BreastScreen Victoria

Gender Equality Action Plan

Progress Report 2026



2026 Progress report for: BreastScreen Victoria

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

Ref #	A: Title (required)	B: Subject (required)	C: Description of the policy, program or service (required)	D: Status (required)	E: Description of gendered impacts (recommended)
1.	Preferred Pronouns Project	Policy	Introducing the option for clients to tell us their preferred title, name and pronouns to provide a safe and welcoming service, particularly for non-binary and transgender clients. To support this, we introduced this capability in our booking system in March 2024.	New	The GIA identified that some clients, particularly trans and gender-diverse clients, could be negatively affected if our service did not recognise and use their preferred title, name and pronouns. Trans and gender-diverse people have often reported negative experiences with healthcare services such as being mis-gendered, being named incorrectly, being questioned about their eligibility for care and facing discrimination. Welcoming and addressing clients by their preferred title, name and pronouns is part of providing a welcoming, respectful, safe and inclusive health service.
2.	Breast Density Reporting Project	Service	Research shows that high breast density can mask the appearance of cancers on a mammogram, making them harder to see. This is because dense tissue and cancers both appear white on a mammogram. Reporting breast density with screening results has recently been recognised as best practice across the BreastScreen Australia program. This project aimed to establish effective information systems and communications strategies to report breast density to BreastScreen Victoria clients and their nominated GPs. This new information assists clients to make informed decisions about their breast care, in consultation with their GP.	New	The GIA identified that breast density reporting may affect clients of different genders differently, particularly in how included and recognised they feel in the information provided. Trans and gender-diverse clients access BreastScreen Victoria at lower rates than women and may feel excluded if communications use gendered language that does not reflect their identity. The assessment found that gender-neutral language should be used wherever possible. The GIA also identified that some clients may engage less with breast density information because of lower literacy or health literacy, limited time or interest, or broader barriers to engagement with the screening program. These impacts highlighted the need for simple, scaffolded and inclusive information, with more detailed information available for those who want it.
3.	BRAIx Randomised Controlled Trial	Service	This project is trialling the use of software developed using artificial intelligence reading breast screen images alongside a radiologist. Using this software could help us detect breast cancer early, increasing treatment options and the likelihood of improved health outcomes for clients diagnosed with cancer through screening.	New	Earlier research (conducted at an earlier stage of this project) showed that our clients wished to be informed about any changes to how breast screen images are read, even if they were unaware of the current process. The GIA identified that, while the trial itself was not expected to affect genders very differently, some gendered impacts could arise in how clients experience and interpret information about the trial. The GIA recommended that communication materials should be clear, accessible and tested with a diverse group of consumers, including trans and gender-diverse people and people with different literacy, health literacy and cultural backgrounds, to support informed consent and maintain trust in the program.
4.	Health Equity Van Project	Service	This initiative seeks to improve equitable access to population-wide cancer screening services by providing a mobile screening service offering breast, cervical and bowel screening tests to eligible Victorians. A purpose-built van will travel to communities to provide free cancer screening services, with a focus on reaching under-screened groups.	New	The GIA identified that gendered impacts on access to breast screening are shaped by intersectional factors including cultural and linguistic background, disability, socioeconomic disadvantage, literacy and health literacy, caring responsibilities, past experiences of discrimination, and gender identity. For example, some clients may face practical barriers linked to caring roles at home, transport, cost pressures or inflexible work, while others may need communication that is more accessible, culturally responsive and tailored to different levels of literacy, health literacy, and language spoken at home. Some clients, including trans and gender-diverse people, may also need greater confidence that the service will be respectful, inclusive and safe.

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

Ref #	F: Were actions taken as a result of the GIA? (required)	G: Describe the actions taken as a result of the GIA in order to: • Meet the needs of people of different genders; and/or • Promote gender equality; and/or • Address gender inequality. If you did not take action, write N/A here and explain why in (H). (required)	H: If you did not take action, explain why. If you did take action, describe it in (G) and write N/A here. (required)	I: Describe: How and why intersectionality was considered (or not) (required)	J: Describe any actions taken specifically designed to address intersectional inequalities (compounded gender inequalities)? (recommended)
1.	Yes (go to column G)	We introduced capability in our booking system to enable clients to provide their preferred title (an update to include 'Mx' and 'other'), preferred name, and preferred pronouns when using our service. This change aims to make our service more inclusive, particularly for trans and gender-diverse people. Our staff have been trained to use clients' preferred title, name and pronouns, as recorded in the booking system. FAQs were developed to share with any clients who had questions or concerns about the change. Consumer feedback indicates this has been an empowering inclusion for some of our clients, particularly those who are non-binary or transgender.	N/A	BreastScreen Victoria aims to provide a welcoming, inclusive and culturally safe service for all our clients. Through our Rainbow Tick Accreditation process, we identified a priority action to update our booking system to enable clients who are trans or gender-diverse to be able to tell us their preferred title, name and pronouns in an easy way, without requiring them to disclose their gender.	• We consulted with key stakeholder Transgender Victoria and with our Consumer Network members. • We used the Victorian Government LGBTIQA+ Inclusive Language Guide to inform the language changes to the relevant data fields in our booking system. • Transgender Victoria delivered training to our client-facing staff to support the rollout of the policy and system changes.
2.	Yes (go to column G)	We commissioned an external provider to undertake consumer research, and we consulted internally with the BreastScreen Victoria Consumer Network and with the Breast Density Advisory Group. Following consultation, it was determined that we would provide scaffolded information about breast density through three channels including level 1 – results letter, level 2 – fact sheet, and level 3 – website. It was agreed that the language must be as simple as possible, with more detailed information to be provided on the website. We also established a dedicated phone line staffed by a breast nurse to answer questions from clients who need further information, reassurance and support.	N/A	Intersectionality was considered by recognising that clients' experiences and understanding of breast density information may be shaped by factors such as gender identity, literacy and health literacy, culture, and language.	Communications about breast density are: • Gender-neutral wherever possible • Simple so that they can be understood by as wide a range of people as possible • Available in four languages including Vietnamese, Arabic, Dari and Punjabi (chosen as they were Dept of Health identified priority language groups) • Shared with clients nominated GPs so they can discuss their breast density with a trusted healthcare provider More detailed information is available via the website for people who require this to make informed choices about their breast care.
3.	Yes (go to column G)	We commissioned an external provider to undertake consumer research about what consumers recommend in developing BRAIx Trial communication strategies and materials. We also directly invited some members of the BreastScreen Victoria Consumer Network to take part to ensure intersectional representation in the consumer research. The only gender equity consideration raised by consumers was to use gender-neutral language wherever possible.	N/A	Intersectionality was considered by recognising that clients' experiences and understanding of BRAIx Trial information may be shaped by factors such as gender identity, literacy and health literacy, culture, and language.	We developed and refined the trial information materials to meet different needs according to the consumer research findings, and to ensure materials answered questions that participants posed. Consumers raised similar feedback: use clear, accessible and inclusive language, provide simple descriptions, include a lot of white space on documents, and use infographics to explain concepts. We also reviewed our client demographic data to decide which were the highest priority languages for translation of trial materials.

4.	Yes (go to column G)	This project is still in the design stage. Actions taken to date as a result of the GIA include: 1) The specifications in the Request for Quote to build the new van included: • The van must have a disability access lift for wheelchair users and anyone who cannot use stairs • All the rooms in the van must be accessible for wheelchair users • The space must be designed to feel safe and comfortable for the priority populations (such as people from multicultural communities, LGBTIQA+ communities, and people living with disability). 2) In developing the draft feedback survey for Health Equity Van clients, we ensured the language is simple, accessible and gender-neutral.	N/A	The GIA highlighted the importance of developing a service model and van infrastructure that is accessible, inclusive and flexible so it can meet the needs of diverse under-screened groups. At this early stage of the project, the key considerations relate to the design of the new van.	Column G describes the actions taken at this early stage of the project, which aim to address gender and intersectional inequalities.

Step 2: Reporting on progress against the indicators

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

<table>
<tr><th>K: Indicator *</th><th>L: Progress data (required)</th><th>M: Additional progress data (recommended)</th><th>N: Has progress been made? (required)</th><th>O: Explain how the data does (or does not) demonstrate progress. (required)</th></tr>
<tr><td>1</td><td>Critical performance measures
Gender composition of the duty holder organisation:
2021: 89% women and 11% men
· 2023: 83.5% women and 16.5% men
· 2025: 84.5% women and 14% men, self described 1.5%

Gender composition of part time workers in the duty holder organisation:
· 2023: 56.4% women
· 2025:53.2% women, 5.6% men and 100% self described

Gender composition of senior leaders in the duty holder organisation:
· 2023: 80% women, 20% men
· 2025: 71.4% women, 28.6% men</td><td>Following successful implementation of data collection strategies, BreastScreen Victoria has increased visibility of intersectionality within our organisation. In 2025, our gender composition measures now include data for people of self-described gender.’</td><td>No</td><td>BreastScreen Victoria remains a heavily female-dominated workforce. The overall gender mix changed only slightly between 2023 and 2025, and women remain much more likely than men to work part-time. The gender mix of senior leaders also changed, but in a small leadership team the movement of one person can significantly alter the gender composition of the group.</td></tr>
<tr><td>2</td><td>Critical performance measures
Gender composition of the duty holder organisation’s governing body:
· 2023:87.5% women and 12.5% men
· 2025: 91.7% women and 8.3% men</td><td></td><td>Yes</td><td>The Board remained strongly female-dominated, with the proportion of women increasing from 87.5% in 2023 to 91.7% in 2025. This is consistent with BreastScreen Victoria’s workforce and service context. While this does not indicate a gender imbalance problem, it does show continued strong female representation on the governing body.</td></tr>
<tr><td>3</td><td>Critical performance measures

Mean total remuneration gender pay gap by occupation group:

<table><tr><th>Women</th><th>Managers</th><th>Professionals</th><th>Technicians and Trade Workers</th><th>Clerical and Admin workers</th></tr><tr><td>2023</td><td>-0.9</td><td>9.3</td><td>3.1</td><td>30.2</td></tr><tr><td>2025</td><td>6</td><td>27.4</td><td>12.0</td><td>21.6</td></tr></table>
Mean total remuneration senior leader gender pay gap:
Women Self described
· 2023: 16.1% unavailable
· 2025: 47.5% unavailable

Supplementary measures
Mean base salary pay gap:</td><td></td><td>Yes</td><td>The median base salary pay gap shows steady improvement over time. For every $100 paid to a man, women were paid $69 in 2021, rising to $75 in 2023 and $82 in 2025. However, the data shows mixed progress on pay equity. Median total remuneration and median base salary pay gaps improved between 2023 and 2025, suggesting some improvement for the middle of the workforce. However, mean pay gap measures worsened, including the senior leadership mean pay gap, so pay equity still needs attention.

These results need to be interpreted with care. The pay gaps are influenced by the types of roles women and men hold across the organisation and the way some roles are engaged and paid. Women are heavily represented in lower paid clerical and administrative roles, including in the Contact Centre, and many of these roles are part-time. Men are concentrated in higher paid IT roles that are paid at market rates for that sector.

In a small organisation, a small number of very highly paid roles can also have a large effect on mean results. The 2025 senior leadership result was significantly affected by one very highly paid role held by a man, while a comparable highly paid</td></tr>
</table>

	Women Self described · 2023: 23.6% unavailable · 2025: 35.0% 32.3% Median total remuneration pay gap: Women Self described · 2023: 22.5% unavailable · 2025: 18.4% 11.1% Median base salary pay gap: Women Self described · 2023: 25.2% unavailable · 2025: 18.4% 11.1%			role held by a woman was not included in the audit because it was contracted (at the request of the person holding the role) rather than directly employed. Overall, the data suggests that BSV's pay equity issues are mainly structural and are closely linked to occupational segregation rather than an organisation-wide pay setting problem.
4	**Critical performance measures** Anonymous experience rate of sexual harassment: · 2023: nil · 2025:nil Number of formal reports of sexual harassment: · 2023: nil · 2025: nil **Supplementary measures** Participants who said they reported sexual harassment: · 2023: nil · 2025: nil Reasons for not making a formal sexual harassment complaint: · 2023: nil · 2025: nil Satisfaction with handling of workplace sexual harassment complaint: · 2023: nil · 2025: nil Satisfaction with handling of formal workplace sexual harassment complaint: · 2023: nil · 2025: nil		No	No reports of sexual harassment have been made formally or anonymously during the period from 2021 through to 2025; maintaining these levels. Progress has been maintained. Noting that the 2025 People Matter Survey results suggest most employees feel positive about respectful workplace culture and speaking up, although women were less positive than men on these measures. We continue to provide training for all staff on acceptable behaviour including sexual harassment and how to report any incidents as a complaint or witness.
5	**Critical performance measures** Gender composition of recruited employees: · 2021 87% women, 13% men · 2023: 87.5% women, 12.5% men · 2025: 91.7 % women, 8.3% men Gender composition of employees who were promoted:	Participation in career development opportunities 2021: 90% women, 10% men 2023: 81% women, 19% men	Yes	Recruitment and promotion outcomes do not show a gender imbalance, with women continuing to make up most recruited and promoted employees in a predominantly female workforce. The additional data also shows that women accounted for most participation in career development opportunities and most higher duties appointments in 2025. However, women remained less likely than men to believe recruitment and especially promotion processes are fair, and women's positive responses on these measures declined slightly since 2023. This suggests that while

	· 2021 89% women, 11% men · 2023: 100% women · 2025: 63.6% women, 36.4% men Perceptions of recruitment, by gender: · 2021: 60% women (slightly different question My organisation makes fair recruitment and promotion decisions, based on merit (Agree or Strongly agree)) · 2023: 83.1% women, 93.3% men (I believe the recruitment processes in my organisation are fair (Agree or Strongly Agree)) · 2025: 79.2% women, 84.6 % men (I believe the recruitment processes in my organisation are fair (Agree or Strongly Agree)) Perceptions of promotion, by gender: (I believe the promotion processes in my organisation are fair (Agree or Strongly Agree) · 2023: 62.7% women, 80% men · 2025: 61% women, 84.6% men	2025: 89% women, 8% men and 4% self-described People who were awarded higher duties 2021: 100% women 2023: 100% women 2025: 75% women, 25% men		recruitment and promotion outcomes and access to development opportunities and higher duties are equitable, concerns remain amongst women about the fairness and transparency of recruitment and promotion processes.
6	**Critical performance measures** Average weeks of parental leave, by gender: · 2023: 33 weeks women · 2025: 32 weeks women, 1 week men Uptake of flexible work, by gender: · 2023: 65.8% women, 92% men · 2025: 5.4% women, 50% self-described gender Perceptions of flexible work culture, by gender men (I am confident that if I request a flexible work arrangement, it would be given due consideration(Agree or Strongly Agree)): · 2023: 77.1% women 86.7% · 2025: 88.3% women, 100% men **Supplementary measures** Gender composition of parental leave takers: · 2023: 100% women · 2025: 66.7% women, 33.3% men Gender difference in carer's leave: · 2023: 18.4% women, 24% men · 2025: 20.8% women, 33.3% men		Yes	Progress has been made in flexible work culture and in making parental leave uptake more gender inclusive. Women's confidence that flexible work requests would be given due consideration increased from 77.1% in 2023 to 88.3% in 2025, and men also recorded a very positive result. The gender mix of parental leave takers also shifted from 100% women in 2023 to 66.7% women and 33.3% men in 2025. The recorded drop in uptake of flexible work arrangements between 2023 and 2025 does not indicate reduced access to flexibility in practice. Since 2023, the Commission for Gender Equality changed the way flexible work arrangements are captured this means the 2025 data captures only formal flexible work arrangements that meet this definition, whereas a wide range of informal flexible work options continue to be available and widely used across the organisation, including working from home and varying start and finish times. Carer's leave uptake increased for both women and men between 2023 and 2025, from 18.4% to 20.8% for women and from 24% to 33.3% for men. This suggests caring responsibilities continue to affect employees of all genders, although women still take much longer periods of parental leave on average than men, showing that caring responsibilities remain strongly gendered.

<table>
<tr>
<td>7</td>
<td>Critical performance measures
Occupational gender segregation:

<table>
<tr><th>Occupation groups</th><th colspan="2">Women</th><th colspan="2">Men</th><th colspan="2">Self-described</th></tr>
<tr><th></th><th>2023</th><th>2025</th><th>2023</th><th>2025</th><th>2023</th><th>2025</th></tr>
<tr><td>Managers</td><td>80%</td><td>83.3%</td><td>20%</td><td>16.7%</td><td>N.Av</td><td>N.Av</td></tr>
<tr><td>Professionals</td><td>71.4%</td><td>74.5%</td><td>28.6%</td><td>23.6%</td><td>N.Av</td><td>1.8%</td></tr>
<tr><td>Technicians and Trades Workers</td><td>25%</td><td>33.3.0%</td><td>75%</td><td>66.7%</td><td>N.Av</td><td>N.Av</td></tr>
<tr><td>Clerical and Administrative Workers</td><td>95.4%</td><td>96.6%</td><td>4.6%</td><td>1.7%</td><td>N.Av</td><td>1.7%%</td></tr>
<tr><td>All occupations</td><td>83.5%</td><td>84.5%</td><td>16.5%</td><td>14%</td><td>N.Av</td><td>1.6%</td></tr>
</table>
</td>
<td></td>
<td>Yes</td>
<td>The 2025 data continue to show clear patterns of occupational gender segregation, with only limited change since 2023. Women remain heavily concentrated in clerical and administrative roles, while men remain concentrated in technicians and trades roles, including IT roles. A positive and improving feature of the workforce profile is the strong representation of women in managerial and professional roles, indicating that women are well represented across many of BreastScreen Victoria’s leadership and specialist roles.

At BreastScreen Victoria, women remain heavily concentrated in clerical and administrative roles, including in the Contact Centre. These roles are predominantly part-time, and these workforce patterns continue to contribute to occupational segregation. Although there was a small increase in the proportion of women in technicians and trades roles between 2023 and 2025, men still make up most employees in that group. These patterns continue to affect both workforce diversity and pay gap results, so the data does not show meaningful progress in reducing occupational segregation.</td>
</tr>
</table>

*Indicators (column K)

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

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

P: Indicator	Q: Did any of the factors listed below limit or contribute to your progress?* (required)	R: Explain how any factor(s) limited or contributed to your progress. If 'none' is selected, write N/A and move to (S) (required)	S: List the strategies implemented that contributed to or aligned with the indicator. (required)
1	☐None ☒ a ☒ b ☐c ☐d ☐e ☐f ☒g	**a. Size of the organisation:** BreastScreen Victoria is a relatively small organisation, so changes involving only one or two employees can noticeably affect workforce composition results, particularly at senior levels. **b. Nature and circumstances of the organisation:** BreastScreen Victoria operates in a highly gendered service and workforce context. As a breast screening service, it primarily serves women and has a predominantly female workforce. A significant proportion of roles are also part-time, particularly in client-facing and administrative functions, which influences overall workforce composition and patterns by employment type. These factors limit the extent to which overall workforce gender composition is likely to change. **g. Genuine attempts made to make progress:** Despite these structural constraints, BreastScreen Victoria made genuine attempts to strengthen progress on this indicator by implementing GEAP actions to improve workforce diversity data collection. This provides a better foundation for monitoring workforce composition and identifying future opportunities to address gendered patterns and intersectionality.	• Enable reporting systems to allow voluntary disclosure of sensitive information. • Engage and encourage employees to update diversity information.
2	☐None ☐ a ☒ b ☐c ☐d ☐e ☐f ☐g	**b. Nature and circumstances of the organisation:** The gender composition of the governing body remained strongly female during the reporting period. This reflects the nature and circumstances of BreastScreen Victoria as an organisation operating in a highly gendered service and workforce context.	No specific strategy was included for this indicator.
3	☐None ☒ a ☒ b ☐c ☐d ☐e ☐f ☐g	**a. Size of the organisation:** BreastScreen Victoria is a relatively small organisation, so movement in a very small number of roles can have a noticeable effect on pay gap results, especially mean measures and senior leadership comparisons. **b. Nature and circumstances of the organisation:** BreastScreen Victoria operates in a highly gendered service and workforce context. Women remain concentrated in clerical and administrative roles, while men remain concentrated in technicians and trades roles, including IT. These occupational patterns directly affect pay gap results, because IT roles generally attract higher salaries and many clerical and administrative roles are part-time and lower paid. **g. Genuine attempts made to make progress:** Despite these structural constraints, BreastScreen Victoria made genuine attempts to address the drivers of pay inequity by implementing strategies to improve transparency and fairness in recruitment, advertising, secondments and acting opportunities. These actions support more equitable access over time to progression and higher paid opportunities, even where immediate movement in pay gap measures is limited.	• Develop and communicate BSV recruitment process for internal and external candidates, including process for advertising opportunities. • Develop and communicate a transparent process for secondment and acting opportunities.
4	☐None ☐ a ☐ b ☐c ☐d ☐e ☐f ☒g	**g. Genuine attempts made to make progress:** BreastScreen Victoria made genuine attempts to address this indicator through prevention-focused action. This included reviewing and strengthening relevant policies, improving induction and awareness of reporting pathways, providing staff education, and promoting the contact officer program to support a safe and respectful workplace culture.	• Enhance orientation and induction processes so new employees are aware of BSV's zero tolerance approach to sexual harassment and how to report concerns. • Plan and conduct training sessions for existing employees on sexual harassment, reporting and support. • Strengthen and promote the contact officer program.

			• Review and enhance existing Harassment, Bullying and Discrimination Policy to ensure it references the positive obligations in the *Occupational Health and Safety Act 2004*.
5	☐None ☒ a ☒ b ☐c ☐d ☐e ☐f ☒g	**a & b. Size, and nature and circumstances of the organisation:** BreastScreen Victoria operates in a small and specialised workforce context, where recruitment and promotion opportunities are relatively limited in number. This may affect how employees experience and interpret access to opportunities. However, the available data does not explain why perceptions of fairness were poorer among women, so this should be interpreted cautiously. **g. Genuine attempts made to make progress:** BreastScreen Victoria made genuine attempts to improve this indicator by implementing strategies to strengthen transparency and consistency in recruitment, secondment and acting processes. We achieved positive recruitment and promotion outcomes during the reporting period, including strong representation of women in managerial and leadership roles.	• Develop and communicate BSV recruitment process for internal and external candidates, including process for advertising opportunities. • Develop and communicate a transparent process for secondment and acting opportunities.
6	☐None ☐ a ☒ b ☒c ☐d ☐e ☐f ☒g	**b. Nature and circumstances of the organisation:** BreastScreen Victoria has a predominantly female workforce and a high proportion of part-time roles, especially in client-facing and administrative functions. This shapes patterns of leave utilisation and flexible work uptake and means results on this indicator reflect the gendered structure of the workforce as well as employee choice and caring responsibilities. **c. Requirements under another Act:** Comparability over time for flexible work data was affected by changes to the way flexible work were defined and reported for the Workplace Gender Audit between 2023 and 2025. **g. Genuine attempts made to make progress:** BreastScreen Victoria made genuine attempts to improve understanding of entitlements and access by reviewing relevant policies, communicating available flexible work and leave arrangements, and educating leaders about employee entitlements and their role in supporting requests. The data showed positive change: parental leave uptake became less heavily gendered, and carers leave was used more across genders than in the previous reporting period. Employees continued to make good use of informal flexible work arrangements.	• Review existing flexible work policy. • Communicate and ensure understanding of policy and other informal flexible working arrangements. • Communicate and ensure understanding of leave available under the Enterprise Agreement, including parental leave, family violence leave, ceremonial leave and personal/carer's leave. • Educate leaders on employee entitlements and how to support or respond to requests for family violence leave, flexible working arrangements and other special leave.
7	☐None ☒ a ☒ b ☐c ☐d ☐e ☐f ☒g	**a. Size of the organisation:** BreastScreen Victoria is a relatively small organisation, so changes in a small number of roles can affect the way occupational segregation appears in the data. This is particularly relevant in smaller occupational groups, where even limited movement can change percentages without representing a substantial shift in the workforce profile. **b. Nature and circumstances of the organisation:** BreastScreen Victoria operates in a highly gendered service and workforce context. Women remain heavily concentrated in clerical and administrative roles, while men remain concentrated in technicians and trades roles, including IT. These patterns are also influenced by the high proportion of part-time roles in some client-facing and administrative functions, and labour market gender patterns in technical and clinical fields. These factors limit the extent to which occupational segregation can be reduced. **g. Genuine attempts made to make progress:** Despite these structural constraints, BreastScreen Victoria made genuine attempts to build the foundations for future progress by improving diversity data collection and implementing recruitment and process strategies designed to support fairer access to opportunities across the workforce over time.	• Enable reporting systems to allow voluntary disclosure of sensitive information. • Engage and encourage employees to update diversity information. • Develop and communicate BSV recruitment process for internal and external candidates, including process for advertising opportunities. • Develop and communicate a transparent process for secondment and acting opportunities.

*Factors (column Q):

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

Step 3: Reporting on GEAP strategies

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

Strengthening and promoting the contact officer program was not completed due to turnover of staff who were contact officers. Promotion and recruitment to these roles will occur and additional investment in training for new and existing contact officers in best practice trauma-informed responses is part of our 2026-2029 GEAP.

Section 3.2 Describing achievements, challenges and learnings (recommended)

BreastScreen Victoria's 2022–2025 GEAP contributed to progress in several areas of workplace gender equality. Noteworthy strategies included improving workforce diversity data collection, reviewing and communicating flexible work and leave arrangements, strengthening recruitment and promotion processes, and reviewing policies and training relating to harassment, bullying and discrimination.

These strategies contributed to several positive results. Workforce diversity data now provides better visibility of gender diversity and intersectionality, which will inform future action. Employee confidence that flexible work requests would be given due consideration improved, and parental leave uptake became more gender-inclusive. Promotion outcomes were also less concentrated by gender in 2025 than in 2023.

Several factors appear to have supported this progress. These included stronger data collection systems, clearer policies and processes, staff training, and increased communication about available entitlements and supports. Practical workplace improvements also contributed, including the introduction of gender affirmation leave and reproductive health and wellbeing leave, and the provision of a private room with a fridge and comfortable chair to support employees returning from parental leave who need to express breast milk at work.

The reporting period also highlighted some challenges. Some pay gap measures improved, particularly the median base salary and median total remuneration gaps, while the mean pay gap measures may have worsened, this should be interpreted with caution due to the small number of men employed in the organisation and is mainly driven by one clinical role. The overall mean pay gap also continues to be influenced by occupational segregation, including the concentration of men in higher paid IT roles that are remunerated at market rates for that sector.

Our workforce audit results also showed that improving systems and policies is an important foundation, but this does not on its own shift all outcomes or perceptions. Some areas will require further attention, particularly occupational segregation, pay equity, and employee perceptions of fairness in recruitment and promotion.

In March 2026, BreastScreen Victoria also received feedback from the Commission for Gender Equality in the Public Sector to include a voluntary question about religion in the diversity information collected from new Board members. This improvement will be actioned through the 2026–2029 GEAP.

Overall, the key lesson from implementing the 2022–2025 GEAP is that foundational work on data, policies, systems and staff capability was necessary and valuable. For 2026–2029, the focus will shift from establishing these foundations to using data, consultation and gender impact assessment more deliberately to drive measurable workforce outcomes and strengthen BreastScreen Victoria's contribution to gender equality.

Section 3.3 Providing other updates on implementation (recommended)

Section 3.4 Describing resourcing allocation (required)

Work on the GEAP strategies forms part of several roles at BreastScreen Victoria. The development of e-modules was completed by our Learning and Development Specialist working for 4 months at 0.6FTE. The People & Culture Manager and People & Culture Coordinator also worked on GEAP strategies combining to 0.2 FTE for 6 months across the year. Additional assistance was also provided by the Diversity and Inclusion Specialist and the Internal Communications Coordinator. Technological updates to HR systems were resourced and budgets incorporate time and resources to further develop our GEAP.