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1 Introduction & Purpose

SA Health is committed to providing appropriately governed, supported and knowledgeable professionals in clinical practice, to ensure the safety and best care of SA Health clients, consumers and health services.

SA Health is committed to protecting and improving the health of all South Australians by providing leadership in health reform, public health services, health and medical research, policy development and planning, with an increased focus on well-being, illness prevention, early intervention and quality care.

SA Health is the brand name for the portfolio of health services and agencies responsible to the Minister for Health and Wellbeing. This consists of; Department for Health and Wellbeing (DHW), Central Adelaide Local Health Network (CALHN), Northern Adelaide Local Health Network (NALHN), Southern Adelaide Local Health Network (NALHN), Women’s and Children’s Health Network (WCHN), Country Health SA Local Health Network (CHSALHN) and SA Ambulance Service (SAAS).

The intent of this Clinical Governance Framework for Allied Health Professionals (the Framework) is to describe the minimum Allied Health clinical governance expectations and supports required within the above portfolios to assure the delivery of health services that are safe, effective, integrated, high quality and continuously improving. This is in accordance with the National Model Clinical Governance Framework (Australian Commission on Safety and Quality in Health Care, 2017). This Framework is not intended as a site-specific document and does not replace implementation of other SA Health Policy Directives.

The Allied Health workforce within SA Health work to uphold the principles outlined in the SA Health Strategic Plan (2017-2020); to ensure leadership in health care, partnership with consumers and other service providers, and to deliver high quality health care across the continuum. The full strategic plan is available through the SA Health website.

The values of SA Health align with key service areas outlined in the SA Health Strategic Plan 2017-2020 (Figure 1). The Allied Health workforce and supporting offices work to ensure these values are upheld, with the workforce contributing to effective, efficient and high quality healthcare. The Allied Health Professionals (AHPs) are leaders in their professions and provide learning opportunities for other staff and students to ensure the future and ongoing quality of the workforce. Local Health Network (LHN)
partnerships with external organisations and other SA Health operations, such as SAAS and Drug and Alcohol Services SA (DASSA), ensure the continuum of care for consumers from the acute setting through to community programs and promotion of health and wellbeing. This integration of services supports commitment to the values of SA Health and ultimately optimal outcomes for consumers.

This framework provides direction for the Allied Health workforce to enable safe and effective work aligned to the SA Health Strategic Plan and contribute to service provision underpinned by the values of SA Health (Figure 2).

![Figure 2. Values of SA Health (SA Health Strategic Plan 2017-2020)](image)

### 2 Governance

The term *governance* is used to describe a systematic approach to maintaining and improving the quality of client care within a health system (see definitions, section 7). It is about the ability to produce effective change so that high quality care is achieved and clinicians and administrators need to take joint responsibility for ensuring this occurs. The Health Education and Training Institute (HETI, 2012) reports that when governance is effective, it has the potential to:

- make positive changes you want to see happen;
- improve the quality of care for clients; and
- provide a better experience for staff.

#### 2.1 National Safety and Quality Health Service Standards

In January 2019, the second edition of the *National Safety and Quality Health Service* (NSQHS) Standards ([https://www.safetyandquality.gov.au/our-work/assessment-to-the-nsqhs-standards/nsqhs-standards-second-edition](https://www.safetyandquality.gov.au/our-work/assessment-to-the-nsqhs-standards/nsqhs-standards-second-edition)), will introduce 8 Standards (noting that since 2013 health services have been assessed against version one of these standards). The aim of the NSQHS Standards is to protect the public from harm and to improve the quality of health service provision. The NSQHS Standards provide quality assurance mechanisms that test whether systems are in place to meet minimum safety and quality criteria, along with the quality improvement mechanisms. Of particular relevance to allied health governance in the NSQHS Standards are Standard 1: Clinical Governance and Standard 2: Partnering with Consumers.
These highlight key areas which encompass corporate and clinical governance requirements:

- **Governance, Leadership and Culture:** Leaders at all levels in the organisation create and use clinical governance systems to improve the safety and quality of health care.
- **Patient Safety and Quality Systems:** Safety and quality systems are integrated with governance processes to enable organisations to actively manage and improve the health care for patients.
- **Clinical Performance and Effectiveness:** The workforce has the right qualifications, skills and supervision to provide safe, high-quality health care to patients.
- **Safe Environment for the Delivery of Care:** The environment promotes safe and high-quality health care for patients.
- **Clinical Governance and Quality Improvement Systems to Support Partnering with Consumers:** Systems are designed and used to support patients, carers, families and consumers to be partners in healthcare planning, design, measurement and evaluation.
- **Partnering with Patients in Their Own Care:** Systems based on partnering with patients support the delivery of care and patients are partners in their own care to the extent that they choose.
- **Health Literacy:** Health service organisations communicate with consumers in a way that supports effective partnerships.
- **Partnering with Consumers in Organisational Design and Governance:** Consumers are partners in the design and governance of the organisation.

The SA Health workforce contributes to safe and quality patient care by adhering to the South Australian Charter of Health Care Rights, understanding the 2019 NSQHS Standards and participating in quality improvement activities. The SA Health commitment to quality and safety has also resulted in the development of a number of systems to enable achievement of NSQHS Standards. These include the SA Health Incident Management Policy; SA Health Safety Learning System; SA Health Consumer Feedback Policy; and the SA Health Your Rights and Responsibility Booklet. Links to these and other SA Health governing policies can be found on the SA Health website and LHN intranet sites.

### 2.2 Corporate (Non-Clinical) Governance

Within the health system clinical governance must be of equal importance to financial and corporate functions. Corporate (non-clinical) governance encompasses financial operations and workforce management, supporting the operation of SA Health by facilitating ethical and professional operations across the organisation.

All SA Health employees work within the boundaries of current SA Health policies and strategic plans, and in accordance with the Code of Ethics for South Australian Public Sector, Directives, Determinations and Guidelines, and legislative requirements. This includes but is not limited to:

- Work Health and Safety Act 2012 (SA) and when relevant WHS Defined Officers must meet due diligence requirements
- Return to Work Act 2014 (SA), facilitating the recovery, maintenance or early return to work of employees with work related injury / illness
- Immunisation requirements as outlined by the Immunisation Guidelines for Health Care Workers in South Australia 2014
- Equal Employment Opportunities (including prevention of bullying, harassment and intimidation)
- Children and Young People (Safety) Act (2017) – ‘Notification of Abuse or Neglect’
- Disability Discrimination
- Independent Commissioner Against Corruption Act 2012 (SA)
- Information Privacy Principles Instruction
• Relevant Australian Standards
• Duty to maintain confidentiality
• Smoke Free Workplace
• Value and respect the needs and contributions of SA Health Aboriginal staff and clients, commit to the development of Aboriginal cultural competence across SA Health practice and service delivery
• Applying the principles of the SA Government’s Risk Management Policy as appropriate

This framework does not discuss but is cognisant of financial and corporate functions within SA Health, and is not designed to duplicate overarching SA Health governance systems. Rather it describes clinical governance systems and frameworks specific to the allied health workforce and services.

3 Defining the Allied Health Workforce
The allied health professions form an integral part of the SA Health workforce and play a significant role in the delivery of healthcare to South Australians.

3.1 Registered and Self-Regulated Professionals
The South Australian Modern Public Sector Enterprise Agreement: Salaried 2017 (hereby referred to as the SAMPSEA 2017) defines Allied Health Professionals as follows;

“Allied Health Professionals (AHP)” means employees who are employed in the professions listed in Appendix 1. Allied Health Professionals who are at a minimum undergraduate Degree qualified and perform roles to enable them to either:

- Obtain State or Territory registration; or
- License or accreditation to practice; or
- Be eligible to join the relevant professional association.

Allied Health professions may be Registered or Self-Regulated as tabled below:

<table>
<thead>
<tr>
<th>Registered</th>
<th>Self-Regulating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental Therapist</td>
<td>Art Therapist</td>
</tr>
<tr>
<td>Nuclear Medicine Technologist</td>
<td>Audiologist</td>
</tr>
<tr>
<td>Occupational Therapist</td>
<td>Cardiac Physiologist</td>
</tr>
<tr>
<td>Optometrist</td>
<td>Dietitian/Nutritionist</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>Exercise Physiologist</td>
</tr>
<tr>
<td>Physiotherapist</td>
<td>Epidemiologist</td>
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<tr>
<td>Podiatrist</td>
<td>Developmental Educator</td>
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<tr>
<td>Psychologist</td>
<td>Genetic Counsellor</td>
</tr>
<tr>
<td>Radiation Therapist</td>
<td>Music Therapist</td>
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<tr>
<td>Radiographer</td>
<td>Orthoptist</td>
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<tr>
<td></td>
<td>Orthotist</td>
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<tr>
<td></td>
<td>Perfusionist</td>
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<td>Prosthetist</td>
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<td>Sonographer</td>
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<tr>
<td></td>
<td>Speech Pathologist</td>
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<tr>
<td></td>
<td>Social Worker</td>
</tr>
</tbody>
</table>

Table 1. Registered and Self-Regulated professions.

Registered professionals are registered through the Australian Health Practitioner Regulation Agency (AHPRA), which is responsible for the implementation of the National Registration and Accreditation Scheme and supports 15 National Boards for health practitioners across Australia. These professions must comply with the Code of Conduct for Registered Health Professionals (available through AHPRA for the relevant Professional Board). Any complaints relating to the practice of a Registered Allied Health Practitioner must be managed through AHPRA.
Self-regulated and unregulated professions must comply with the Code of Conduct for Unregistered Health Professions and any complaints relating to the practise of a self-regulated health professional must be managed through the Health and Community Services Complaints Commissioner processes.

Unregulated professions that do not fall into the scope of this document but are still required to comply with the Code of Conduct for Unregistered Health Professions include:

- Clinical measurement scientists and technicians
- Rehabilitation engineers and technicians
- Welfare officers.

3.2 Allied Health Assistants

Allied Health Assistants contribute significantly to the work of the allied health workforce. The SAMPSEA 2017 (Appendix 10) introduces the classification of the Allied Health Assistant (AHA) and defines the role of staff that support and enhance the work of AHPs. This appendix defines an AHA to be;

“an employee trained and designated by SA Health as an AHA ... to enable AHP’s to meet best practice in the health care of patients. An AHA works under the clinical supervision and delegation of an AHP to assist with therapeutic and program related activities. Clinical Supervision can be delivered directly, indirectly or remotely. The role involves a mix of direct patient care and indirect support.”

The AHA stream does not apply to laboratory Technical Services stream staff.

4 Scope of Clinical Governance Framework

This framework has been developed to describe and improve the standards and consistency of clinical governance for the allied health workforce across SA Health. This framework may be referenced and utilised by;

- SA Health directors, managers, executive and advisors
- LHN Executives and Boards
- Health services managers, profession leads and leaders of specialty services (e.g. Mental health, Statewide services)
- Allied health directors
- Managers / team leaders of allied health professions
- Allied health profession specific educators
- All allied health professionals.

5 Clinical Governance Processes

Allied health systems and processes have been established to underpin sound clinical governance and to interlink with SA Health Governance Frameworks. Figure 3 outlines the various processes that contribute to sound clinical governance.
5.1 Clinical and Professional Leadership Groups and Structures

Clinical and professional leadership is supported through the Allied and Scientific Health Office (ASHO), Local Health Networks and Statewide Clinical Support Services.

5.1.1 Allied and Scientific Health Office (ASHO)

ASHO provides guidance, leadership and advice across the breadth of allied and scientific health issues. The Chief Allied and Scientific Health Officer and ASHO operate within the Office for Professional Leadership, alongside the Chief Medical Officer and Chief Nurse and Midwifery Officer. ASHO provides representation to, and on behalf of, allied health professions listed in the SAMPSEA 2017, and others that form the allied and scientific health workforce. Strategic advice is provided to the South Australian Minister for Health and Wellbeing on national and state-based issues pertaining to South Australian allied and scientific health and is a core responsibility of the office. Representation extends to professions not employed by SA Health, including Osteopaths, Chiropractors, Chinese Medicine Practitioners, and other private services.
Allied health professionals are represented by key leadership groups including the statewide Allied Health Executive, statewide Allied Health Professional Advisory Groups, Professional Associations group and numerous other strategic and operational groups and committees. This supports allied health representation and communication regarding SA Health strategic and operational planning, intervention and evaluation strategies, and regular engagement with a range of internal and external stakeholders and partners. Figure 4 represents the functions of ASHO diagrammatically and details are provided in listed on the following page.

Figure 4. Functions of ASHO.
<table>
<thead>
<tr>
<th>ASHO Portfolio</th>
<th>Key Committees, Forums &amp; Partnerships (may be subject to change)</th>
</tr>
</thead>
<tbody>
<tr>
<td>State AH Strategic Advice</td>
<td>Professional Associations group; Professional Advisory Groups; Briefs to minister; e-couriers; strategic advice to Minister for Health and Wellbeing and SA Health Inter-government Relations; statewide EPAS Advisory Group; SA Health Research Committee; and policy inputs to a variety of SA Health governance committees.</td>
</tr>
<tr>
<td>National AH Strategic Advice</td>
<td>Australian Allied Health Leadership Forum; National Allied Health Advisors and Chief Officers Committee (NAHAC); National e-Health and Data committee; National AH Clinical Education Network. Policy and commissioning input into national forums such as the Standing Council on Health (SCoH), Australian Health Ministers Advisory Council (AHMAC), Health Services Principal Committee (HSPC), Australian Health Practitioners Regulation Authority (AHPRA).</td>
</tr>
<tr>
<td>International AH Strategic Advice</td>
<td>International Chief Health Professions Officer; World Health Organisation Rehabilitation and Disability Technical Group.</td>
</tr>
<tr>
<td>Enterprise Agreement</td>
<td>Submissions to enterprise bargaining processes regarding SA Health allied and scientific health workforce.</td>
</tr>
<tr>
<td>Research</td>
<td>University partnerships; iCAHE Clinical Outcomes Measures &amp; Outcomes calculator; Clinical Audits; Journal Clubs and rapid reviews; SA Health AH Research Framework</td>
</tr>
<tr>
<td>Professional Development</td>
<td>Allied Health Professionals plus Professional Development Reimbursement Program (AHP+PDRP) Statewide Panel; Statewide AH Clinical Supervision Steering Committee.</td>
</tr>
<tr>
<td>Data &amp; e-Health</td>
<td>ASHO EPAS Advisory Group; EPAS clinical advisory groups; e-Health Clinical Advisory Group; My Health Record Expansion Project Board; Statewide Data &amp; e-Health Committee.</td>
</tr>
<tr>
<td>Workforce Redesign</td>
<td>SA Health AH Credentialing Committee and ongoing updates to credentialing requirements; SA Health Clinical Placement Executive Group.</td>
</tr>
</tbody>
</table>

Table 2. Details of ASHO portfolio.

5.1.2 Local Health Networks

AHPs are represented by executive leadership positions within each LHN, including:

- CALHN: Executive Director Allied Health and Intermediate Care
- CHSALHN: Executive Director Allied Health and Community
- NALHN: Director of Allied Health, Corporate and Outpatient Services
- SALHN: Executive Director Allied Health
- WCHN: Executive Lead Allied Health, Interim Director Child and Family Health Service

Within LHNs, AHPs work across the continuum of care including primary health and community, acute and sub-acute sectors. Within CHSALHN and in some discrete areas this also includes disability and aged care services that fall within National Disability Insurance Scheme (NDIS) and My Aged Care / Aged Care Funding Instrument (ACFI) services. Operational and professional governance arrangements vary across these sectors and include multi- and inter-disciplinary teams and profession-based departments.
The dominant organisational structure within the acute sector is profession-based departments where line management and professional leadership are typically provided through the same structure. Sub-acute and primary health care are generally provided through multi-disciplinary team or program based structures where arrangements tend to cater separately for line management and professional reporting. CHSALHN operates a broader variety of services due to the number of clinical settings and service requirements spanning the breadth of rural and remote South Australia, where non-SA Health services may be unavailable.

5.1.3 Statewide Clinical Support Services (SCSS)
SCSS provide specific clinical services across the state with no limitation to catchment area, although they are operationally managed within CALHN. SCSS comprises four major service areas and have a large allied and scientific health workforce including:

- **SA Medical Imaging**: responsible for the majority of medical imaging services at SA public hospitals. Contracts with external service providers exist for Modbury Hospital, Noarlunga Hospital and many CHSALHN sites.
- **SA Pharmacy**: responsible for the provision of pharmacy services across SA Health.
- **SA Pathology**: provides statewide diagnostic and clinical pathology services for SA Health.
- **SA Dental Services (SADS)**: provides dental services to children less than 18 years and eligible adults at clinics throughout SA. SADS also works in partnership with the University of Adelaide to train dental professionals, including dentists and dental therapists.

5.2 Practice Standards; Performance Skills and Management

5.2.1 Allied Health Clinical Supervision Framework
The [SA Health Allied Health Clinical Supervision Framework](#) provides resources and detailed information about clinical supervision, including minimum standards and a range of tools to assist in the provision of support and supervision of staff.

It is essential that all AHPs have access to regular, appropriate and effective clinical supervision and support mechanisms to maintain skills and competency relevant to their clinical area of professional responsibility (Ashworth 2007). Effective supervision is vital to enhancing patient safety and promoting development and maintenance of clinical competence. It provides a platform for reflective practice, development of clinical reasoning and identification of learning opportunities.

High quality supervision should be facilitated by appropriately trained clinicians to enhance the effectiveness of the supervision process and lead to improved patient care outcomes (HETI 2008, Health Workforce Australia 2011a&b). SA Health has developed the SA Health Clinical Supervision Course [online modules](#) to support staff to participate with and/or facilitate clinical supervision.

5.2.2 Performance Review and Development
The SA Health [Performance Review and Development Plan](#) policy directive requires all employees to have a current Performance Review and Development (PR&D) plan set out annually and reviewed 6-monthly. PR&D plans are an opportunity to reflect on performance, discuss learning needs, set professional goals and strategies, and should set out clinical supervision mechanisms for the year ahead. As described in the PR&D Policy Directive, this process seeks to:

- **clarify work and performance expectations**;
- **define individuals’ performance objectives, and align these with those of the local work unit, department, LHN/Health Service/Business Units and SA Health**
• review individuals’ performance against these objectives;
• provide formal and informal recognition, guidance, encouragement and regular feedback on performance;
• determine relevant professional development opportunities for employees.

Clinicians may involve their clinical supervisor in the PR&D process where relevant. Involving the clinical supervisor (as distinct from the line manager) may be important to the employee where the line manager is of a different discipline to the employee. This enables the clinical supervisor to help identify professional and clinical development needs and goals.

5.2.3 Allied Health Peer Assessment Process (AHPAP)
Government sector AHPs may apply for assessment of progression from the AHP 1 to AHP 2 classification level via the Allied Health Peer Assessment Process (AHPAP). SAMPSEA 2017 states:

In recognition of advanced skills and experience relevant to their profession, permanently (or ongoing) appointed AHPs who have been at the top increment of AHP 1 for 12 months or greater can apply to a Peer Assessment Panel for assessment to progress to AHP 2.

AHPAP eligibility and application requirements are detailed on the ASHO website.

5.2.4 Code of Professional Practice
All SA Health AHPs are bound to operate by professional codes of practice and ethical standards. Appendix 1 provides links to professional associations and codes of practice for AHPs. Registered professions must comply with the Code of Conduct for Registered Health Practitioners (see ahpra.gov.au for details) and self-regulated and unregulated professions are required to comply, as a minimum, with the Code of Conduct for Unregistered Health Professions.

5.3 Education and Training
Education and training is critical to the clinical and corporate governance of health care organisations (Braithwaite & Travaglia, 2008). Some aspects of education and training are voluntary or discretionary based on individual needs or interest, whilst other education and training is mandated by legislation or policy. Different minimum training standards exist for some allied health professionals to maintain registration or accreditation. By supporting the allied health workforce to engage in education, training and continuing professional development (CPD), SA Health will continue to employ a workforce capable of delivering person-centred care and enhanced patient outcomes (HETI 2012).

SA Health is dedicated to ensuring the future of the allied health workforce through training opportunities for undergraduate and certificate level students in these fields and supporting current employees to further their relevant education and training.

SA Health is committed to providing both undergraduate and post-graduate student clinical placements within the AHP streams, with the provision of clinical supervision, guidance and relevant delegation of tasks and learning opportunities to students.

5.3.1 Profession Specific Education & Training
For profession specific education and training, SA Health allied health employees are supported through investment in training and development via two programs:

• Allied Health Professionals + PD Reimbursement Program (AHP+PDRP) provides funding for metropolitan AHPs to access a range of professional development activities.
Country Allied Health Clinical Enhancement Program Plus (CAHCEP+) provides funding for professional development for AHPs employed in CHSALHN.

Allied health services and departments offer competency based training as required locally and provide other professional development opportunities through internal mechanisms such as in-services, external presenters, case studies and peer discussions.

Continuing professional development is the means by which members of the profession maintain, improve and broaden their knowledge, expertise and competence and is an expectation of allied health professions. Minimum requirements are mandated for registered professions by each Professional Board and guidelines for self-regulated professions are provided through the Professional Associations.

5.3.2 Mandatory Education and Training
All employees are required to undertake mandatory training as part of their work within SA Health and associated sites. This may include topics such as basic life support, manual handling or fire safety training. Many training requirements required by LHNs can be accessed through LHN-specific education and training portals and others may be sourced privately or through external organisations. All LHN mandatory training requirements must be met and compliance is audited where necessary by each LHN. Additionally, minimum training may be required for some allied health professions according to their registration body or professional association requirements.

5.4 Managing Risk

5.4.1 Allied Health Credentialing Policy and Processes
The SA Health Authenticating Allied Health Professionals Credentials policy directive requires all AHPs to be credentialed prior to commencement of employment and regularly thereafter, to ensure the safety and quality of professional care provided to consumers. Current credentials ensure that clinicians are appropriately qualified, undertake relevant continuing professional development and have appropriate criminal history clearances.

5.4.2 Advanced and Extended Scope of Practice Framework
As part of credentialing, the Advanced and Extended Scope of Practice Policy Directive provides the framework for a consistent approach to determining the need, planning, implementation and evaluation of advanced scope of practice or extended scope of non-Medicine (Allied Health, and Nursing and Midwifery) practice roles within SA Health.

5.5 System and Processes
The allied health workforce must comply with relevant systems and procedures. This includes compliance with clinical documentation in medical records, appropriate use of information technology services and applications and adherence to all relevant SA Health policies.

Regular reporting from executive through all management levels within SA Health provides data that reflects allied health workforce compliance with audited criteria across credentialing, clinical supervision, mandatory education and training, clinical service data, and other recommendations for service development and improvement.

5.6 Research and Evidence Informed Practice
Research in Allied Health and evidence informed practice are crucial to the delivery of high quality health care. As part of an increasing national focus on Allied Health Research, ASHO is currently
preparing a framework to advance allied health research and translation capacity within SA Health. Further to the development of this research framework, ASHO continues to work with partners including the International Centre for Allied Health Evidence (iCAHE) and other university collaborators to provide funding, training and guidance for evidence-informed allied health work and development of the allied health evidence base. This includes training in clinical audits, journal clubs, preparing and undertaking research questions and quality improvement activities and resources to strengthen the use of appropriate outcome measures in clinical practice.

6 Responsibility

6.1 Chief Executive
The Chief Executive has ultimate responsibility for this framework. As far as is reasonably practicable, the Chief Executive must ensure that:
- all levels of allied health management are aware of their responsibilities in relation to this framework and embedded mandatory requirements for allied health within SA Health and LHN policies and directives
- all employees are aware of their responsibilities in relation to this framework, and
- adequate resources are made available to implement this framework.

6.2 Directors, Managers and Supervisors
Directors, allied health managers and supervising allied health professionals (generally AHP3 and above) have direct responsibility for:
- implementing the framework
- ensuring clinicians have access to other relevant policies, frameworks and resources
- enabling clinicians to access education and training opportunities as appropriate
- providing adequate resources for clinical supervision activities i.e. video conferencing facilities, computer access, access to government vehicles etc.
- adequately informing staff about the framework.

In situations where there is no allied health professional manager, or more senior allied health professional of the same profession, or the majority of an AHP’s role and scope of practice is within an inter- or multi-disciplinary team, the manager of the service must facilitate appropriate governance and clinical supervision arrangements. This may require sourcing across LHN/Clinical Services an AHP of the same profession at a higher classification to support these processes.

6.3 Employees
Employees are responsible for:
- Complying with all relevant policies, procedures and guidelines appropriate to their work;
- Participating in PR&D and clinical supervision processes;
- Undertaking all mandatory training requirements as SA Health requires, and any additional training as may be required by within their LHN/department;
- Meeting the requirements for credentialing.
7 Definitions

Clinical Supervision means the “formal process of professional support and learning which enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice, enhance consumer protection and safety in complex situations” (Marais-Styndom 1999).

Competence means the demonstrated ability to provide health care services at an expected level of safety and quality.

Credentials means the qualifications, professional training, professional experience and education that contribute to a professional’s competence, performance and professional suitability to provide safe, high quality health care services. For the purposes of this policy, professional registration, disciplinary actions, professional membership & accreditation, performance review and continuing professional development are also regarded as relevant. Credentials may include appropriate evidence of criminal history clearances, indemnity insurance and curriculum vitae.

Governance means the system by which the governing body, managers and clinicians share responsibility and are held accountable for client safety, minimising risks to consumers and for continuously monitoring and improving the quality of clinical care (ACSQHC 2004).

Local Health Network means a specific incorporated body providing public health and hospital services within SA Health, either to a specific geographical catchment (CALHN, CHSALHN, NALHN, SALHN) or across statewide services (WCHN, SAAS, SCSS within CALHN).

Performance Review and Development means the process for rewarding, encouraging and developing employees, comprising 6 monthly reviews of performance and goal setting.

Professional An allied health professional from the professions listed within the SAMPSEA 2017.

Professional Associations means organisations that act as a peak body to define a profession and assist members to further the profession through continuing professional development, codes of practice and standards for ethical and professional behaviour.

Professional Boards Professional boards are responsible for policy, guidelines and legislation pertaining to the legislated registration of allied health professionals in Australia.

Professional Practice The professional activity undertaken by professionals for the purposes of investigating client symptoms and preventing and managing illness, together with associated professional activities related to client care.
## Appendix 1

### Allied Health Professions Registration Bodies, Councils and Professional Associations

<table>
<thead>
<tr>
<th>Allied Health Profession</th>
<th>Registration Bodies, Councils and Professional Associations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Art Therapy</td>
<td>Australian and New Zealand Art Therapy Association</td>
</tr>
<tr>
<td>Audiology</td>
<td>Audiological Society of Australia</td>
</tr>
<tr>
<td>Dietetics</td>
<td>Dietitians Association of Australia</td>
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<tr>
<td>Epidemiology</td>
<td>Australasian Epidemiological Association</td>
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<tr>
<td>Exercise Physiology</td>
<td>Exercise Sport Science Australia</td>
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<tr>
<td>Genetic Counselling</td>
<td>Australasian Society of Genetic Counsellors</td>
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<tr>
<td>Music Therapy</td>
<td>Australian Music Therapy Association</td>
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<tr>
<td>Medical Radiation</td>
<td>Australian and New Zealand Society of Nuclear Medicine</td>
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<td>Medical Radiation Practice Board</td>
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<td>Occupational Therapy</td>
<td>Occupational Therapy Council (Australian &amp; New Zealand Ltd)</td>
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9 References


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South Australian Charter of Health Care Rights


Change History
Any printed version of this document may have been superseded. The current version of this document can be accessed via

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