Clinical Governance

Allied Health Clinical Governance Framework

Allied Health Clinical Governance Framework in Queensland Health

An Allied Health Clinical Governance Framework is embedded within the Queensland Health Clinical Governance Policy context and specifically outlines the internal systems (ie. the policies, processes and accountabilities) for allied health professionals.

Project Sponsor:	Julie Hulcombe
	Director
	Allied Health Workforce Advice and Coordination Unit
Project Officer:	Gai Rollings
Date Published:	14 November 2011
Version:	V17

Queensland Government

Clinical Governance

Allied Health Clinical Governance Framework

CONTENTS

Queensland
Government

Clinical Governance

Allied Health Clinical Governance Framework

ACKNOWLEDGEMENTS

Queensland Government

THE ALLIED HEALTH CLINICAL GOVERNANCE FRAMEWORK

The Allied Health Clinical Governance Framework

1.0 Objective

The objective of the allied health clinical governance framework is to provide clear policies, processes and accountabilities for all allied health professionals and their managers to ensure improved patient safety and the quality, effectiveness and dependability of allied health services within Queensland Health.

2.0 Background

2.1 Clinical Governance has been defined as a framework through which health services are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish (Scally and Donaldson,1998);

2.2 The Queensland Health Clinical Governance Policy and Implementation Standards which were first endorsed in 2007 state that safeguarding and improving the safety and quality of patient care is the first priority of Queensland Health and will inform all aspects of the work and decisions of constituent units.

2.3 Allied health professionals have specific accountabilities in the Queensland Health Clinical Governance Policy and Implementation Standards.

2.4 A number of districts have developed clinical governance processes for allied health professionals including the credentialing of private allied health professionals who provide services within Queensland Health facilities. It is becoming increasingly urgent, however, for all allied health professionals in Queensland Health to operate within a clinical governance framework.

2.5 Section 49 of the Health Practitioners (Queensland Health) Certified Agreement (No. 1) 2007 committed to a Clinical Governance Review which included the development of a Clinical Governance Framework for Health Practitioners within the life of the agreement.

2.6 A number of state-wide initiatives that fall within the allied health clinical governance framework are already in existence including the Return to Practice (Re-Entry) Framework from the Allied Health Workforce Advice and Co-ordination Unit; the Professional Support Program from the Cunningham Centre; the Education and Training initiatives from the Allied Health Clinical Education and Training Unit; and the Pharmacy Prescribing Project from Medicines Services Queensland (Appendix 1).

3.0   Context

3.1   Fundamental elements

The fundamental elements of Queensland Health's approach to clinical governance are:

- Line management responsibility and accountability for patient safety and quality;

- All clinicians are responsible and accountable for patient safety and quality;

- Safety and quality processes must involve patients;

- A just and open approach for managing adverse events;

- Responsibilities and accountabilities articulated at all levels of Queensland Health;

- Measurement of outcomes and performance;

- Transparency and accountability;

- An emphasis on the need for Queensland Health to improve it's performance in patient safety, quality and effectiveness of its' service delivery.

3.2   Key functions

A New Framework for Clinical Governance in Queensland Discussion Paper nominated the key functions to be performed as part of clinical governance:

- Pro-active analysis of risks (taking into account environment and role) and identification of strategies, activities and organisational processes to eliminate or mitigate risks;

- Support (including training, advice) to staff and Health Service Districts to manage the processes of clinical governance;

- Monitoring of compliance including measurement of performance and reporting internally and externally

The allied health clinical governance framework is aligned with these eight fundamental elements and three key functions.

3.3 Allied health professions are included?

The following professions are required to utilise these guidelines:

Audiology
Clinical Measurement Sciences
Dietetics
Exercise Physiology
Music Therapy
Nuclear Medicine
Nutrition
Occupational Therapy
Optometry
Orthoptics
Orthotics/Prosthetics
Pharmacy
Physiotherapy
Physicists
Podiatry
Psychology
Radiation Therapy
Radiography
Radiochemists
Sonography
Social Work
Social Work Associates
Welfare Officers

4.0   The intent of the allied health clinical governance framework

4.1   Queensland Health will have an allied health clinical governance framework to ensure allied health professionals have a systematic approach to delivering quality clinical care;

4.2   The Allied Health Clinical Governance Framework is subordinate to and intended to be fully compliant with the Queensland Health Clinical Governance Policy and associated implementation standards and the intent of this framework is to provide support to enable allied health professionals to fully engage in clinical governance;

4.3   The intent is not to duplicate systems but increase allied health professionals' knowledge of existing clinical governance systems and facilitate access to these systems;

4.4   The framework recognises that allied health professionals provide high quality care and aims to capture this excellence through consistent internal systems and support;

4.5 The framework is intended to provide the public with guarantees about standards of clinical care provided by allied health professionals;

4.6 The framework will apply to all allied health professionals who provide services or see patients in Queensland Health facilities;

4.7 The framework is not a finite entity and allows for elements to be added as the work environment changes;

4.8 The framework acknowledges that allied health professionals have the leadership skills to drive the quality and safety agenda at all levels of the organisation and should be supported and developed to engage actively in clinical governance;

4.9 The framework will assign accountability to all levels of the organisation including allied health professionals, their managers and the Allied Health Workforce Advice and Coordination Unit;

4.10 The framework is intended to complement professional governance systems, frameworks and accountabilities.

5.0 Allied health clinical governance framework

	Endorsement Processes (Clear Standards)	Development Processes	Monitoring and Reporting Processes (Monitored Standards)
Levels			
Individual	• Registration • Accreditation • Credentialing and defining scope of clinical practice • Competency assessment following Re-entry process	• Professional Support and Supervision • Education and Training • Continuing professional development • Re-entry process • General level competency framework (GLF)	• Registration status reports • Accreditation reports • Credentialing reports • PAD status • Professional Support Plans • Use of competency based performance assessment tools
Professional Environment	• Standard clinical practice guidelines • Core business • Clinical Service Capability Framework • Competency standards	• Quality improvement • Clinical Audit and review • Critical Incident Reporting • Research	• Quality improvement reports • Clinical Capability • Clinical indicator reports • Clinical audit activity reports • Research register • Clinical incident monitoring • Patient/consumer satisfaction reports • Clinical risk management

Clinical Governance Leadership

Clear lines of accountability

The Allied Health Clinical Governance Framework is a model comprising levels, processes and drivers which aims to encompass the complex processes, accountabilities and culture of a clinical governance framework.

This includes activities at the individual and professional level and the endorsement, development and monitoring/reporting processes at both these levels. The framework is underpinned by clear accountabilities and clinical leadership.

Clinical Governance

Allied Health Clinical Governance Framework

5.1 Levels

There are two levels within the framework.

These levels acknowledge that clinical governance activities occur at an individual level and at the level of the professional environment within which allied health professionals operate.

5.2 Processes or functions

Across the two levels are three major functions – endorsement processes; development processes; and monitoring and reporting processes.

5.2.1 Endorsement processes

The endorsement processes verify, check and approve competencies, standards or qualifications. Endorsement processes validate evidence thereby giving confidence that the competencies, standards or qualifications are authentic or evidenced based.

Endorsement processes at the level of the individual include (but are not limited to) the following elements:
- Checking that an individual is registered or accredited;
- Checking that an individual has evidence of continuing professional development;
- Verifying qualifications, experience and competence for an individual who is being credentialed;
- Re-verifying qualifications and competence at a scheduled review of credentialing;
- Checking that a person returning to the workforce has the necessary competence to practice and has utilised the Return to Practice (Re-entry) Framework.

Endorsement processes at the level of the professional environment include (but are not limited to) the following elements:
- Ensuring standard clinical practice guidelines are evidenced based;
- Validating that any determinations around core business have been through a rigorous consultation process;
- Verifying that a facility or service has the resources, equipment and staffing mix to support a particular clinical service;
- Ensuring the competencies for a particular scope of practice have professional endorsement.

5.2.2 Development processes

The development processes ensure that competencies, standards or practices are reviewed and plans for development are documented. It also includes the systems that are put in place if improvements or changes are required. Development processes ensure a culture of continuous improvement is embedded into daily practice.

Development processes at the level of the individual include (but are not limited to) the following elements:

- Engaging in professional support within the workplace in the context of the Performance Appraisal and Development Plan;
- Utilising education and training opportunities to demonstrate ongoing professional development;
- Engaging in continuous professional development through an accreditation program;

Development processes at the level of the environment or professional context include (but are not limited to) the following elements:

- Engaging in clinical audit and review within a multi-disciplinary context where possible;
- Reviewing critical incidents with an aim of improving quality and safety;
- Managing complaints and making changes to systems and processes as required;
- Developing standard clinical practice guidelines based on evidence;
- Conducting research with an aim to improve the quality and safety of care;

5.2.3 Monitoring and reporting processes

Monitoring and reporting processes ensure the functions of endorsement and development are occurring. Monitoring performance allows the generation of data which can then be utilised to judge the success of a standard or process.

Monitoring and reporting processes at the level of the individual include (but are not limited to) the following elements:

- Registration and accreditation status reports;
- Accreditation registers;
- Credentialing reports or registers;
- Reports of current Performance Appraisal and Development and professional support plans;

Monitoring and reporting processes at the level of the environment or professional context include (but are not limited to) the following elements:

- Quality improvement reports;
- Clinical audit and review reports;
- Clinical indicator reports;
- Clinical incident monitoring reports;
- Patient/consumer satisfaction reports;
- Research registers;
- Risk registers.

5.3   Drivers

There are two main drivers of the allied health clinical governance framework: A culture of innovation and leadership and clear lines of accountability within the allied health workforce.

5.3.1 A culture of clinical governance leadership

A culture of clinical governance leadership will ensure the allied health clinical governance framework is sustained.

Queensland Health has invested in culture and leadership development and allied health professionals should be encouraged to develop their leadership skills utilising the opportunities available to them.

Investment in the people that have the energy and enthusiasm to make change, problem solve and develop innovative solutions to problems is necessary for clinical governance to become embedded in the allied health culture.

Health Service Districts have the capacity to shape culture at a local level and are encouraged to develop a culture of clinical governance leadership derived through the identification and support of local clinical leaders within the allied health professions driving processes and making change at the clinical interface.

An allied health service that is innovative and productive is derived from developing individual allied health professionals and valuing the contribution made by these professionals on a day to day basis.

Clinical governance leadership is built on the concept of shared leadership where leadership is not restricted to those who hold designated leadership roles and where there is a shared sense of responsibility for the success of the organisation and it's services.

5.3.2 Clear lines of accountability

Clear articulation of accountability is necessary in any governance framework.

The allied health clinical governance framework provides clear accountabilities for all levels of the organisation including the individual, managers and the Director of the Allied Health Workforce Advice and Co-ordination Unit.

6.0   Framework structure

The diagram below depicts the configuration of the major components of the allied health clinical governance framework and the framework's relationship to the Queensland Health Clinical Governance Framework.

```
┌────────────────────────┐
│ Criteria for           │────────┐
│ employment to          │        │
│ ensure safe and        │        │
│ quality services       │        │
└────────────────────────┘        │
                                  │
┌────────────────────────┐        │
│ Credentialing and      │────────┤
│ defining scope of      │        │
│ clinical practice      │        │
└────────────────────────┘        │
                                  │
┌────────────────────────┐        │        ┌──────────────┐      ┌──────────────────┐
│ Supporting Clinical    │────────┤───────▶│ Allied Health│─────▶│ Queensland       │
│ Effectiveness          │        │        │ Clinical     │      │ Health Clinical  │
└────────────────────────┘        │        │ Governance   │◀─────│ Governance       │
                                  │◀───────│ Framework    │      │ Framework,       │
┌────────────────────────┐        │        └──────────────┘      │ policies and     │
│ Return to Practice     │────────┤                              │ implementation   │
│ (Re-Entry)             │        │                              │ standards        │
│ Framework              │        │                              └──────────────────┘
└────────────────────────┘        │
                                  │
┌────────────────────────┐        │
│ Professional           │────────┤
│ Support Program        │        │
│                        │        │
└────────────────────────┘        │
                                  │
┌────────────────────────┐        │
│ Clinical Education     │────────┘
│ and Training           │
│                        │
└────────────────────────┘
```

COMPONENTS OF THE CLINICAL GOVERNANCE FRAMEWORK

Queensland
Government

COMPONENTS OF THE CLINICAL GOVERNANCE FRAMEWORK 1.0 Criteria For Employment Of Allied Health Professionals To Provide Safe And Quality Services

1.1   Current situation

1.1.1   Registered professions

Some allied health professionals require registration to work in Queensland (Appendix 2).

Registration is a legal process whereby an eligible allied health professional is registered under law to practice. Through a framework of legislation, registration aims to promote and protect the public interest; uphold the standards of practice within the professions; and maintain public confidence in the professions.

Registration requires the allied health professional to have a qualification from an accredited university program.

Registration Boards oversee the receipt, assessment and investigation of complaints and the management of impaired registrants. These functions will expand with National Registration to include mandatory reporting, proof of indemnity insurance, criminal history checking and monitoring continuing professional development.

At the point of employment in Queensland Health, the registration status of each allied health professional from a registered profession is verified as part of the recruitment process. Registration status is then checked annually to ensure all allied health professionals from registered professions have current registration.

1.1.2   Non-registered professions

Other allied health professions are not registered (Appendix 2) which means they are not governed by legislation.

There is also no requirement for non-registered allied health professionals in Queensland Health to be a member of a recognised professional body which could provide some of the functions of registration without the legislative framework.

Queensland Government

Some of the larger non-registered professions (Social Work and Dietetics) in Queensland Health have systems whereby an individual must demonstrate eligibility for membership of the recognised professional body prior to employment which ensures allied health professionals have a qualification from a recognised education program. There are a number of smaller professions however that do not have national professional associations or recognised qualifications for practise. There is no standard process in Queensland Health for the verification of qualifications of these professions.

1.2 Ensuring appropriate qualifications and continuing professional development

1.2.1 Accreditation* programs

To demonstrate to the public and employers that the professional holds a suitable qualification and has an ongoing commitment to updating and extending professional knowledge and skills and maintaining competence, many professional bodies have established accreditation* programs.

Only those individuals who have completed a university qualification from a course accredited by the professional association are eligible for accreditation. The individual is then required to meet the ongoing professional development requirements of the professional body in order to become accredited and maintain accreditation. Some of these accreditation programs have complaints management systems and notifications of lapsed accreditation and some accreditation programs (Dietitians Association of Australia and Exercise and Sports Science Australia) are recognised by the Commonwealth Government for the purposes of accessing Medicare.

In the case of non-registered professions, evidence of participation in an accreditation program is a means of determining whether an individual is suitably qualified. It also provides a means of determining whether an individual has maintained a history of continuing professional development.

This evidence of accreditation would provide a more rigorous process for recruitment and would provide an element of equity or alignment between the registered and non-registered professions.

Accreditation is the term that will be used within the Allied Health Clinical Governance Framework when referring to the formal recognition of the compliance by individuals to a set of professional standards set by a professional body. According to the Department of Health and Ageing Thesaurus this definition corresponds to the term 'certification'. Different professional bodies use different terminology to describe this recognition however the term accreditation is used within a number of the non-registered professions that will be affected by this component of the clinical governance framework and for this reason it will be used despite the use of the term accreditation for other purposes.

1.2.2 Minimum standards for accreditation programs

Accreditation programs should meet certain minimum standards. The following elements are considered the minimum standards of an accreditation program:

- The accreditation program must clearly define the qualifications and tertiary education programs that are required for eligibility to the program;
- The program should have a mechanism for assessing the equivalence of overseas qualifications;
- Members must demonstrate continuing professional development to maintain accreditation;
- An easily accessible public register of accredited professionals must exist or there must be an efficient and reliable means of obtaining accreditation status information for individuals;
- A provisional or interim category of accreditation for new graduates or new starters is incorporated into the accreditation program;
- The accreditation program must be recognised by the Department of Health and Ageing for the purposes of accessing Medicare or be the primary recognised program for the profession

It would be desirable for an accreditation program to comprise the following elements:

- A requirement for accredited members to demonstrate application of the learning obtained through continuing professional development in their practice;
- The inclusion of complaints management and reporting systems, including notification of misconduct in governance documents (There are plans to introduce negative licensing for all non-registered professions from 2013 and this should provide a means of alerting the community and employers to complaints and misconduct);
- A separate accreditation program that does not require membership of the professional association;
- Provision for on-line continuing professional development data entry.

1.3 Ensuring all allied health professionals have appropriate qualifications and engage in continuing professional development would require the following:

- Developing a culture which encourages continuing professional development through the membership of accreditation programs;

- Adherence to the Professional Support Program including the annual professional support plan as part of the Performance Appraisal and Development Process;

- Strong partnerships with professional associations to facilitate the development and maintenance of rigorous accreditation systems.

2.0 Credentialing and defining scope of clinical practice for allied health professionals

The Credentialing and Defining the Scope of Clinical Practice for Medical and Dental Practitioners in Queensland Health – 2011 defines credentialing as the formal process used to verify the qualifications, experience, professional standing and other relevant professional attributes for the purpose of forming a view about an individual's competence, performance and professional suitability to provide the specified, safe high quality healthcare services within specific organisational environments. It defines scope of clinical practice as the delineation of the extent of a professional's clinical practice within a particular facility.

2.1 Principles of credentialing and defining scope of clinical practice for allied health professionals

1. *The Credentialing and Defining the Scope of Clinical Practice for Medical and Dental Practitioners in Queensland Health - 2011* is used as the basis for the Guidelines for Credentialing and Defining Scope of Clinical Practice for Allied Health Professionals.

2. Credentialing and defining scope of clinical practice for allied health professionals will achieve consistency in the management of credentialing and defining scope of clinical practice for allied health professionals within Queensland Health.

3. Credentialing and defining the scope of clinical practice will not be required for all allied health professionals working in Queensland Health due to the rigorous verification processes that occur at point of employment by selection panels.

4. It is the intent of the process that few allied health professionals will be required to apply for credentialing and defining scope of clinical practice.

5. Credentialing and defining scope of clinical practice processes are specific to a facility. Individuals who are credentialed to practice at one facility are not able to practice at another facility until they have their credentials recognised by the facility.

6. Credentialing and defining scope of clinical practice is specific to the practice/s determined by the committee.

2.2 Proposed groups requiring credentialing and defining scope of clinical practice

It is proposed that credentialing and defining scope of clinical practice for allied health professionals will include:

- allied health professionals who engage in complex clinical practices not traditionally performed by the profession that may pose a risk to patient safety.
- allied health professionals who are not recruited by Queensland Health but intend to provide services in Queensland Health facilities;

2.3 Credentialing

Credentialing is the process used to make a determination about the individual's competence, performance and professional suitability to practise safely.

These determinations are guided by professional associations' scope of practice documents, other professional standards documents and requirements from the regulatory body.

It is then necessary to assess the information provided by the applicant to determine whether the individual has the necessary skills, knowledge, competencies and experience.

Decisions in relation to credentialing may consider the following information:

- Documentary evidence such as curriculum vitae, log books, a summary of cases seen, objective outcome data and other verification of currency of practice and experience;
- Commitment to past and continuing professional education including evidence of compliance with professional association accreditation programs;
- Qualifications or certifications of competence in the area of practice;
- Professional body or registration board requirements;
- Profession-specific group recommendations;
- Queensland Health requirements.

2.4 Defining scope of clinical practice

Defining scope of clinical practice is a process separate to credentialing that determines the support services, staff profile, minimum safety standards and other requirements that ensure clinical services are provided safely and are appropriately supported.

The scope of clinical practice is specific to the individual in that health care facility, and necessarily relates to the resources, equipment and staff available at the facility.

Factors that may be considered in defining scope of clinical practice include (but are not limited to) access to the following:

- Specialist medical officers
- Specialised equipment
- Equipment that is compliant with legislation and regulations
- Staffing mix and level of staffing resource

- Specialised teams (Emergency response team, surgical team)
- Professional support

The profession will provide recommendations in relation to the staffing and resources necessary to practise utilising recommendations from regulatory and professional bodies.

Committees that credential and define scope of clinical practice will actively seek any professional advice in conjunction with the committee's knowledge of health practice and the particular facility in their deliberations.

2.5 Credentialing and defining scope of clinical practice for complex clinical practices not traditionally performed by the profession that may pose a risk to patient safety

2.5.1 Practices that require the credentialing and defining scope of clinical practice of individuals

In recognition of the evolving nature of allied health professionals and the right of a facility to make determinations in relation to credentialing and defining scope of clinical practice, a definitive list of practices that require the credentialing and defining scope of clinical practice for an individual has not been developed.

A decision making tool has been developed (Appendix 3) which may assist the Allied Health Credentialing and Defining Scope of Clinical Practice Committee when determining whether a practice requires the credentialing and defining scope of clinical practice of individuals.

The aim of the tool is to provide some broad areas which may assist in the decision making process. It is expected that other factors may also be considered during this process.

Factors that may be considered include:
- Complexity of clinical decision making
- Autonomy and accountability for clinical decisions
- Complexity of the practice
- Level of risk associated with the practice
- Invasiveness of the practice
- Extensiveness of the change in role
- Extent of new knowledge required of the professional
- Acceptability (from all professional bodies) of the practice
- Scope of practice of the profession
- Type of profession that has historically conducted the practice
- Impact of the practice on the multi-disciplinary team
- Extent of the practice in other jurisdictions

If it is determined that a practice does not require the credentialing and defining scope of clinical practice of an individual, it is the responsibility of the profession-specific manager to ensure the allied health professional is competent and maintains competence in the area of practice.

Appendix 4 is a decision making tree which may assist allied health professionals, teams and the Allied Health Credentialing and Defining Scope of Clinical Practice to determine whether an individual is required to apply for credentialing and defining scope of clinical practice.

2.6 Credentialing and defining scope of clinical practice for allied health professionals not recruited by Queensland Health but intending to provide services in Queensland Health facilities and services

Any allied health professional that is not recruited by Queensland Health but intends to practise in Queensland Health facilities will need to submit an application for credentialing and defining scope of clinical practice unless there has been an endorsed agreement at a corporate or district level with the organisation employing the external professional.

2.6.1 Allied health professionals that will require credentialing and defining scope of clinical practice

2.6.1.1 Allied health professionals that will require credentialing and defining scope of clinical practice

It is proposed that credentialing and defining scope of clinical practice would be required for the following:
- Allied health professionals employed by external organisations/agencies to provide direct clinical services in Queensland Health facilities and services where there is no agreement with Queensland Health that the organisation/agency will conduct a credentialing process with it's employees;
- Private allied health professionals providing services which will be charged to individual patients;
- Private allied health professionals providing services to patients in private beds in Queensland Health facilities;
- Private supervisors who are providing supervision to Queensland Health employees as part of the requirements of the employee's registration;
- External allied health professionals (including university employees) conducting research that involves direct practice or review of clinical records;

2.6.1.2 Allied health professionals that will not require credentialing and defining scope of clinical practice

It is proposed that credentialing and defining scope of clinical practice would **not** be required for:
- Allied health professionals employed or sub-contracted by service providers from the register of pre-qualified service providers;
- Allied health professionals from other government and nongovernment organisations/agencies that have systems in place for the checking of registration (where applicable) or qualifications;
- Allied health professionals with appointments in non-clinical positions;
- University employees providing supervision to students (as per Section 4.4 of the Deed for placement of student health professionals in Queensland Health Facilities);

- Students and allied health professionals who are practising under a formal supervision arrangement (e.g. work experience, re-entry);
- Allied health professionals undertaking research where the research involves no patient contact or responsibility;
- Allied health professionals working in private facilities accepting referrals for public patients from Queensland Health practitioners;
- Allied health professionals who are employed by Queensland Health and provide relieving services through relief pool programs or exchange programs.

2.7 Ensuring a credentialing and defining scope of clinical practice process exists for all allied health professionals would involve the following:

- A continuation of the verification processes at point of employment;

- The utilisation of the *Guidelines for Credentialing and Defining Scope of Clinical Practice for Allied Health Professionals 2011*;

- Adherence to the Professional Support Program including the annual professional support plan as part of the Performance Appraisal and Development process;

- A process to ensure scheduled reviews of credentials and scope of clinical practice occur in a timely manner;

- A system for the public recording of allied health professionals who are credentialed and have their scope of clinical practice defined;

3.0 Supporting Clinical Effectiveness For Allied Health Professionals

3.1 Clinical effectiveness

Clinical effectiveness for the purposes of this framework includes defining standards of care and continuously reviewing clinical practice against these standards using a patient/consumer focus.

The *Queensland Health Clinical Governance Policy* and implementation standards outline the responsibility of all health professionals in relation to clinical effectiveness. For example:

- The Queensland Health Clinical Governance Implementation Standard *Clinical Pathways* (2007) states that districts are required to implement standard processes by which performance variances are identified.

- As identified in the Queensland Health Clinical Governance Implementation Standard *Patient Satisfaction* (2007) all health professionals are required to ensure the patient/consumer is involved in their own health care and should consult the consumer regarding the adequacy of services.

- The Queensland Health Clinical Governance Implementation Standard *Clinical Audit and Review* (2009) describes the minimum mandatory requirements for clinical audit and review activities which include (but is not limited to) the completion of two clinical audits annually and multidisciplinary review of clinical indicators.

There are many other aspects of clinical effectiveness including quality improvement, the development of multi-disciplinary care pathways, critical incident monitoring, risk management and research that require active involvement from allied health professionals.

It is essential that allied health professionals demonstrate their contribution to the clinical effectiveness of Queensland Health services and fulfil their accountabilities.

3.2 Ensuring an allied health framework for clinical effectiveness exists would involve the following:

- Processes to allow the development of standard evidenced based clinical practice guidelines (taking into account the need to ensure high level clinical reasoning in each clinical intervention) for high cost, high risk or high volume allied health services;

- Processes to allow the development of core business statements;

Clinical Governance

- Processes to support multi-disciplinary clinical audit and review of clinical practice;

- Utilisation and evaluation of evidenced based standard clinical practice guidelines;

- Processes to support allied health professionals to utilise multidisciplinary clinical indicators;

- Systems to ensure core business and standard clinical practice guidelines are published on the Queensland Health intranet;

- Processes to ensure patient experience is a key performance indicator in all allied health service planning processes;

- Processes to ensure patient experience is a key performance indicator in all professional support planning;

- Systems to ensure allied health professionals are included in all aspects of clinical effectiveness evaluation including reporting at District Quality and Safety Committees;

4.0   Accountabilities

4.1   Individual Accountabilities

The individual allied health professional has accountability for maintaining registration;

The individual allied health professional has accountability for immediately advising their operational and profession-specific managers when conditions of professional registration are altered.

The individual allied health professional has accountability for maintaining their professional skills and engaging in ongoing quality learning and development opportunities utilising a variety of methodologies;

The individual allied health professional has accountability for maintaining a record of professional support and development including the professional support plan;

The individual allied health professional is accountable for maintaining the skills and competencies required of their scope of clinical practice;

The individual allied health professional is accountable for adhering to the codes of conduct for the relevant profession, registration board (if applicable) and Queensland Health;

The individual allied health professional is accountable for practising within their scope of clinical practice and the clinical capability of the service;

The individual allied health professional has accountability for active participation in clinical audit and review activities;

The individual allied health professional has accountability for collecting data on service provision including clinical indicators;

The individual allied health professional has accountability for adhering to policies and procedures for preventing, reporting and disclosing adverse events;

The individual allied health professional has accountability for the utilisation of standard clinical practice guidelines where available and where clinically appropriate;

4.2   Operational Manager Accountabilities

Each operational manager in consultation with the profession-specific manager is accountable for verifying that an individual's registration is current and appropriate for the role to be performed prior to commencement;

Each operational manager is accountable for monitoring compliance with policies in relation to registration;

Each operational manager must ensure rostering or work directives do not place allied health professionals in situations that may lead to a breach of their registration;

Each operational manager is accountable for including the profession-specific manager (or delegate) in all aspects of recruitment and selection including the review of the role description and inclusion on the selection panel;

Each operational manager is accountable for seeking advice from the profession-specific manager regarding the identification of professional development needs and for ensuring individual allied health professionals have access to a variety of quality professional development activities appropriate to their scope of clinical practice;

Each operational manager is accountable for consulting the profession-specific manager in all aspects of performance management, performance development, performance assessment (student assessment, re-entry programs) planned change of work area, service planning, change management and models of care development;

Each operational manager in conjunction with the profession-specific manager must ensure that allied health professionals practise within their scope of clinical practice;

Each operational manager is required to adhere to the Implementation Standards for Professional Support including the annual professional support plan as part of the Performance Appraisal and Development process;

Each operational manager is accountable for ensuring the appropriate human resources processes such as facility specific orientation and generic training occurs for any internal or external allied health professionals;

Each operational manager is accountable for ensuring there is clarity for the patient and professional in relation to payment for services provided by a non-Queensland Health allied health professional in Queensland Health facilities;

Each operational manager is accountable for ensuring the profession-specific manager is an equal partner in service development planning and model of care development;

Each operational manager is accountable for providing all allied health professionals with the time to conduct clinical audit;

Each operational manager is accountable for reporting on clinical audit and review within their areas of responsibility;

Each operational manager in collaboration with the profession-specific manager(or delegate) is accountable for developing mechanisms to ensure the systemic variation in clinical processes and outcomes are identified and addressed;

Each operational manager is accountable for undertaking regular review, audit and feedback of key performance indicators relevant to the department/unit;

Each operational manager is accountable for reviewing clinical indicators;

4.3   Profession-Specific Manager* Accountabilities

Each profession-specific manager is accountable for the competence of allied health professionals within their professional jurisdiction;

Each profession-specific manager (or delegate) is required to be included in all aspects of recruitment and selection including the review of the role description and inclusion on the selection panel**;

Each profession specific manager is accountable for providing advice to the operational manager in relation to appropriate profession-specific professional development activities for individuals.

Each profession-specific manager in conjunction with the operational manager is accountable for ensuring the competency of all allied health professionals;

Each profession-specific manager is accountable for ensuring training, professional support and professional supervision is available for all allied health professionals and students including under graduate students, post graduate students, re-entrants and research positions;

Each profession-specific manager (or delegate) is accountable for providing the profession-specific input into the annual professional support plan as part of the Performance Appraisal and Development process;

This position provides authoritative profession specific advice and advocacy and works in collaboration with the Director Allied Health(or equivalent) to ensure effective and safe clinical service delivery within the organisation. It most commonly refers to the professional director in a facility or district. In situations where there is no director, a profession-specific manager could be from an adjacent district/facility or division.

* At least one profession-specific manager should be included on panels where the position is a generic allied health position and this should be decided in consultation with all relevant profession-specific managers*

Queensland
Government

Each profession-specific manager is accountable for guiding the development of service planning and model of care development and ensuring that such practices fall within professional/legal guidelines.

Each profession-specific manager is accountable for identifying, through the application of objective criteria, areas of substantial risk within the profession in relation to safety and quality and developing mitigating strategies;

Each profession-specific manager is accountable for developing or endorsing standard clinical practice guidelines for high cost, high volume or high risk practices;

4.4 Facility/District/Division Accountabilities

Each facility/district is accountable for monitoring the compliance of registration of allied health professionals;

Each facility/district is accountable for the ongoing professional support and development of allied health professionals practising in the district including the approval of essential learning and development identified through the Clinical Education and Training Unit processes;

Each facility/district is accountable for ensuring governance structures exist for credentialing of allied health professionals and for the structures to be multi-disciplinary with profession-specific representation as required;

Each facility/district is accountable for ensuring all those involved in the credentialing process act with due care and diligence to ensure that the procedures followed are fair and without bias;

Each facility/district is accountable for ensuring governance structures exist for monitoring registration status and abiding by the Queensland Health Policy when an allied health professional is found to be unregistered;

Each facility/district must ensure that individual Performance Appraisal and Development Plans, Managing for Performance and Professional Support Plans are current for all allied health professionals practising in the district unless their appointment is for less than six months, or if they are not employed by Queensland Health ;

Each facility/district is accountable for developing an accessible register of allied health professionals who have been credentialed which has details of the scope of clinical practice assigned;

Each facility/district is accountable for developing a process to ensure scheduled reviews of credentials occur in a timely manner;

Each facility/district is accountable for developing a process to utilise monthly registration status reports from the Queensland Shared Service Provider;

Each facility/district is responsible for ensuring all medical officers, nurse unit managers and other team leaders are aware of the need to credential external allied health professionals intending to practise within Queensland Health facilities and services;

Each facility/district is accountable for ensuring allied health professionals are supported, encouraged and provided with dedicated time to participate in regular multi-disciplinary clinical audit and review activities;

Each facility/district is accountable for compliance with standard clinical practice guidelines and core business;

Each facility/district is accountable for quality and safe practice provided by allied health professionals.

4.5   Corporate Accountabilities

The Director, Allied Health Workforce Advice and Co-ordination Unit is accountable for providing oversight of the implementation standards for credentialing and defining scope of clinical practice.

The Director, Allied Health Workforce Advice and Co-ordination Unit is accountable for the ongoing evaluation and maintenance of the *Guidelines for Credentialing and Defining Scope of Clinical Practice for Allied Health Professionals*;

5.0   SUMMARY AND CONCLUSION

The Allied Health Clinical Governance Framework provides a model for allied health professionals in Queensland Health to practise in a safe and competent manner.

This paper has addressed a number of components from within the model that are considered a priority for safe and quality allied health practice including:
- Criteria for employment to ensure safe and quality practice
- Credentialing and defining scope of clinical practice for allied health professionals
- Clinical effectiveness for allied health professionals

Further projects may be identified in the future to support the implementation of this framework.

Queensland Government

REFERENCES

Commonwealth of Australia (2005). The Health and Ageing Thesaurus. Available at
http://www.health.gov.au/internet/main/publishing.nsf/Content/health-thesaurus.htm
Retrieved 5 July 2010.

Scally,G. and Donaldson, L.J.(1998). Clinical governance and the drive for quality
improvement in the new NHS in England. British Medical Journal, 317: 61 – 65.

Queensland Health (2011). Credentialing and Defining the Scope of Clinical Practice for
Medical and Dental Practitioners in Queensland Health 2011. Brisbane: Queensland
Health.

Queensland Health (2007). Queensland Health Clinical Governance Policy. Available at
http://www.health.qld.gov.au/cpic/pdf/clingovpol.pdf Retrieved 10 March 2010.

Queensland Health (2010). Deed For Placement of Student Health Professionals in
Queensland Health Facilities.

APPENDICES

Appendix 1 - EXISTING PROJECTS AND INITIATIVES THAT SIT WITHIN THE ALLIED HEALTH CLINICAL GOVERNANCE FRAMEWORK

There are a number of current state-wide projects and initiatives that are currently occurring. The Return to Practice Framework is a project currently occurring through the Allied Health Workforce Advice and Co-ordination Unit; the professional support program is managed by the Cunningham Centre and the Clinical Services Capability Project is currently occurring through the Allied Health Clinical Education and Training Unit. These projects and initiatives sit within the Allied Health Clinical Governance Framework.

Professional Support Program

The professional support program is based on the knowledge that ongoing professional support and development is essential for allied health professionals to ensure safe and quality care and that the organisation has responsibility to provide an environment where ongoing professional support and development is accessible.

The state-wide professional support program will support health service districts to formulate and implement a professional support framework and will provide resources to allow all allied health professionals to maximise their participation in professional support activities.

The Implementation Standard for Allied Health Professional Support outlines the minimum professional support requirements of all allied health professionals within the context of the Performance Appraisal and Development Plan.

Return to Practice Framework

The return to practice framework is a project which aims to support allied health professionals who have been out of the workforce for a period of time to re-enter the workforce with the competencies required to practise in a safe manner.

A standardised re-entry procedure will ensure an individual allied health professional has the necessary skills, knowledge and ability to practise.

The project has developed a package of supporting documentation to assist re-entrants and the Health Service District with the return to practice process.

The project also extends to those individuals moving from one practice area to another within the profession.

It is envisaged that all individuals wanting to re-enter the workforce or move into a very different practice area will use the process outlined in the return to practice document following consultation with their operational and profession-specific manager.

_____

Education and training

The Allied Health Clinical Education and Training Unit supports each allied health profession to identify key priorities for education and training.

The Learning and Development Strategic Framework Pathway Model recognises that learning is continuous and life long and there are areas of development for professionals as they progress from new graduate, generalist, advanced generalist and expert/consultant.

The profession driven process of identification of key educational requirements for specific areas of practice aims to provide safe, sustainable, high quality clinical practice.

The key priorities for each profession will provide allied health professionals with a clear pathway of education in particular areas of practice and this needs to be considered when developing the professional support plan for an individual.

Pharmacy Prescribing Pilot

The Practitioner Development team of Medicines Services Queensland is leading the pharmacy prescribing pilot that aims to identify the factors required to successfully introduce pharmacist prescribing in a pre-admission clinic and HIV specialist out-patient clinic in hospitals in Queensland Health. The intent is to maximise patient access to safe, timely and effective medications.

The Queensland Health Pharmacists Prescribing Working Group is piloting this project in two hospitals working with a National Australian Health Workforce Institute to develop competency frameworks and training program for all non-medical prescribers.

Appendix 2 – PROFESSIONAL ASSOCIATIONS AND REGISTRATION BOARDS FOR EACH PROFESSION

Profession	Registration Board	Professional Association
Audiology	N/A	Audiology Australia www.audiology.asn.au
Clinical Measurement Sciences		
Cardiac Sciences	N/A	Cardiac Society of Australia & New Zealand http://www.csanz.edu.au Queensland Professionals in Cardiac Sciences Australian Sonographer Accreditation Registry (cardiac scientist who perform echo) http://www.asar.com.au
Critical Care Science	N/A	N/A
Neurophysiology Science	N/A	Association of Neurophysiologocal Technologists of Australia (ANTA) www.anta.asn.au Organisation of Societies for Electrophysical Testing (OSET) www.oset.org
Physicts	N/A	Australasian College of Physical Scientists and Engineers in Medicine http://www.acpsem.org.au/
Radiochemists	N/A	Australasian College of Physical Scientists and Engineers in Medicine http://www.acpsem.org.au/
Respiratory Science	The ANZSRS has a working group for the creation of registration of respiratory scientists.	Australian & New Zealand Society of Respiratory Science www.anzsrs.org.au Thoracic Society of Australia and New Zealand http://www.thoracic.org.au Thoracic Society of Queensland
Sleep Science	N/A	Australasian Sleep Technologists Association http://www.sleeptechnologists.org
Vascular Ultrasound Science	N/A	Australasian Society for Ultrasound in Medicine http://www.asum.com.au/site/about.php

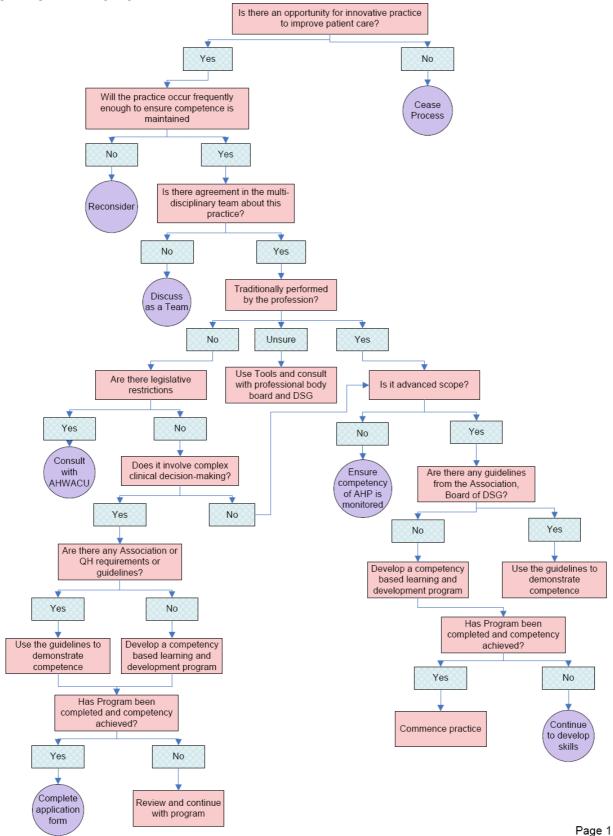| Profession	Legislative Registration Board	Professional Bodies
Dietetics & Nutrition	N/A	Dietitians Association of Australia http://www.daa.asn.au/ Nutrition Society of Australia www.nsa.asn.au
Exercise Physiology	N/A	Australian Association for Exercise and Sports Science http://www.aaess.com.au
Medical Radiation Professionals	Office of Health Practitioners Registration Board (Queensland Government) www.mrtboard.qld.gov.au	Australian Institute of Radiography www.air.asn.au
Music Therapy	N/A	Australian Music Therapy Association http://www.austmta.org.au
Occupational Therapy	Australian Health Practitioner Regulation Agency www.occuptherapyboard.qld.gov.au	OT Australia (Australian Association of Occupational Therapists) www.ausot.com.au
Optometry	Optometrists Board of Queensland http://www.optometryboard.gov.au/	Optometrists Association Australia http://www.optometrists.asn.au
Orthotics/Prosthetics	N/A	Australian Orthotic and Prosthetic Association www.aopa.org.au
Orthoptics		Orthoptic Association of Australia http://www.orthoptics.org.au Australian Orthoptic Board (not essential to be registered) www.australianorthopticboard.org.au
Pharmacy	Australian Health Practitioner Regulation Agency www.pharmacyboard.gov.au	Pharmaceutical Society of Australia www.psa.org.au
Physiotherapy	Australian Health Practitioner Regulation Agency www.physiotherapyboard.gov.au	Australian Physiotherapy Association http://www.physiotherapy.asn.au/
Podiatry	Australian Health Practitioner Regulation Agency www.podiatryboard.gov.au	Australasian Podiatry Council www.apodc.com.au
Psychology	Australian Health Practitioner Regulation Agency www.psychologyboard.gov.au	The Australian Psychological Society www.psychology.org.au
Social Work	N/A	Australian Association of Social Workers www.aasw.asn.au
Sonography	N/A	Australian Sonographers Association www.a-s-a.com.au Australian Sonographer Accreditation Registry www.asar.com.au Australian Society for Ultrasound Medicine http://www.asum.com.au
Speech Pathology	Office of Health Practitioners Registration Board (Queensland Government) www.speechpathboard.qld.gov.au	Speech Pathology Australia www.speechpathologyaustralia.org.au

Queensland Government

_____

Appendix 3 -FACTORS TO CONSIDER WHEN DETERMINING THE NEED TO CREDENTIAL AND DEFINE SCOPE OF CLINICAL PRACTICE

Factor	Low need	Medium need	High need
Complexity of decision making	Low level of complexity in clinical decision making	Medium level of complexity in clinical decision making	High level of complexity in clinical decision making
Autonomy and accountability in decision making	Limited decision making is required	Some independent decision making is required	The clinician makes autonomous decisions regarding treatment and is fully accountable for these decisions
Complexity of the practice	A technical skill	A complex practice	A highly complex practice
Risk	Low risk. Likelihood of harm and consequences of harm are negligible or minimal	Medium risk. Likelihood of harm and consequences of harm are moderate	High risk. Likelihood of harm or consequences of harm are significant.
Level of invasiveness	Non invasive intervention	A medium level of invasiveness is required as part of the intervention	Invasive intervention or assessment and diagnosis becomes part of the extended role
Extensiveness of change	Involves the addition of one additional discrete task to existing practice	Involves the addition of more than one additional discrete task to existing practice	Involves a change in service delivery, operation and role
Knowledge base of profession	The change in scope utilises a body of knowledge that was acquired as part of the initial qualification	Draws on knowledge from initial qualification but requires further understanding and new skills and abilities	Requires new knowledge that is not part of initial qualification
Extensiveness of change	Involves the addition of one additional discrete task to existing scope	Involves the addition of more than one additional discrete task to existing scope	Involves a change in service delivery, operation and role
Scope of practice	Has only been within scope for a short period of time	There is some controversy about whether it is within scope or not	Is not within scope of practice
Role substitution	Practice involves a role substitution with a like professional	Practice involves role substitution with a medical officer	Practice involves role substitution with a specialist medical officer
Extent of impact on multidisciplinary team	Practice has a minimal impact on the multidisciplinary team	Practice has a moderate impact on the multidisciplinary team	Practice impacts on a number of different professional groups from medical, nursing and allied health
Extent practice has been used in other jurisdictions	Practice is used frequently in other jurisdictions by the profession	Practice has been used occasionally in other jurisdictions by the profession	Practice has not been used frequently in other jurisdictions by the profession

Queensland Government

Appendix 4 - DECISION MAKING TREE FOR CREDENTIALING AND DEFINING SCOPE OF CLINICAL PRACTICE