MHR WHISTLEBLOWING AND PROTECTED DISCLOSURES POLICY

Version	Effective date	Author/owner	Details of update
1.0	1 November 2026	MHR Operations Department	First version
Responsible persons		MHR Managing Director and Operations Manager	
Approving body		Risk Management team	
Approved date		19 October 2026	
Next review date		This policy will be reviewed periodically and whenever legislative, regulatory or organisational changes require amendment.	

TABLE OF CONTENTS

1. Purpose 2
2. Scope 2
3. Policy Principles 2
4. Definitions 2
5. Reportable Conduct 3
6. Reporting Channels for Reportable Conduct and Requirements 4
7. Receipt, Assessment and Statutory Communication Requirements 5
8. Confidentiality, Privacy and Records 5
9. Protection against Occupational Detriment and Retaliation 6
10. Assessment and Investigation 6
11. Outcomes 6
12. Review of Outcomes 7
13. Responsibilities and Governance 7
14. External Rights and Remedies 7
15. Legislative and Related References 8

1. PURPOSE

MHR is committed to ethical conduct, transparency, accountability and compliance with applicable law.

This policy:

- provides channels for reporting actual, suspected or likely unlawful, unethical or irregular conduct;
- protects eligible reporting persons against occupational detriment, retaliation and victimisation;
- explains how disclosures will be assessed, investigated and addressed; and
- supports MHR's legal, ethical, governance and patient-safety obligations.

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2. SCOPE

This policy applies to MHR directors, current and former employees, panel members and workers, service providers, applicants, candidates and other persons performing services for or on behalf of MHR.

It covers concerns connected to MHR operations, including conduct at MHR or client premises, during placements, business travel, meetings or training, and through work-related electronic, social-media or telephonic communication.

MHR may receive and address reports from any person within the scope of this policy. MHR's internal prohibition against retaliation applies as stated in this policy. Statutory protection and remedies apply only where the reporting person, disclosure and reporting route meet the requirements of the applicable legislation.

A matter that falls outside this policy may be referred to the appropriate grievance, harassment, disciplinary, privacy, clinical, safety or complaints process.

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3. POLICY PRINCIPLES

- MHR will manage disclosures promptly, impartially, confidentially and proportionately.
- Reports should be made honestly and on reasonable grounds, but the reporting person is not required to prove the concern.
- An unsubstantiated report will not result in action against the reporting person merely because the allegation could not be substantiated. Appropriate action may be taken only where, following a fair process, reliable evidence establishes that a person knowingly provided materially false information or acted maliciously with the intention of causing harm.
- An allegation is not a finding of misconduct, and all affected persons must be treated fairly.
- Statutory protection depends on whether the disclosure and reporting route meet the applicable legislative requirements.
- Periodic reports on whistleblowing activity, trends, material allegations, investigation outcomes and retaliation concerns to the Social and Ethics Committee, Audit and Risk Committee or other appropriate governance body.

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4. DEFINITIONS

Term/Abbreviation	Definition/Description
Conflict of Interest	Any actual, potential or perceived interest or relationship that may impair, or reasonably appear to impair, impartial decision-making, assessment or investigation.
Disclosure	Information reported about actual, suspected or likely unlawful, unethical or irregular conduct.

Term/Abbreviation	Definition/Description
Impropriety	Conduct falling within the statutory categories of wrongdoing, including criminal conduct, breach of a legal obligation, miscarriage of justice, danger to health or safety, environmental damage, unfair discrimination or deliberate concealment of any such matter.
MHR panel member	A candidate successfully registered with MHR.
Occupational Detriment	Adverse employment, professional or contractual treatment linked wholly or partly to a protected disclosure, including dismissal, disciplinary action, suspension, demotion, harassment, intimidation, disadvantageous working conditions, loss of work opportunities, adverse references or threats.
Protected Disclosure	A disclosure meeting the requirements for protection under the Protected Disclosures Act 26 of 2000, as amended, or another applicable law.
Respondent	A person or entity whose conduct is the subject of a report.
Retaliation	Adverse treatment, interference, threat, victimisation or disadvantage arising from reporting or participating in a matter under this policy.
Whistleblower or Reporting Person	A person who reports actual, suspected or likely unlawful, unethical or irregular conduct. The term does not automatically mean that the report qualifies for statutory protection.
Worker	Any person who works or previously worked for another person or organisation, or who assists or assists in carrying on its business, including an independent contractor, consultant, agent, temporary worker or a person providing services through a temporary employment service.

5. REPORTABLE CONDUCT

A disclosure may concern actual, suspected or likely wrongdoing involving MHR, an MHR employee, panel member or worker, a client relationship, or a person acting for or on behalf of MHR.

Reportable conduct includes:

- criminal conduct, fraud, theft, bribery or corruption;
- failure to comply with a legal, regulatory, professional or material contractual obligation;
- a miscarriage of justice;
- danger to health, safety, patient safety or the environment;
- unfair discrimination, serious harassment, victimisation or retaliation;
- financial, procurement, billing, record-keeping or asset-related irregularities;
- conflicts of interest, improper gifts or abuse of authority;
- misuse or unauthorised disclosure of confidential information, personal information or intellectual property;
- serious clinical, ethical, governance, privacy, information-security or technology-related concerns;
- material breaches of the MHR Code of Business Conduct and Ethics or any other applicable MHR policy; and
- deliberate concealment of any reportable conduct.

Ordinary workplace grievances, interpersonal disagreements or dissatisfaction with a management decision should normally be addressed through the applicable grievance or internal resolution process, unless the matter also involves reportable wrongdoing.

6. REPORTING CHANNELS FOR REPORTABLE CONDUCT AND REQUIREMENTS

6.1 Information to provide

Where available, a report should include relevant dates, locations, persons involved, possible witnesses and supporting evidence. A reporting person is not required to prove the concern, and delayed reporting will not automatically prevent assessment or investigation.

6.2 MHR internal reporting channel

A concern may be reported to an authorised MHR manager or designated recipient, or through the applicable MHR regional channel:

- **MHR Central (Eastern Cape, Free State, KwaZulu-Natal and Northern Cape)** events.central@mhr.co.za
- **MHR North (Gauteng, Limpopo, Mpumalanga and North West)** events.north@mhr.co.za
- **MHR Western Cape (all Southern and Western Cape locations)** events.wc@mhr.co.za

Where a report is received by a person who is not authorised to manage it, that person must maintain appropriate confidentiality and refer it promptly to the authorised function.

A disclosure made in good faith and substantially in accordance with MHR's authorised reporting procedures may qualify as a protected disclosure under applicable legislation, provided the relevant legal requirements are met.

6.3 Anonymous reporting

Reports may be submitted anonymously through the MHR Anonymous Feedback Page; however, anonymous reporting may limit MHR's ability to investigate, obtain further information, provide feedback and protect the reporting person.

6.4 Alternative reporting channel for reportable conduct

Where a disclosure involves a manager, senior management member or any individual ordinarily responsible for receiving or managing reported concerns, or where a potential conflict of interest exists, the matter should be reported through MHR's independent whistleblowing channel.

Independent reporting channel:

- Email: MHR@tip-offs.com

Reports received through this channel will be referred to the designated Risk Manager or another appropriately authorised and independent person for initial assessment and escalation.

All disclosures must be handled confidentially, objectively and in accordance with applicable legislation and internal policies.

6.5 External Disclosures

Disclosure may be made to a legal adviser, authorised regulator, prescribed person or body, law-enforcement authority, professional body or another person or body recognised by law.

Not every external, public or media disclosure is automatically protected. A reporting person should consider obtaining independent legal advice before making a wider disclosure.

Where substantially the same information is disclosed to more than one prescribed person or body, the reporting person must inform each recipient where required by law.

7. RECEIPT, ASSESSMENT AND STATUTORY COMMUNICATION REQUIREMENTS

On receiving a disclosure, MHR will record it, assess any immediate risk, preserve relevant evidence and conduct a preliminary assessment to determine whether the matter should be investigated, referred or managed under another appropriate process.

Where the reporting person's identity and contact details are known, MHR will acknowledge receipt as soon as reasonably practicable, provide available reference information and explain the next steps, subject to lawful confidentiality and evidence-protection requirements.

Where a protected disclosure has been made under sections 6, 7 or 8 of the Protected Disclosures Act, MHR or the applicable authorised recipient will comply with the communication requirements prescribed by the Act, including the following where applicable:

- **Within 21 days:** The authorised recipient must decide whether to investigate, not investigate or refer the disclosure, and must inform the employee, panel member or worker in writing. Where the matter will not be investigated, reasons must be provided. Where possible, the expected investigation timeframe must also be communicated.
- **Following referral:** The receiving person or body must make and communicate the required decision within 21 days of receiving the referral.
- **If a decision cannot be made within 21 days:** The employee, panel member or worker must be informed in writing that the decision is pending and must receive written updates at intervals of **no more than two months**. A final decision on whether to investigate must be communicated as soon as reasonably possible, **but no later than six months** after the disclosure or referral, as applicable.
- **At the conclusion:** The employee, panel member or worker must be informed of the outcome, subject to lawful confidentiality, privacy, privilege, evidence-protection and procedural-fairness requirements.

Where applicable, the authorised recipient must ask whether substantially the same disclosure has been made to another prescribed person or body. If multiple prescribed recipients are involved, reasonable steps must be taken to coordinate responsibility for the investigation and inform the reporting person where possible.

These communication requirements may be limited where:
- the reporting person's identity or contact details are unknown; or
- information may lawfully be withheld to avoid prejudicing the prevention, detection or investigation of a criminal offence.

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8. CONFIDENTIALITY, PRIVACY AND RECORDS

MHR will:
- treat disclosures as confidential and limit disclosure to those with a legitimate need to know;
- protect the identities of reporting persons, respondents and witnesses to the extent permitted by law and procedural fairness;
- share information only with persons who require it for assessment, investigation, protection, legal compliance or corrective action;
- process personal information lawfully and securely;
- preserve relevant evidence; and
- store, retain and dispose of records in accordance with applicable law and MHR requirements.

Absolute confidentiality or anonymity cannot be guaranteed where disclosure is required by law, necessary for a fair investigation or required to address an immediate risk.

Unauthorised disclosure, destruction, alteration or concealment of records may result in appropriate action.

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9. PROTECTION AGAINST OCCUPATIONAL DETRIMENT AND RETALIATION

No employee, panel member or worker may be subjected to occupational detriment because, or partly because, that person made a protected disclosure. MHR also prohibits retaliation against anyone who reports a concern honestly under this policy, supports a reporting person, provides information or evidence, acts as a witness, or participates in an authorised assessment, investigation, or review. Statutory remedies remain subject to the requirements of the applicable legislation.

Reported retaliation will be assessed promptly. MHR may implement reasonable interim protective measures and will treat substantiated retaliation as a separate breach of this policy.

Where an employee, panel member or worker who has made a protected disclosure reasonably believes that they may be adversely affected because of the disclosure, the employee, panel member or worker may request a transfer or another reasonable protective measure. Where a statutory transfer right applies, MHR will implement it where reasonably possible or practicable. Any transfer implemented for protective purposes will not result in less favourable terms and conditions unless agreed to in writing by the employee, panel member or worker.

A dismissal linked to a protected disclosure may constitute an automatically unfair dismissal. Other forms of occupational detriment may give rise to remedies under applicable law.

Where MHR, acting under the express or implied authority or with the knowledge of a client, subjects an employee, panel member or worker to occupational detriment, MHR and the client may be jointly and severally liable in accordance with the Protected Disclosures Act.

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10. ASSESSMENT AND INVESTIGATION

Where MHR decides that an investigation is required, MHR will appoint a suitably skilled and impartial investigator and manage any actual, potential or perceived conflict of interest.

MHR will:

- gather relevant evidence lawfully and proportionately;
- provide the respondent with sufficient information about the material allegations and a fair opportunity to respond, subject to lawful confidentiality and evidence-protection requirements;
- assess the evidence objectively and apply the balance of probabilities to internal findings unless another legal standard applies;
- document the findings, implement appropriate action and provide feedback permitted by law; and
- monitor outcomes and potential retaliation.

Investigations involving executive management, directors or the policy owner must be overseen by an independent person and may require external investigation.

MHR reserves the right to involve internal or external legal counsel in the assessment or investigation of any disclosure. Where legal advice is sought, or an investigation is conducted for the dominant purpose of obtaining legal advice or in contemplation of litigation, the relevant communications, reports and records may be protected by legal professional privilege.

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11. OUTCOMES

Depending on the findings, MHR may:

- close the matter with recorded reasons;
- implement corrective, training, management, disciplinary or contractual action;
- recover losses, institute legal proceedings or refer the matter to an appropriate professional body, regulator or law-enforcement authority; and

- implement and monitor measures to protect patients, employees, panel members, workers, the public, information and organisational processes, and to prevent recurrence or retaliation.

Information affecting another person may be restricted by confidentiality, privacy and procedural-fairness requirements.

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12. REVIEW OF OUTCOMES

A person directly affected by an outcome may request a review in writing where material information was overlooked, a significant procedural irregularity occurred, new material information became available, or a material conflict of interest or lack of independence is identified. The request must identify the outcome, applicable ground and supporting information and must be submitted within a reasonable period.

Where reasonably practicable, the reviewer must not have participated in the original investigation or decision. The reviewer may confirm, amend or set aside the outcome or refer the matter for further investigation. The review outcome is MHR's final internal decision but does not limit external legal rights or remedies.

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13. RESPONSIBILITIES AND GOVERNANCE

Role	Responsibility
All persons within scope	Report serious wrongdoing promptly; provide information honestly; preserve evidence; maintain appropriate confidentiality; and cooperate with authorised investigations.
Managers and recipients	Receive concerns respectfully; protect confidentiality; avoid retaliation; preserve records; assess immediate risk; and refer the matter promptly to the authorised function.
Investigator	Act independently and impartially; disclose conflicts; conduct a proportionate and fair investigation; maintain records; and report evidence-based findings.
Policy owner / authorised MHR function	Maintain and periodically communicate accessible reporting channels; ensure employees, panel members, and workers understand reporting procedures; oversee statutory communications, referrals, and investigations; appoint suitably qualified investigators where required; monitor corrective action and retaliation risks; maintain records; review policy effectiveness; and report material issues through appropriate governance structures.

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14. EXTERNAL RIGHTS AND REMEDIES

Nothing in this policy limits a person's right to:

- obtain independent legal advice;
- make a disclosure through a legally permitted route;
- approach an appropriate court, tribunal, regulator, professional body or law-enforcement authority; or
- exercise any remedy available under applicable law;
- seek any protection, relief, compensation or other remedies available under applicable whistleblowing, employment, equality, privacy or other legislation.

Any contractual term that unlawfully prevents or discourages a protected disclosure is unenforceable to that extent.

15. LEGISLATIVE AND RELATED REFERENCES

MHR Policies and Procedures

Policy	Relevance to the policy
MHR Code of Business Conduct and Ethics	Ethical conduct, reporting and non-retaliation requirements.
Related MHR Policies and Procedures	Anti-bribery, fraud risk management, regulatory compliance, workplace behaviour and harassment, privacy, records management, disciplinary and investigation procedures.

Legislative References

Legislation	Relevance to the policy
Companies Act 71 of 2008, section 159, where applicable	Additional corporate whistleblower protections and protected recipient categories.
Constitution of the Republic of South Africa, 1996	Foundational rights and values relevant to dignity, equality, privacy, fair labour practices and access to courts.
Employment Equity Act 55 of 1998	Unfair discrimination and employment-equity obligations.
Labour Relations Act 66 of 1995	Employment remedies, including automatically unfair dismissal and unfair labour practice protections, where applicable.
National Health Act 61 of 2003 and applicable professional legislation	Healthcare, patient-safety and professional obligations.
Occupational Health and Safety Act 85 of 1993	Workplace health and safety duties.
Prevention and Combating of Corrupt Activities Act 12 of 2004	Corruption offences and applicable reporting obligations.
Promotion of Equality and Prevention of Unfair Discrimination Act 4 of 2000	Prohibition of unfair discrimination and related equality protections.
Protected Disclosures Act 26 of 2000, as amended	Protected disclosure routes, statutory protection, occupational detriment, employer-client liability, remedies and communication duties.
Protection of Personal Information Act 4 of 2013	Lawful and secure processing of personal information.
Regulations Relating to Protected Disclosures, 2018	Prescribed persons and bodies and coordination of disclosures made to multiple recipients.

This list is not exhaustive. Other legislation, regulations, professional rules, contractual requirements and MHR policies may apply depending on the nature of the disclosure.