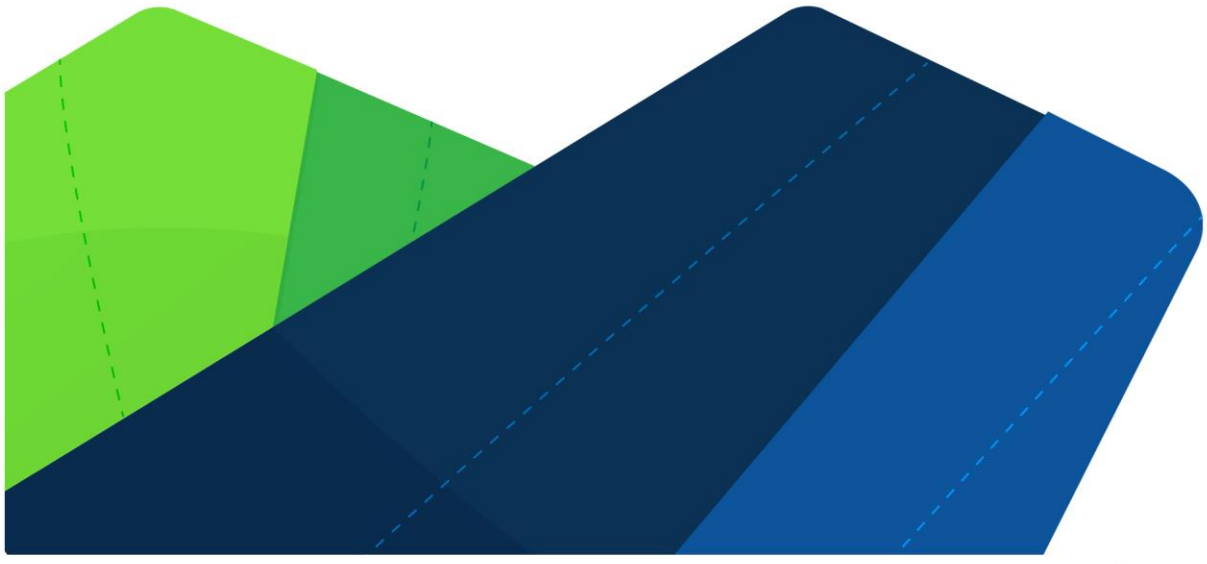
Allied Health Clinical Governance Framework in Queensland Health

December 2018



Queensland Government

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1. Background and context

Clinical governance is the system by which health organisations, managers, clinicians and staff share responsibility and accountability for quality of care, continuous improvement, minimisation of risks and fostering of an environment of excellence in care for consumers [1].

A clinical governance system should operate at all levels of the organisation, ensuring that there is accountability and sound reporting processes in place to support continuous improvement in the safety and quality of care provided to consumers.

Queensland's devolved system of health governance and decentralised approach to health service delivery encourages clinical governance that reflects the requirements, issues and pressures of the local environment. However, as new service and workforce models evolve across various and unconventional settings, through multidisciplinary teams of varying skill mix and composition, there is a need to ensure that appropriate processes and clinical governance structures are clearly outlined so that safe and effective high-quality care is provided [2].

2. Purpose

This Framework aims to better equip the allied health workforce across all Hospital and Health Services (HHSs) to improve quality, reduce risk, create continuous improvement cultures, and more effectively develop innovative roles and service delivery models. Enabling the effective transfer of these across organisations, sectors and disciplines is a key aim of this framework.

This Framework draws together the allied health clinical governance principles, structures, policies and processes utilised within HHSs, to provide a systematic and consistent approach to delivering quality clinical care across Queensland Health. It acknowledges the independence of individual HHSs as prescribed employers and provides guidance to assist them in developing their own clinical governance policies and procedures.

The Australian Health Service Safety and Quality Accreditation Scheme has been in place since 2013. Within this scheme it is mandatory for health services to be accredited against the National Safety and Quality Health Services (NSQHS) Standards. Standard 1 refers to clinical governance and describes the systems and processes required for health service organisations to deliver safe and effective care [3, 4]. This framework brings together the components, criteria and actions specific to Standard 1 of the NSQHS standards. It intends to serve as an additional resource to support Queensland Health and its constituent HHSs to

uphold the Standard. It thereby has the capacity to provide consumers with guarantees about standards of clinical care provided by allied health professionals, and will be accessible to the public.

This framework is not a finite entity and allows for elements to be added as the need arises.

3. Scope

A diverse group of professions comprise the allied health workforce within Queensland Health. These include nationally registered, self-regulated and unregulated allied health professionals. This framework has been developed to guide and help develop consistent governance processes for the following allied health professionals:

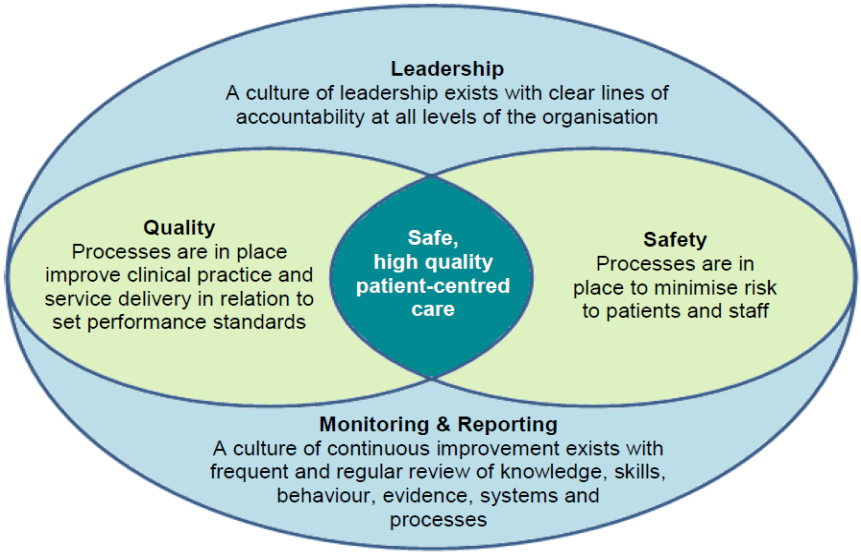
Registered professions	Self-regulated professions	Unregulated professions
• Medical Radiation Professions • Occupational therapy • Optometry • Pharmacy • Physiotherapy • Podiatry • Psychology	• Art therapy • Audiology • Clinical physiology • Clinical measurement • Dietitics/Nutrition • Exercise physiology • Leisure therapy • Medical and health physics • Music therapy • Orthoptics • Orthotics and prosthetics • Physicists • Social work • Sonography • Speech pathology • Welfare officer	• Rehabilitation engineering

4. The Clinical Governance Framework

Figure 1 below demonstrates the core principles and elements that are encompassed by the Allied Health Clinical Governance Framework. Clinical governance activities, which occur at

both the individual and professional environment levels, are broadly categorised into Quality and Safety domains. The core principles of: patient centred care; clinical governance leadership and excellence; and sound monitoring and reporting underpin the domains, as they are evident at all levels of the organisation and across all domain activities.

Figure 1: Conceptual representation of the Allied Health Clinical Governance Framework



4.1 Underpinning principles

The following principles provide a basis for supporting excellence and good governance of clinical care:

- Care is patient centred and there is a focus on the consumer experience throughout the continuum of care;
- A culture of leadership and excellence in clinical governance is fostered at all levels of the organisation;
- Clinical governance activities are rigorously monitored and reported.

4.1.1 Safe, high-quality patient-centred care

Patient-centred care is health care that is respectful of, and responsive to, the preferences, needs and values of patients and consumers. Research demonstrates that patient-centred care improves the patient care experience and creates public value for services.

When health professionals, managers, patients, families and carers work in partnership, the quality and safety of health care rises, costs decrease, provider satisfaction increases and patient care experience improves [5]. Standard 2: Consumer engagement of the NSQHS

standards describes the systems and strategies to create a consumer-centred health system.

Queensland Health's Clinical Governance Framework is built on the premise that high quality, patient centred care is not only the product of good clinical governance, but foundational to the organisation's activities. HHSs should ensure that the care provided to patients empowers them to participate in their care. Communication with patients should be clear, uncomplicated and respectful. Patients should also be encouraged to participate in health service planning and improvements by providing consumer feedback, participating in focus groups and other research activities, and by becoming consumer representatives on governance and management committees.

4.1.2 Leadership and excellence in clinical governance

A culture of clinical governance leadership is built on the concept of shared leadership not restricted to those who hold designated leadership roles, and a shared sense of responsibility for the success of the organisation and its services. HHSs have the capacity to shape culture at a local level and are encouraged to develop a culture of clinical governance leadership through the identification and support of local clinical leaders who are capable of driving change at the service interface.

Clear accountabilities and responsibilities at all levels of the organisation are important for achieving quality outputs associated with clinical governance, such as recruitment, credentialing and professional support. They are also essential for role clarification and in the development of new roles.

Suggested clinical governance responsibilities for Queensland Health Allied Health positions at each level of the organisation are outlined in *Appendix A*.

4.1.3 Monitoring and reporting

Monitoring and reporting processes are essential for the governance of good clinical care. Regular and relevant monitoring and reporting enable tracking of progress and identification of areas for improvement to:

- reduce risk to patient and staff safety
- ensure that minimum standards are met for quality of care and service delivery
- identify opportunities for innovation and improvement
- set new benchmarks and targets for performance, and indicators to assess these

Monitoring and reporting should occur at all levels on a day to day basis, and can range from informal monitoring (for example, of staff performance or morale) to formal reporting (for example, completion of incident reports). Some common examples of monitoring and reporting activities include, but are not limited to:

- monitoring compliance with allied health professional registration requirements and maintenance of a registration register/database
- monitoring commitment to continuing professional development for non-registered professionals and self-regulated professionals (who belong to accreditation programs)
- credentialing and scope of practice tracking of staff and facilities and maintenance of a credentialing register/database
- maintaining a clinical incident reporting system and a risk register and actively addressing identified risks
- monitoring and tracking of staff professional support plan status
- documenting professional development plan meeting outcomes into a formal report
- clinical audit activity reports
- use of competency based performance assessment tools
- utilisation of consumer satisfaction reports to gauge service performance
- monitoring and reporting on allied health service activity against key performance indicators
- maintaining a research register of ethics approvals.

4.2 The Safety Domain

Safety activities are vital to quality clinical governance, as they address risks to patient and staff safety. Many of the functions in the safety domain focus on ensuring that allied health practitioners obtain and maintain the necessary competencies, standards or qualifications to provide safe, effective care. Outlined below are some common clinical governance activities that focus on safety and risk minimisation. HHSs are required to provide direction and oversight regarding these for their particular jurisdiction.

4.2.1 Recruitment of suitably credentialed allied health professionals

HHSs should ensure that allied health professionals employed within their services are suitably qualified and have the necessary skills to provide safe, quality care to patients that is within the scope of practice appropriate for the position. There are a number of ways that

the suitability of allied health professionals can be verified, based on the regulatory arrangements of the respective profession.

i) Regulation of allied health professions

A list of registered, self-regulated and unregulated professions can be found in section 3.

Registered allied health professions are regulated under the National Registration and Accreditation Scheme, meaning that practitioners require registration to work in Australia. Registration is a legal process whereby an eligible practitioner is registered to practice under the Health Practitioner Regulation National Law (the National Law), as in force in each state and territory. Each registered profession has a national board that regulates the profession, registers practitioners and develops standards, codes and guidelines for the profession. The Australian Health Practitioner Regulation Agency (AHPRA) provides administrative support to the National Boards.

Self-regulated allied health professions are not registered with AHPRA, meaning they are not governed by the National Law. They are regulated by having recognised qualifications, and/or a mandatory accreditation program (also known as a certification program) that is administered by the professional association. Only those individuals who have obtained a tertiary qualification from a course accredited by the professional association are eligible for accreditation. The individual is then required to meet ongoing professional development requirements of the professional body in order to obtain and maintain accreditation.

Unregulated allied health professions are unregulated because there is no recognised qualification and/or there is no available accreditation or certification program to ensure that practitioners have obtained and maintain the necessary skills to practice in that profession. Unregulated professions may or may not have a national professional association.

ii) Recruitment to allied health positions

For registered allied health professions, the registration status of each allied health professional should be verified as part of the recruitment process. HHSs should have systems in place to check registration status on an annual basis, to ensure all practitioners have current registration and have met all Continuing Professional Development (CPD) requirements.

For recruitment of allied health professionals from self-regulated professions, HHSs have a responsibility to validate and verify the individual’s qualifications and commitment to CPD prior to employment. This may be achieved by:

- Requiring allied health professionals to demonstrate eligibility for membership of the recognised professional body prior to employment. This ensures allied health professionals have a qualification from a recognised education program.
- Requiring evidence of eligibility to participate in an accreditation program. As self-regulated professions are not registered under the National Law, participation in accreditation programs cannot be enforced. However, participation can be listed as 'highly desirable' on advertised vacancies and drawn out at interview, which may assist in determining whether an individual has maintained a history of CPD.

There is no standard process in Queensland Health for the verification of qualifications and commitment to CPD in unregulated professions. In recruiting staff from these professions, HHSs should have systems in place to verify clinical experience, tertiary or vocational qualifications, and completion of on-the-job training or CPD prior to employment.

When recruiting to generic allied health positions, the position advertisements should specify which allied health professions are eligible, and the registration/qualification requirements of each profession specified. HHSs should ensure that at least one profession-specific manager is included on the selection panel. This is appropriate for allied health professionals from registered, self-regulated and unregulated professions.

4.2.2 Ensuring allied health professionals are practising safely

i) Credentialing and defining the scope of clinical practice for allied health professionals

Credentialing is the process of verifying an individual's qualifications and experience to form a view about their competence, performance and professional suitability to provide high quality care within specific settings. Scope of practice is the extent of an individual practitioner's approved clinical practice within a particular organisation based on the individual's credentials, competence, performance and professional suitability and the needs and capability of the organisation to support the practitioner's scope of practice.

Credentialing and defining the scope of clinical practice already occur at the point of employment through Queensland Health's rigorous recruitment process, as outlined above. In order to abide by the *Credentialing and defining the scope of clinical practice Health Service Directive*. additional credentialing process are required for Allied health professionals who wish to **perform practices that are not recognised as being within the scope of their profession (extended scope practice)**.

There is a need to ensure that individuals are appropriately skilled and qualified to undertake these tasks. In these instances, the knowledge, skill and competency required for the practice are not recognised as being within the scope of their profession, and credentialing provides a means of ensuring that the individual is competent to provide the extended scope practice. It should be undertaken for all allied health professionals (including Queensland Health and non-Queensland Health employees) who wish to perform extended scope clinical practices within HHS facilities.

HHSs **may also** decide to undertake additional credentialing processes for external allied health professionals. External allied health professionals are defined as allied health professionals who are **providing services to current patients of the HHS within HHS facilities** who have not undergone a Queensland Health or similar recruitment process**.** In these instances, credentialing is one means of ensuring that the health professional is suitably qualified, in lieu of a thorough recruitment process.

When a new service, intervention, procedure or practice is proposed for a facility/service that requires an allied health professional to engage in an extended practice that is not recognised as being within the scope of their profession, it is important to ensure that all members of the multidisciplinary team and facility executives are aware of the new service and agree to the proposed extended scope of practice within the facility.

Hospital and Health Services have a responsibility to ensure that a credentialing system exists for all *identified* allied health professionals and new services/ interventions//procedures/practices.

The *Guideline for Credentialing and Defining the Scope of Clinical Practice and Professional Support for allied health professionals* provides a guide to support HHSs in the implementation of the *Credentialing and Defining the Scope of Clinical Practice Health Service Directive.* The Directive and Guideline are located on the Queensland Health internet Directives page: https://www.health.qld.gov.au/directives/

Additional tools and templates to assist HHSs, are located on the AHPOQ intranet pages: https://qheps.health.qld.gov.au/alliedhealth/html/clinical-gov-landing-page

ii) Change of practice area or return to practice after a period of absence

An organisation with good clinical governance supports allied health professionals who wish to return to practice after a period of absence, or who wish to change their area of clinical practice. Investment in these processes will ensure the workforce is safe and competent, and will support growth in workforce numbers when required.

HHSs should implement systems to support not only the health professionals who are re-entering the workforce and staff who wish to change their area of clinical practice, but also staff who may become involved in the supervision/support of these health professionals.

The Allied Health Professions' Office of Queensland has developed Guideline for the Return to Clinical Practice and resources to assist HHSs to support return to practice. This should be followed in conjunction with any specific return to practice requirements of professional associations or Registration Boards. The guideline is available on the Allied Health Professions' Office of Queensland intranet page:

https://qheps.health.qld.gov.au/alliedhealth/html/clinical-gov-landing-page

iii) Work health and safety

The safety, health and wellbeing of staff, clients, contractors, visitors and suppliers of Queensland Health are of fundamental importance in continually improving the quality of healthcare services.

The Fatigue risk management policy (QH-POL-171), available on the Queensland Health internet and intranet pages, applies the principles of fatigue management to all workers. It encourages fatigue risk to be assessed as a workplace health and safety risk and promotes an integrated and systematic approach to management through each facility's Safety Management System (SMS). An SMS has been developed by the Department of Health, which may be modified by HHSs to be more applicable to the local environment.

Of significance to clinical governance is the management of the risks associated with health practitioner fatigue. Fatigue has recently been identified as a risk factor that should be managed in accordance with the provisions of the Work Health and Safety Act 2011. Further information on Work Health and Safety, including allied health fatigue resources and training, can be found on the Occupational Health and Workplace Safety intranet pages: http://qheps.health.qld.gov.au/safety/sms/index4.htm

4.3 The Quality Domain

Processes in the quality domain provide a means for establishing, developing and improving the quality of allied health clinical practice and service delivery. This is critical to the ability to respond to changing community needs and health workforce innovation and reform. It provides a mechanism to support changing scope of practice for an adaptable and productive workforce.

Activities within the quality domain include the development and utilisation of performance benchmarks and the continuous review of competencies, standards, procedures and clinical

practice against these benchmarks. Quality improvement activities include, but are not limited to:

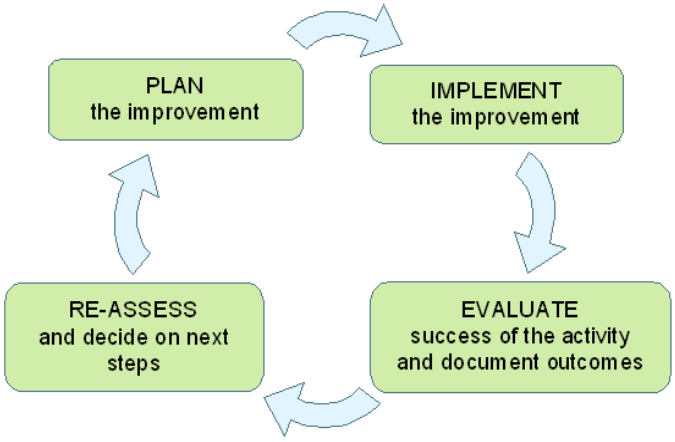
- development, utilisation and review of evidence based clinical practice guidelines
- development, utilisation and review of profession-specific competency standards and assessment tools
- multi-disciplinary clinical audit and regular review of clinical practice
- development and provision/utilisation of relevant professional support activities
- establishment of profession-specific clinical education and training networks
- provision of training and orientation programs for new graduates
- development of efficient and effective student placement models
- participation in research
- development, utilisation and review of clinical service delivery standards
- participation in quality improvement projects that focus on service delivery.

4.3.1 Fostering a culture of quality improvement

A culture of continuous quality improvement is one in which individuals and teams are growing, learning and contributing to service objectives, and processes and systems are frequently reviewed and improved to maximise outcomes and efficiencies. Through ongoing communication, information sharing, assessments and rewards, individuals and groups can progress towards personal and organisational goals.

Managers of health service teams have a significant role in fostering a positive culture that supports continuous improvement, by communicating expectations, providing opportunities for information transfer and training, assessing knowledge and skills, and supporting staff to feel as though their contributions and ideas are important.

The quality improvement cycle [6] should be utilised constantly to review knowledge, skills, behaviour, evidence, systems and processes to improve the care delivered to consumers.



Continuous quality improvement for processes related to service delivery requires investment by managers in supporting staff to develop non-clinical skills such as those related to project management, financial and strategic thinking. It also requires adequate time to be quarantined for non-clinical work.

4.3.2 Ensuring minimum standards for quality

i) Clinical competence

Internationally, healthcare providers are moving toward adopting competence and competency standards, rather than moving away from them [7] as “multiple benefits have been identified that support the use of competency frameworks” [8].

Managers and team leaders are encouraged to utilise multidisciplinary and discipline-specific competency based training and assessment to ensure the clinical practice of staff meets desired standards. Competency standards and competency-based performance are not intended to be a competency-based career framework, replace accredited training, be aligned with remuneration nor replace or retest entry level professional standards or qualifications. Services developed using competency based training and assessment might be used for credentialing of practitioners during recruitment and in extended scope practice skills, or to verify that the learning outcomes of training programs have been achieved.

ii) Clinical Service Capability

Queensland Health is committed to providing high quality, safe and sustainable health services that continue to meet the needs of consumers despite increasing challenges such as: a growing population, increased numbers of people from culturally and linguistically diverse backgrounds; an increase in preventable diseases; and workforce shortages.

Capability of any health service is recognised as an essential element in the provision of safe and quality patient care [9] and is a vital component of clinical governance systems.

The Queensland Department of Health developed the *Clinical Services Capability Framework for Public and Licensed Private Health Facilities* to provide a standard set of minimum capability criteria for service planning and delivery. The Framework’s purpose is to:

- describe a set of capability criteria that identifies minimum requirements by service level
- provide a consistent language for healthcare providers and planners to use when describing and planning health services
- assist health services to identify and manage risk

- guide health service planning
- provide a component of the clinical governance systems, credentialing and scope of practice of health services
- instil confidence in clinicians and consumers that services meet minimum requirements for patient safety and guide health service planning.

The Framework is available on the Queensland Health website: www.health.qld.gov.au/clinical-practice/guidelines-procedures/service-delivery/cscf

4.3.3 Performance and Development Planning (PDP)

The performance and development planning process, referred to as PDP, has been developed to assist managers and employees to have meaningful and productive conversations that will foster a culture of capability and career development. PDP is the process of identifying, evaluating and developing the performance of employees, so that organisational goals are more effectively achieved. It also provides the mechanism whereby all staff can benefit in terms of recognition, receiving feedback, career planning and professional and personal development. PDP should provide a framework to assist staff in meeting the competencies and standards that are used to measure their performance.

HHSs should ensure that all allied health professionals PDP resources can be found via the HR Services intranet pages: https://qheps.health.qld.gov.au/hr/training-development/performance/development

4.3.4 Professional support

In order to achieve the goals outlined in their PDP and the competencies and standards set by the service, staff must be supported by their employer. Professional support encompasses supervision, work shadowing, clinical placements, mentoring, in-services, peer group supervision, journal club and peer review.

In accordance with the *Credentialing and defining the scope of clinical practice Directive*, HHSs are obliged to have mechanisms in place to support professional support activities for all allied health professionals regardless of the practitioner's clinical area, career stage, location or profession speciality. The *Guideline for Credentialing and Defining the Scope of Practice and Professional Support for allied health professionals* outlines the practical aspects of supporting staff in their professional development, such as recommended minimum time requirements, links between professional support activities and Professional Development Plans, and provision of supervision and mentoring.

Professional support tools and resources for Queensland Health practitioners are available on the Cunningham Centre intranet site: www.health.qld.gov.au/cunninghamcentre

5. Definitions of terms

Term	Definition / Explanation / Details	Source
Clinical Governance	Clinical governance is the system by which health organisations, managers, clinicians and staff share responsibility and accountability for quality of care, continuous improvement, minimisation of risks and fostering of an environment of excellence in care for consumers	The Australian Council on Healthcare Standards, 2017
Extended scope practice	A discrete knowledge and skill base additional to the recognised scope of practice of a profession and regulatory context of a particular jurisdiction.	Queensland Health 2014
In-service	A session where health professionals increase their professional knowledge and skills and ensure they're up-to-date with contemporary and evidenced based practices.	Darling Downs Hospital and Health Service (State of Queensland) 2018
Journal club	A group which reviews article/s relevant to allied health practice to 'encourage reflection on clinical practice and an evidence-based approach to professional practice'.	Milinkovic et al 2008
Mentoring	A collaborative relationship which gives people the opportunity to share their professional skills and experiences, and to grow and develop in the process. Typically mentoring takes place between a more experienced and less experienced employee.	Darling Downs Hospital and Health Service (State of Queensland) 2018
Peer group supervision	A group that meets on a regular basis in order to review professional competence.	New Zealand Mentoring Centre, 2000
Peer review	The presentation of a clinical scenario or case study to a group of peers where the ensuing discussion may validate current approaches to practice or provide ideas for alternate approaches.	Darling Downs Hospital and Health Service (State of Queensland) 2018

Profession specific manager	The profession-specific manager is the designated most senior manager of an allied health profession in a HHS/sector. The profession-specific manager is accountable for the maintenance of professional standards for their profession. This position promotes and leads their profession at a strategic level and most commonly refers to the Director of a profession in a facility or HHS. In situations where there is no Director, a profession-specific manager could be from an adjacent HHS/facility or Department of Health Division.	-
Professional supervision	Supervision is a formal process that provides dedicated time and an opportunity for learning and development within the context of an ongoing professional relationship with an experienced practitioner.	Darling Downs Hospital and Health Service (State of Queensland) 2018
Professional support	A term that refers to activities that create an environment where personal and professional growth may occur.	Steenbergen and Mackenzie, 004:160.
Registered allied health professions	Professions that are regulated under the National Registration and Accreditation Scheme, meaning that practitioners require registration to work in Australia. Registration is a legal process whereby an eligible practitioner is registered to practice under the Health Practitioner Regulation National Law (the National Law), as in force in each state and territory. Each registered profession has a National Board that regulates the profession, registers practitioners and develops standards, codes and guidelines for the profession. The Australian Health Practitioner Regulation Agency (AHPRA) provides administrative support to the National Boards.	-

Self-regulated allied health professions	Professions that are not registered with AHPRA, meaning they are not governed by the National Law. They are regulated by having recognised qualifications, and/or a mandatory accreditation program (also known as a certification program) that is administered by the professional association. Only those individuals who have obtained a tertiary qualification from a course accredited by the professional association are eligible for accreditation. The individual is then required to meet ongoing professional development requirements of the professional body in order to obtain and maintain accreditation.	-
Senior member of the profession	Smaller professions may not have profession-specific managers in the HHSs. If there is no designated profession-specific manager position, the most senior member of the profession from within the HHS should be approached to assist with the credentialing process. The chair of the state-wide discipline specific group will be able to assist in arranging the support of a senior member of these smaller professions.	-
Unregulated allied health professions	Professions that are unregulated because there is no recognised qualification and/or there is no available accreditation or certification program to ensure that practitioners have obtained and maintain the necessary skills to practice in that profession. Unregulated professions may or may not have a national professional association.	-
Work shadowing	A method of professional support that involves engaging in a structured, goal directed learning placement in a work unit or area of practice in order to provide experience and contribute to the professional development of the participant.	Darling Downs Hospital and Health Service (State of Queensland) 2018

6. Version Control

Version	Date	Prepared by	Comments
1	2011	Allied Health Workforce Advice and Coordination Unit	
2	2015	Allied Health Professions' Office of Queensland	Updated content, reformatted on new template.
3	2018	Allied Health Professions' Office of Queensland	Content aligned to the updated *Guideline for Credentialing, Defining the Scope of Clinical Practice and Professional Support for Allied Health Professionals*, reformatted on new template.
3.1	2020	Allied Health Professions' Office of Queensland	Corrections to professions table and definitions of terms table.

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Appendix A

Suggested clinical governance responsibilities for Queensland Health Allied Health positions

While clinical governance should be a shared responsibility, there is also a need for clear lines of accountability to ensure whole-of-system functioning.

The Department of Health is responsible for many activities that aim to support HHSs to implement robust clinical governance policies and processes. These include ongoing evaluation and maintenance of the guidelines for credentialing and defining scope of clinical practice for allied health professionals.

Suggested clinical governance responsibilities for Queensland Health Allied Health positions at each level of the organisation are outlined below.

HHS, Branch or Division

Risk management

- Ensure governance structures exist for monitoring registration status and abiding by the Queensland Health Policy if an allied health professional is found to be unregistered.
- Ensure governance structures exist for credentialing of allied health professionals with profession-specific representation mandatory.
- Ensure all involved in the credentialing process act with due care and diligence to ensure that the procedures followed are fair and without bias.
- Develop an accessible register of allied health professionals who have been credentialed, which has details of the scope of clinical practice assigned.
- Develop a process to ensure scheduled reviews of credentials occur in a timely manner.
- Ensure 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.

Quality

- Develop and implement a performance appraisal and development process for allied health professionals working in their service
- Enforce compliance with clinical practice guidelines and core business.
- Implement Key Performance Indicators and standards related to service delivery
- Provide ongoing professional support and development for allied health professionals practising in the HHS, including approval of essential learning and development activities.
- Foster a culture of quality improvement, which includes regular multi-disciplinary clinical audit and review activities

1.1 Profession-specific managers

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.

Risk management

- Guide service planning and model of care development and ensure that such practices fall within professional/legal guidelines.
- Identify, through the application of objective criteria, areas of substantial risk within the profession in relation to safety and quality, and develop mitigating strategies.
- Participate in all aspects of recruitment and selection including the review of the role description and inclusion on the selection panel

Quality

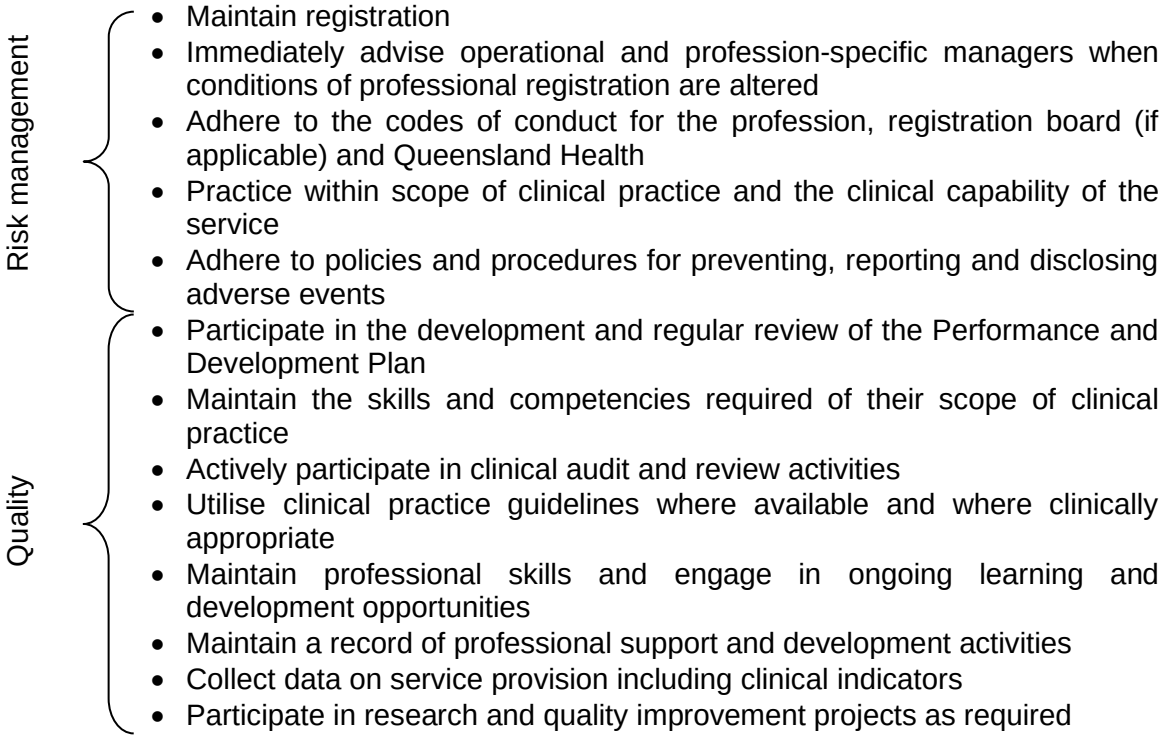
- Ensure the competency of all allied health professionals in conjunction with the operational manager.
- Provide profession-specific input into the annual Performance and Development Plan
- Develop or endorse clinical practice guidelines
- Provide advice to the operational manager in relation to appropriate profession-specific professional development activities for individuals.
- Ensure training, professional support and professional supervision is available for all allied health professionals and students

1.2 Operational Managers

Risk management

- Verify that an individual's registration is current and appropriate for the role to be performed prior to commencement
- Monitor compliance with policies in relation to registration
- Ensure rostering or work directives do not place allied health professionals in situations that may lead to a breach of their registration
- Include 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
- Ensure that allied health professionals practise within their scope of clinical practice

Quality

- Consult the profession-specific manager in all aspects of performance management, development, assessment (student assessment, re-entry programs), planned change of work area, service planning, change management and models of care development
- Conduct regular reviews with staff in relation to their Performance and Development Plan in conjunction with the Professional Manager
- Ensure 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
- Provide allied health professionals with adequate time to conduct clinical audits
- Report on clinical audit and review
- Develop mechanisms to ensure the systemic variation in clinical processes and outcomes are identified and addressed in collaboration with the profession-specific manager(or delegate)
- Undertake regular review, audit and feedback of key performance indicators relevant to the department/unit
- In consultation with the profession-specific manager, identify professional development needs and ensure individual allied health professionals have access to a variety of professional development activities
- Ensure the appropriate human resources processes such as facility specific orientation occurs for any internal or external allied health professionals
- Review clinical indicators.

1.3 Allied health professionals