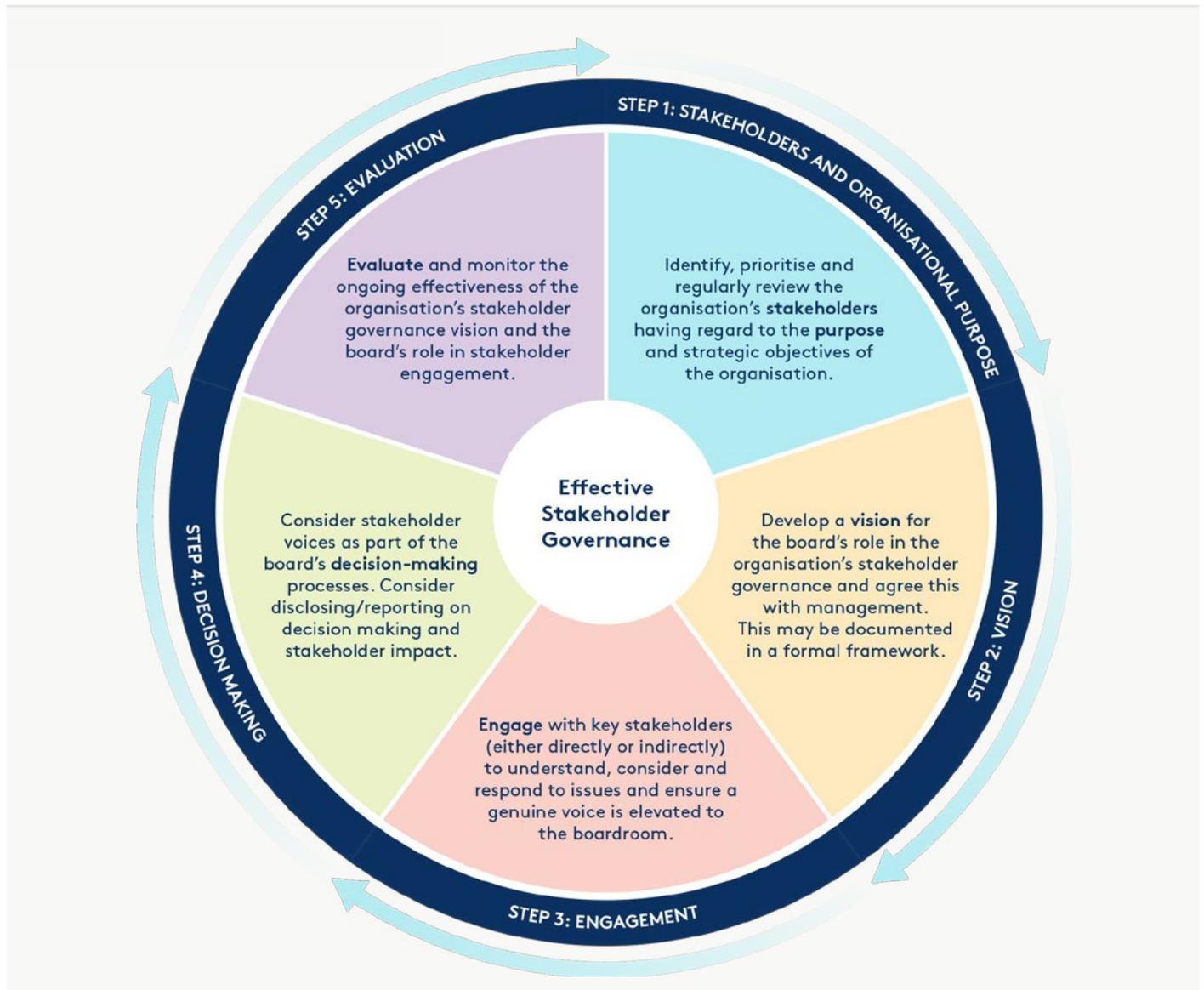
- Lack of board reporting on how client feedback has been considered and integrated into practice to deliver improvements in outcomes.
- The board does not receive timely information on client critical incidents.
- A focus on initiatives without monitoring whether they have resulted in improved client outcomes.
- Lack of 'lessons learned' process post any major incident.

QUESTIONS FOR DIRECTORS

- How does our organisation involve a diverse range of clients in developing, designing and evaluating their care and services?
- What are the most common positive and negative components of the client experience?
- What evidence have we sighted that feedback from clients is integrated into service improvements?
- Is there a culture of root cause analysis and continuous learning from incidents and complaints?

6. AICD, April 2021, *Elevating stakeholder voices to the board*

FIGURE 1: Effective stakeholder governance



3. Place quality of care and desired client outcomes at the forefront of decision-making

An effective aged care governance framework places the needs of consumers and quality of care at the centre of decision making. Resources should be strategically allocated towards identifying and adopting better care practices. This transcends the conventional metrics of operational efficiency and financial performance to encompass the health, dignity and quality of life of clients. Directors should actively seek evidence that the organisation is continuously refining its practices to consistently elevate the quality of care and client experience.

A strategic aged care board seeks to critically think about issues rather than accepting matters at face value. This requires looking beyond

immediate challenges and anticipating the needs of the future. Risk management, too, should be viewed through a refined lens, where the emphasis is on enhancing care outcomes rather than mere mitigation.

Clarifying the critical data points to make effective and informed decisions is essential. The amount of information collected has never been greater, but it is also more complex. The key for directors is finding insights through data and acting on them effectively. This can be achieved by using comparative and trend data for benchmarking performance, ensuring a clear understanding of where improvements are needed. Directors might also make enquiries about whether the organisation's frontline carers have the data they need at their fingertips at the point of care. Site visits are also essential for directors, offering a vital opportunity to gain firsthand understanding of care, witness client outcomes and understand the risk environment.

Innovation and technology are likely to play a significant role in enhancing care. Directors may explore the potential of virtual services and home monitoring technologies for enhancing client care. In an age of rapid technological evolution, clients and their families expect aged care providers to integrate contemporary solutions that enhance their quality of life. A forward thinking board seeks to identify the relevant technologies and their potential applications, implementing solutions that enhance client outcomes, while managing risks appropriately.



Under the legislation, from 31 October 2023 residential care and home care providers must provide:

- a statement signed by the governing body stating whether the provider did or did not comply with its duties under the aged care legislation;
- the most common kinds of feedback and complaints received by each service;
- key improvements made to the service quality;
- diversity information;
- details of the membership of governing body including whether the provider has a majority of independent non-executive members and a person with providing clinical care on their governing body.

Providing false or misleading information could lead to an offence under the *Criminal Code Act 1995* (Cth). Directors should therefore determine the evidence and audit processes necessary to confidently support their declarations.



GOVERNANCE RED FLAGS:

- Lack of measurement on the effectiveness of initiatives to improve care.
- Lack of verification and/or external assurance process to support board sign-off on compliance.
- Board reporting is centred on retrospective analysis rather than proactive planning and execution.
- Board meetings consumed with debating issues which ultimately won't deliver on the client's goals.

QUESTIONS FOR DIRECTORS

- Do other aged care organisations have care initiatives that warrant consideration?
- What emerging trends might pose risks to achieving good client outcomes in the future?
- How are resources allocated to ensure that areas critical to client outcomes are sufficiently funded and supported?

4. Rethink care and clinical governance

The care and clinical framework, committee structures, board reporting and policies are foundational components to robust aged care governance. Care and clinical governance should be seamlessly integrated into the organisation's overarching governance framework; it should not exist as an isolated effort. Care and clinical governance extends beyond the clinical aspects to encompass the overall well-being of clients. It recognises that quality of life is multi-dimensional and that factors such as dignity, respect and personal choice play a crucial role in well-being.

LEGISLATIVE CHANGE

The requirement for a quality care advisory body is mandated by law from December 2023⁷ and must include (at a minimum):

- A member of key personnel who has appropriate experience providing aged care;
- A staff member directly involved in the delivery of aged care, or a staff member directly involved in the delivery of clinical care (if the organisation provides clinical care);
- A member who represents consumers' interest (for example, a consumer or representative).

The quality care advisory body must provide a written report to the board at least once every

six months and provide ongoing feedback to the board about the quality of the aged care provided. The board must consider the reports and feedback from the quality care advisory body when it is making decisions in relation to the quality of aged care provided. It must also advise the quality care advisory body in writing how it considers reports or feedback in board decision-making. As described by the Aged Care Quality and Safety Commission *"advisory bodies...support organisations to engage with skills and experienced individuals who have insights and knowledge that can assist the organisation to identify solutions and creative ways forward."*⁸

In meeting the legal requirement for a quality care advisory body, some aged care providers may choose to use an existing committee to fulfil the role of the quality care advisory body. It is worth noting that the Aged Care Quality and Safety Commission recommends that representatives of the board are not members of the quality care advisory body, as the role of the advisory body is to report to the governing body.

Therefore, it is likely that the quality care advisory body will sit separately from the formal board committee structure and will provide advice and information to inform decision making.

7. Section 63-1D of the Aged Care Act

8. Aged Care Quality and Safety Commission, November 2022, Provider responsibilities relating to governance – Guidance for approved Providers

THE ROLE OF THE QUALITY CARE ADVISORY BODY IN THE BROADER GOVERNANCE FRAMEWORK

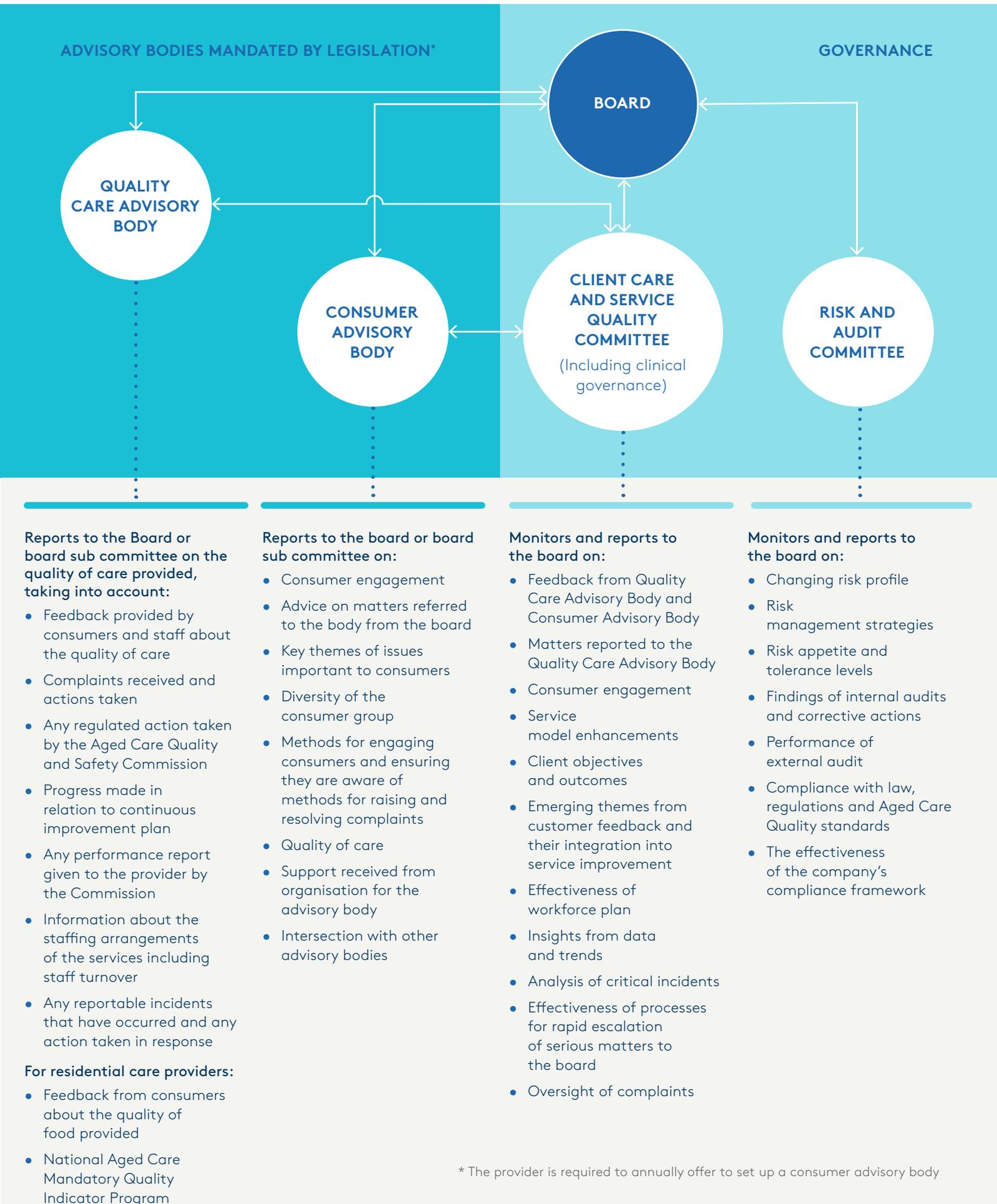
Meeting the compliance requirement for a quality care advisory body is just the beginning. Achieving better care and clinical governance practice requires a governance structure that drives a proactive approach to care and clinical governance with clear leadership and accountability. The board should seek to understand how their governance framework enables the organisation to deliver care that improves its clients' quality of life and how the framework provides early warning signals of any issues that require prompt attention.

Good care and clinical governance are not a one size fits all. The continuum of different levels of care across a diversity of providers and a diversity

of consumer needs mean that some organisations provide highly complex clinical care, where others may provide less complex care. For example, a residential aged care facility with consumers with complex clinical needs will require different clinical governance to a home care provider that is caring for consumers with varying needs and risks. The board must satisfy itself that the systems are suitable for the services provided and for the consumers it serves. A potential structure is highlighted at Figure 2 for illustrative purposes showing how the quality care advisory body might fit into the broader governance framework with appropriate information flows and reporting. This structure is intended as a flexible guideline. We recognise the diversity in the scale and scope of aged care providers and understand that smaller organisations may need to adapt these suggestions to fit their unique circumstances.



FIGURE 2: Advisory bodies in aged care governance framework



Meaningful reporting, by management and committees, is critical to enable the board to assess whether the organisation is delivering on its promises to clients. The board retains overall responsibility for quality and safety of care and therefore proper communication between the committees and the board is essential to make sure the key risks are understood and are being managed appropriately.

We recognise that for many providers, the risk is heightened as they frequently operate at the intersection of health and aged care, due to the increasing acuity of their clients' health needs. Structuring the board agenda to allow sufficient time for conversations about whether the organisation is achieving its desired client outcomes is key. Sound clinical governance considers how consumers are proactively involved in the design of their care to achieve the lifestyle outcomes they are seeking, rather than a system which overmanages and medicalises ageing with deleterious impact on the consumer's lifestyle.

Boards should seek to define a clear risk appetite and tolerances on the quality and safety of services and request reporting on any areas that are outside of risk appetite. The board should set an explicit low risk appetite for avoidable harm to clients due to departure from, or inadequate

safety protocols. It should also set tolerances for maximising client choice, independence and self-determination whilst balancing this with safety outcomes. It is important to recognise that empowering clients with independence and choice - the dignity of risk - can sometimes increase the likelihood of incidents. The board's role, therefore, extends to encompassing a nuanced understanding of these dynamics, ensuring that clients' rights to choose and live independently is respected, within the realms of safe practice.

Common board care and clinical governance committee reporting metrics include:

- Measures and trends of client physical and emotional wellbeing;
- Self-assessments against aged care safety and quality standards;
- Client feedback and satisfaction;
- Updates on quality improvement initiatives and their outcomes;
- Staff competency assessments;
- Incidence of medication errors or discrepancies;
- Nature of client complaints;
- Root cause analysis of serious incidents.

GOVERNANCE RED FLAGS:

- Client care and clinical governance framework is not regularly reviewed to assess its effectiveness.
- Lack of clear roles and responsibilities for safety and quality of client care.
- Lack of meaningful board reporting on quality of care performance and client outcomes.
- Recurring high risk audit actions that have not been addressed.
- Care and clinical governance is not considered regularly by the full board.

QUESTIONS FOR DIRECTORS

- Does the board understand and provide effective oversight of the care and clinical governance framework?
- Is there a culture of root cause analysis and continuous learning to incidents and complaints?
- What are the priorities of our safety and quality plan?
- Is our organisation performing well against the National Aged Care Mandatory Quality Indicators?⁹ If not, why not?
- Are there specific areas where adverse incidents are more prevalent?

9. Quarterly Residential Aged Care Quality Indicators are published by the Australian Institute of Health and Welfare

5. Cultivate a diverse skills-based board

The oversight of an aged care organisation demands significant dedication, time, and adeptness. It is important that directors are prepared to take an active role on the board.

CARE AND CLINICAL LITERACY

Board composition requires a collective understanding and commitment to client wellbeing. Directors should be equipped with appropriate skills and experience and attuned to what good quality and service looks like.

The amendments to the Aged Care Act¹⁰ require at least one board member to have experience in providing clinical care. The legislation does not specify the clinical care experience required in a board director. The board should consider the clinical services provided by the organisation and seek relevant skills and experience in its director(s) for this role. It is expected that the director(s) with clinical experience provide insight into the clinical and care governance and provide expertise on key decisions that impact quality and safety of care.

While mandating the inclusion of a director with clinical care experience on the board is commendable, it is equally crucial for the entire board to elevate their clinical literacy. It would be a misstep for the board to solely depend on the insights of the individual with clinical expertise.

The concept of care and clinical literacy is analogous to the concept of financial literacy. It is not expected that all board members are experts in care or clinical areas, but directors should have sufficient knowledge to proactively engage, ask pertinent questions, test management's responses and form an opinion regarding the quality and safety of care.

Directors should invest in enhancing their skills and knowledge on an ongoing basis.

SKILLS

The appropriate skills matrix for an aged care board will depend on the strategic objectives of the organisation and will vary depending on size, structure and services provided to vulnerable people with complex needs. It may often include people with some of the following skills as well as experience of the aged care sector:

Service delivery leadership	Clinical governance
Human rights	Governance
Strategy	Financial
Workforce and culture	Technology and data

As well as technical skills, directors should demonstrate attributes such as curiosity, self-reflection, listening and communication.

10. Aged Care and Other Legislation Amendment (Royal Commission Response) Act 2022

BOARD PERFORMANCE

Regular evaluations of the board's effectiveness is good practice, ensuring directors keep pace with the demands of the role and the sector.

All directors need to be knowledgeable about aged care quality and safety issues as well as the changes to legal obligations and this area should be a focus of regular professional development.

BOARD DIVERSITY

A diverse board is more than just a check box for good governance. It is a strategic advantage ensuring that the board's decisions are well rounded, informed and truly representative of the diverse community they serve.

Diversity goes beyond gender or ethnicity. Rather the board should focus on having as diverse a range of perspectives as possible. For example, having older board directors may offer particular insights.



GOVERNANCE RED FLAGS:

- Directors are over-committed with other responsibilities.
- The board lacks the range of perspectives needed for effective oversight and decision making.
- Care is seen as a compliance and risk issue rather than central to purpose and strategy.
- Difficulty recruiting directors to address skills gaps.
- Deference to board members with clinical care experience.

QUESTIONS FOR DIRECTORS

- Do we have the right skill mix on our board that understands the complexity of delivering care and services to older people?
- Does the board understand their clients' needs well enough to oversee and test management?
- Has our board and management received training on duty of care and regulatory obligations in aged care?
- Do we routinely assess our board's capabilities through a skills matrix review?
- Are we effectively managing our tenure and succession plan, which includes formulating a compelling board value proposition?
- How will we assess our performance as a board and continually improve?

6. Promote a culture that attracts people with the required skills and a mindset for improvement

A client centred culture of continuous reflection and improvement starts with the board. For many aged care organisations this means shifting entrenched assumptions, eliminating persistent stereotypes and fostering a progressive approach to client interactions. This is likely to require investment in developing a culture that promotes a growth mindset, equips staff with skills to handle change, and ensures psychological safety. It encourages an environment where all staff from frontline caregivers to senior management align their actions with the overarching goals of quality and care and improved client outcomes. Such alignment supports consistency in care delivery, minimises discrepancies and helps in setting clear measurable benchmarks.

SUITABILITY OF KEY PERSONNEL

New obligations under the Aged Care Act¹⁰ require aged care entities to assess the suitability of their key personnel (which includes directors) at least once a year. In general terms, key personnel are those responsible for key aspects of the organisation's operations. As well as board members, key personnel include managers, senior nurses and anyone else with "significant influence over the planning, directing or controlling the activities of the approved provider."¹¹ The new rules require a more detailed assessment criteria for key personnel and require the provider to report any changes in circumstance to the Aged Care Quality and Safety Commission within 14 days (a shorter timeframe than previously required). Failure to notify is an offence.¹²

STAFF QUALIFICATIONS, SKILLS AND EXPERIENCE

The Aged Care Act also requires the board to ensure that staff members:

- Have the appropriate qualifications, skills or experience to provide the care or other services that the approved provider provides to consumers.
- Are given opportunities to develop their capability to provide that care or those other services.

These responsibilities extend "to any person who is employed, hired, retained or contracted (whether directly or through an agency to provide care or services."¹³

The workforce is the key asset to delivering safe and quality aged care services. Aged care boards need to satisfy themselves that their organisation's value proposition for employees is appropriately tailored to attract the right talent. This encompasses investing in relevant training, effective supervision, and a fair reward system.

It is essential that the organisational culture supports staff to feel confident and encouraged to report incidents, near misses, and opportunities for improvement. Often, the most valuable insights come from those who are directly involved in care delivery. By creating avenues for regular interaction with frontline staff, boards can gain a ground-level perspective on challenges, successes and areas of potential improvement.

11. Aged Care and Other Legislation Amendment (Royal Commission Response) Act 2022

12. Aged Care Quality and Safety Commission Act 2018

13. Section 63-1D(11)

A culture focused on quality of care and client outcomes creates a ripple effect. It not only elevates the standard of care provided but also boosts staff morale as they witness the positive impact of their efforts.

Exception reporting highlighting instances when staffing levels and continuity of care fall outside set parameters serve as an indicator for boards in evaluating the effectiveness of its workforce plan. For example, significant use of agency staff may require close attention, including ensuring that

they are properly inducted, competent and able to meet consumers' needs.

The board must be vigilant of worker exploitation and modern slavery risks. This is particularly important given the challenges posed by workforce shortages and reliance on temporary workers and migrant workforce.¹⁴

Finally, the board needs to appropriately probe management on compliance with relevant workplace law (e.g. wage underpayment), seeking external assurance where possible.

GOVERNANCE RED FLAGS:

- Lack of a robust system to assess and report on key personnel obligations.
- Chronic workforce shortages.
- Tolerance of behaviours which do not align with the stated organisation values.
- High staff turnover which might indicate a toxic work culture, mismanagement, or a lack of resources.
- Poor compliance training records.
- Client well-being and satisfaction not featured in role descriptions or key performance indicators of key personnel.

QUESTIONS FOR DIRECTORS

- Are we compliant with our duties for key personnel and staff qualifications, skills and experience?
- Have we endorsed a workforce strategy suitable to deliver on our purpose?
- Are the workforce metrics in our board reports providing adequate line of sight to the key issues?
- How do we ensure adequate staffing levels and appropriate continuity?
- Do we adequately invest in our workforce training, development and career pathways?

14. A recent UK report highlighted an increase of over 600% in the number of modern slavery care sector cases from 2021 to 2022



About the author

Rosina Hislop FAICD, Chair of ECH and Director at Jones Radiology, is a national facilitator for the Company Directors' Course. Her directorship experience spans across aged care, and the health and human services sectors. A former partner at EY, Rosina advises boards on board performance, governance, and strategy.

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