

# Clinical Governance Policy

## 1. Policy Summary

Purpose	To outline the policy and the related processes for management of clinical governance.
Scope	AHCSA staff.
Supporting Documents	Clinical governance framework Scope of practice guideline Risk register and statement of risk appetite Incident reporting and management system Compliments and complaints Member portal resource guideline Immunisation policy Data privacy policy Criminal history check policy Code of conduct policy Conflict of interest policy Clinical governance committee terms of reference
Legislation	Health Practitioner Regulation National Law National Safety and Quality Health Service Standards

## 2. Policy Statement

AHCSA's mission is to strengthen community participation and ownership of Aboriginal health in a way that values cultural diversity, community history and knowledge, and community strength. In fulfilling this mission AHCSA is committed to providing high quality, clinically safe and culturally safe services for Member Services and the communities they serve.

## 3. Definitions

**Clinical governance** - a systematic approach to ensuring that healthcare services are provided in a safe, effective, and efficient manner. It involves a range of policies, procedures, and practices that aim to improve the quality of care and protect patient safety. A critical component of clinical governance for services provided to Aboriginal people is that the services provided are culturally safe. This requires cultural safety in the services provided and also in the health service itself as an organization.

## 4. Core Policy

### Background

This policy outlines the requirements for staff under the AHCSA Clinical Governance Framework. This is a mandatory policy.

A series of guidelines are referred to throughout the document to detail operational guidance on implementation of the policy.

### Staff requirements to work in indirect clinical or clinical roles within Member Service

There are a range of requirements for staff who work within a Member Service, whether they are supporting clinical service provision or not. This is to ensure that AHCSA staff do not put themselves, clients of the member Service or the Member Service itself at risk.

Principle among these is that AHCSA staff must abide by the clinical governance rules of the Member Service in which they are working. There are a number of standards that must be adopted, as detailed below.

### Professional conduct

AHPRA defines codes of conduct that are specific to different registered professions. The required code of conduct for Aboriginal Health Practitioners has been summarized here as it includes the expectations of professional conduct by AHCSA of staff.

It is an expectation that staff will conduct themselves professionally at all times in the workplace. This includes, where relevant to the scope of practice:

- Good practice is centred on patients. It involves practitioners understanding that each patient is unique and working in partnership with patients, adapting what they do to address the needs and reasonable expectations of each person. This includes cultural safety.
- Effective communication in all forms underpins every aspect of good practice.
- Staff must be ethical and trustworthy. Staff will be competent in their role, will not take advantage of clients or community and will display qualities such as integrity, truthfulness, dependability and compassion. Client, community or health service confidentiality will be protected.
- Staff have a responsibility to protect and promote the health of individuals and the community.
- Staff along with their manager are expected to reflect regularly on whether they are practising safely and effectively, with their relationships with patients and colleagues, and on their own health and wellbeing.
- Staff with the support of AHCSA are required to keep their skills and knowledge up to date.
- Scopes of practice vary according to different roles; for example, practitioners, researchers and managers will all have different scopes of practice. Staff have a responsibility to recognise and work within the limits of their skills and competence.
- Staff should be committed to safety and quality in healthcare.
- All staff will act in accordance with the AHPRA Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy, and the AHPRA Aboriginal and Torres Strait Islander Anti-Racism policies, whether AHPRA registered or not, as they reflect best practice.



Patients rely on the independence and trustworthiness of practitioners for any advice or treatment offered. A conflict of interest arises when staff have financial, professional or personal interests or relationships with third parties which may affect or be perceived to affect their care of the patient. Please see the AHCSA Conflict of Interest Policy [C 12 Conflict of Interest Policy](#) and also the Code of Conduct Policy [C 18 Code of Conduct Policy](#).

### Confidentiality and privacy

Staff who work within a Member Service or interact with community as part of their role at AHCSA may have access to personal information, including about staff and clients of Member Services or community members. AHCSA staff may also have access to information about a Member Service, for example clinical, business or financial practices, that is not in the public domain. It is a requirement that any such information be kept strictly confidential unless in circumstances where mandatory reporting is required or in other situations permitted under law and in accordance with AHCSA policy. This includes information that may be shared with AHCSA staff over email or otherwise remote from the service. Please see the AHCSA Policies

### [C 03 Confidentiality and Privacy Policy](#)

[DOC 013 - AHCSA Data Privacy Policy.pdf](#)

[DOC 014 - AHCSA Data Security Policy.pdf](#)

The RACGP provides a module on privacy and health information, which can be found here:  
<https://www.racgp.org.au/running-a-practice/security/managing-practice-information/privacy-of-health-information>

### Immunisations

Any staff who may work within a Member Service or interact with community as part of their role at AHCSA must be compliant with the AHCSA immunisation policy.

Please see the AHCSA Immunisation Policy.

### Infection control

Any staff who may work within a Member Service or interact with community as part of their role at AHCSA are required to have undergone the Basics of Infection Prevention and Control e-learning module or be an AHPRA registered health practitioner. There is a further requirement that all staff, including AHPRA registered health practitioners complete an annual hand hygiene e-learning module.

Both of these learning requirements will be documented when completed in the ELMO system.

The Australian Commission on Safety and Quality in Health Care has e-learning modules on handwashing including for non-clinical staff working in the health care setting in addition to a module on "Basics of Infection Prevention and Control Orientation".

[Hand hygiene and infection prevention and control eLearning modules | Australian Commission on Safety and Quality in Health Care](#)



### Clinical documentation and handover

If any clinical service is provided, staff are required to maintain clear and accurate health records within the health records system of the Member Service.

Records should be factual, objective, legible and complete. Time and date should be recorded, and records written at the time of an event or as soon as possible afterwards.

Any clinical information should be held securely, and any access must be authorized by the Member Service.

Any important clinical information must be handed over to responsible staff within the Member Service in addition to properly documenting the information in the clinical record.

Privacy and confidentiality of the patient and their records outside of the relevant clinical staff in the Member Service must be maintained at all times.

### Access to professional development

Professional development should be targeted to skills or qualifications within the scope of practice for the role that the staff member does not currently have. This may include training in use of Patient Information Systems or digital health platforms.

Staff who are in roles that require AHPRA registration will be supported to undertake the required clinical hours for currency and professional development requirements to maintain registration. Clinical hours will in the first instance be considered in Member Services if required by those services.

### Professional Indemnity insurance

AHCSA has Professional Indemnity Insurance coverage under Association Liability Insurance.

### AHPRA clinician registration and credentialing

Scope: AHCSA staff that are in roles that require AHPRA registration.

To ensure a high standard of service delivery, staff must (where appropriate, required and within the scope of practice of their role at AHCSA):

- Be qualified, trained, credentialled where applicable and have relevant and appropriate experience to meet the requirements of the role, position description and role scope of practice
- Maintain currency of registration with state or national practicing authorities and continuing professional development requirements
- Have membership with their discipline-specific professional association
- Abide by their discipline-specific professional code of ethics and code of conduct
- Demonstrate compliance with relevant discipline-specific professional practice and competency standards requirements
- Receive line management and clinical supervision, from an appropriate clinical supervisor within AHCSA, through the Clinical Governance Committee.

The recruitment processes must ensure qualified staff are employed where discipline-specific registration, qualifications, training and/or credentialing are a requirement of the program of work.

ELMO is the system to document qualifications, AHPRA registration and any other professional requirement specific to the role.

Annually at the time of registration renewal, relevant staff must upload a certificate of currency to ELMO.

Currency of registration will also be checked by HR staff to ensure compliance. Timelines for renewal on an annual basis are:

- Aboriginal Health Practitioners: by 30 November
- Registered Nurses and Midwives: by 31 May
- Medical Officers: by 30 September.

Staff are obliged to alert the HR Manager if there is any change to their AHPRA registration status.

#### All staff work within scope of practice

All staff who work with Member Services supporting a clinical service or providing a clinical service will have an AHCSA role scope of practice which must be signed off by both AHCSA and the Member Service and abided by.

Any breach of this scope of practice must be reported within 24 hours to the line manager and be recorded and actioned as part of the AHCSA Incident Management System. Breaches to the scope of practice will be notified by Management to the affected Member Service within 48 hours of reporting.

In support of working within the scope of practice, line managers will work with staff to identify any professional development needs on an annual basis. Please see the AHCSA Scope of Practice Guideline.

#### Compliance with employment screening

All staff are required to comply with the Criminal History Check Policy [H 44 Criminal History Check Policy](#). At commencement of employment each staff member requires an assessment of the relevant checks required for the role against scope of practice and any contractual requirements.

#### Developing guidelines or guidance for working with Member Services

Staff developing or updating any documents or resources to support Member Services or the work of AHCSA must meet a number of requirements.

Any clinical resource must be based on the best available evidence from the peer reviewed literature or formal guidance from authoritative bodies. For example, this may be the Australian Immunisation Handbook or the Therapeutic Guidelines.

Clinical resources must further undergo review and approval by an AHCSA PHMO prior to undergoing the usual approval process through the relevant General Manager and the CEO (where relevant), using the Logiqc system.



All resources must also include cultural considerations and the ways of working in the Member Services so that the resource contributes to high quality, culturally safe work.

### Communications

Public communications separate from clinical resources, such as websites, social media posts or newsletters are also required to undergo a formal approval process prior to being made public. This process is outlined in the Communications Framework.



## Appendix 1: Induction checklist

Before commencement			
	Task	Responsible role	Documented
	Qualifications	HR	ELMO
	Working with children check	HR	ELMO
	National Police Check	HR	ELMO
	Vulnerable people check	HR	ELMO
	Immunisations up to date	HR	ELMO
	AHPRA registration	HR	ELMO
After commencement			
	Clinical governance framework	Manager	ELMO
	Clinical governance policy and associated documents	Manager	ELMO
	Infection control basic module	HR	ELMO
	Hand hygiene module	HR	ELMO
	Scope of practice review, supervision and professional development plan	Manager	ELMO
Ongoing requirement			
	AHPRA registration	HR	ELMO
	Hand hygiene module	HR	ELMO
	Scope of practice review, supervision and professional development plan	Manager	ELMO