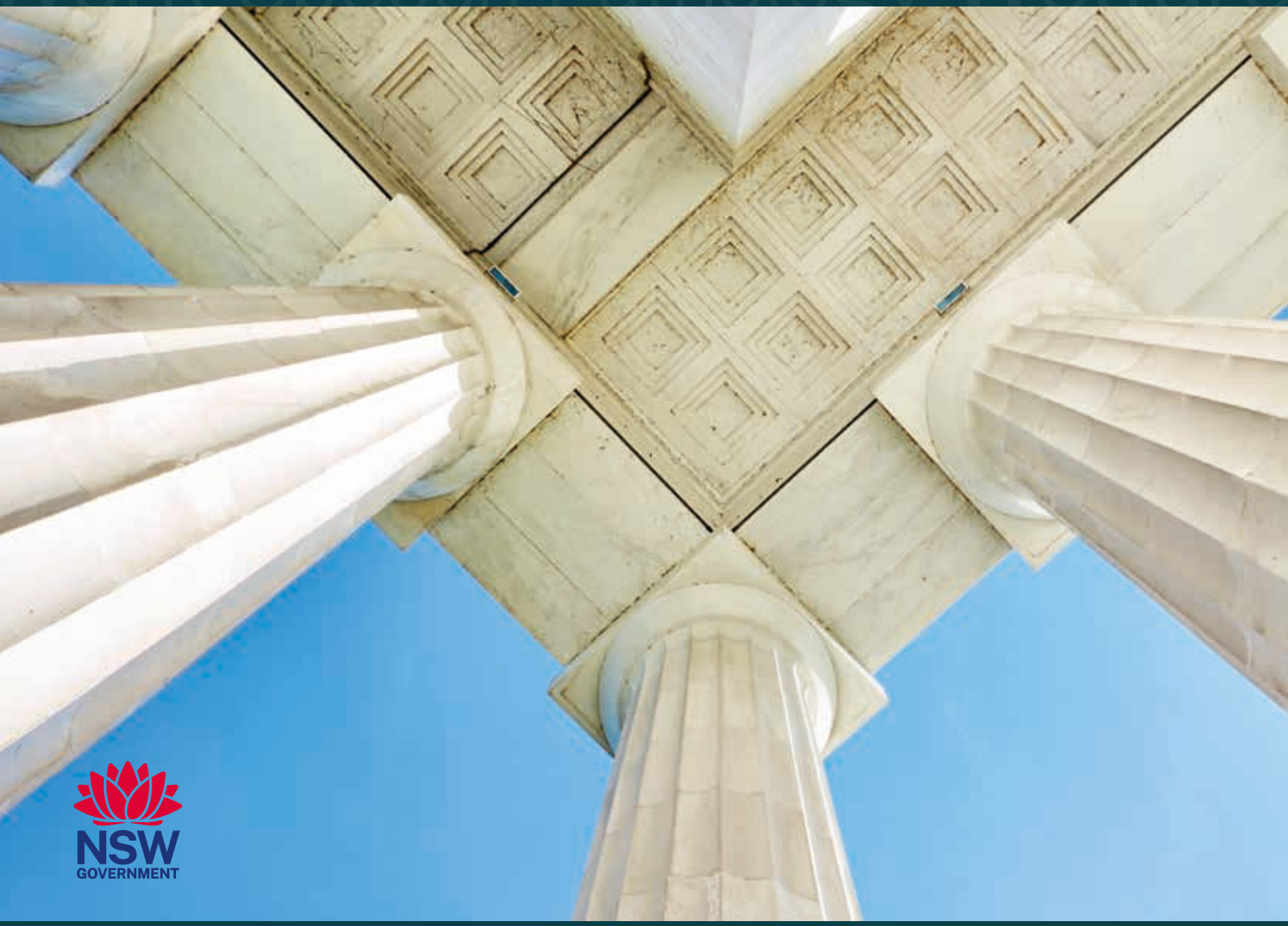
NSW Health

Principles of Allied Health Governance

2023



NSW GOVERNMENT

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The NSW Ministry for Health acknowledges the traditional custodians of the lands across NSW. We acknowledge that we live and work on Aboriginal lands. We pay our respects to Elders past and present and to all Aboriginal people.

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Disclaimer: The purpose of this report is to outline the approach, drivers and opportunities to strengthen NSW Health allied health governance as identified in the literature and by key stakeholders. It is intended that these principles be considered within LHD's/SHN's context for local customisation and implementation.

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Executive Summary

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Purpose and context

The NSW Principles of Allied Health Governance provide a foundation to guide best practice allied health governance and strengthen across a diverse allied health workforce. The changing nature of the health care landscape and workforce requires robust multidisciplinary governance. It is anticipated that the Principles of Allied Health Governance will provide value to local health districts (LHDs) and specialty health networks (SHNs) and support:

- A robust governance approach across NSW Health
- Improved local organisational structures
- Consistent and standardised practice
- Effective workforce planning
- Innovation in practice
- Instilling and maintaining confidence of the broader health care workforce, our patients and the community

Furthermore, the strengthening of allied health governance in NSW will benefit:

- Patients – through improved patient outcomes as a result of improved safety, quality and effectiveness of allied health service delivery
- Allied health workforce – through the development and engagement of our allied health clinicians leading to better quality care and improved attraction and retention
- NSW health system – through improved models of care, efficiency and effectiveness of allied health involvement, continued role in innovative value-based health care (VBHC) initiatives

Domains and principles

The *Principles of Allied Health Governance* document is structured under four domains of governance, each with a number of specific principles to support consistent best practice and effective allied health governance across all LHD/SHNs (Figure 1). While each domain plays an important individual role, there is significant overlap and interdependence between them and they should be considered together.

How to use the principles of allied health governance

Everyone within an LHD/SHN plays a role in governance, from the Chief Executive to individual allied health professionals. To operate effectively, all individuals need to understand common expectations and how they should work together to add value to patient care and to the health system. Roles and responsibilities for different stakeholder groups have been developed.

It is intended that these principles be socialised and tested across NSW LHD/SHNs over the next 12 months. The key activities to test and implement the principles provide the LHD executives with a practical methodology to consider their current processes and structure against the principles and to consider opportunities for improvement locally. Figure 2 presents the key activities to consider when testing and implementing the principles.

Figure 1: Domains and principles of allied health governance

Strategic governance

1. LHD/SHN allied health leadership partners at the system level with the NSW Ministry of Health and Pillars
2. Allied health leadership has effective representation at all levels of the organisation, including at the executive level
3. Allied health leadership is involved in collaborative strategic and operational planning and decision making
4. Allied health leadership maintains collaborative partnerships with medical, nursing, other clinical professions and corporate services

Clinical governance

1. Integrated corporate and clinical governance systems are established, and used to improve the safety and quality of health care for patients
2. Safety and quality systems are integrated with governance processes to actively manage and improve the safety and quality of health care for patients
3. The workforce has the right qualifications, skills and supervision to provide safe, high-quality health care to patients
4. The environment promotes safe and high-quality health care for patients
5. Systems are designed and used to support patients, carers, families and consumers to be partners in healthcare planning, design, measurement and evaluation

The domains and principles of an integrated governance system for allied health

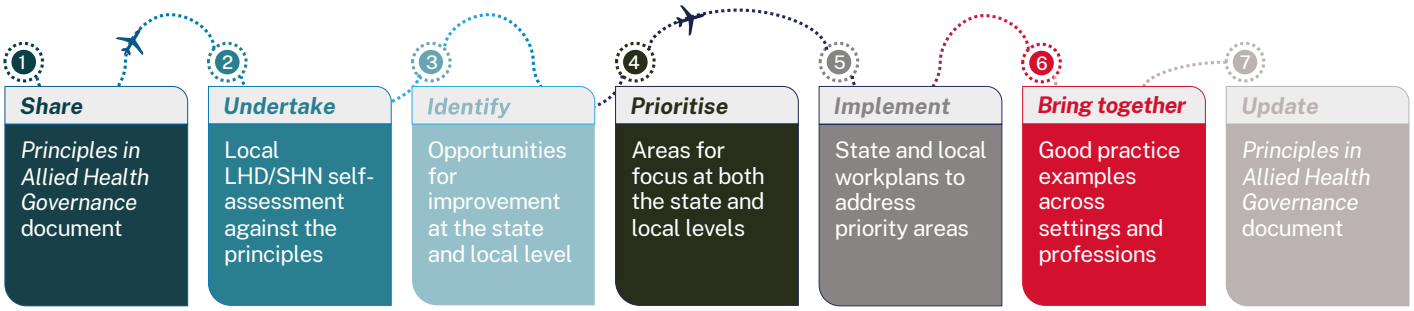
Operational governance

1. All allied health professionals have clear lines of professional reporting specific to their profession and the services they deliver
2. All allied health professionals have clear lines of operational reporting and accountability specific to their profession and the services they deliver
3. Allied health professionals are supported by systematic mechanisms for communication within their profession, clinical service areas and other disciplines

Professional governance

1. The allied health workforce has a collective and systematic approach to governance of core professional responsibilities including:
   a. Credentialing
   b. Workforce planning
   c. Staff recruitment
   d. Career development
   e. Contemporary practice
2. The allied health workforce has a collective and systematic approach to governance of clinical practice professional responsibilities including:
   a. Scope of practice
   b. Staff allocation
   c. Clinical supervision
   d. Performance

Figure 2: Key activities to test and implement principles



Introduction

02

The allied health workforce in NSW Health is a diverse group of 23 individual professions that are tertiary qualified (AQF level 7 or higher) professionals who work in health-care teams or as sole therapists to support a person's health care.[1] The workforce comprises of nationally registered professions (under the National Registration and Accreditation Scheme) and self-regulated allied health professions.

The Workforce Planning and Talent Development (WPTD) branch commissioned this project to identify Principles of Allied Health Governance to support the continued development of the NSW Health allied health workforce.

Governance encompasses strategic, operational, professional and clinical governance and is required to be fit-for-purpose to address needs of the community, patients and the diverse allied health workforce. Clear governance arrangements support the participation and engagement of the workforce to provide strategic, operational, professional leadership and optimal patient care.

Development approach

The development of the Principles of Allied Health, consisted of a number of key inputs to gather and synthesise information and validate the principles, as described in Figure 3 and Table 1.

Figure 3: Project inputs

[1] https://www.health.nsw.gov.au/workforce/alliedhealth/Pages/default.aspx

Table 1: Project inputs

Input	Description
Document scan	A scan of relevant NSW, Australian and international literature was conducted to provide input to the development of governance principles.
Directors of Allied Health meetings	The NSW Directors of Allied Health (DAH) were consulted through the DAH meetings during the project. Directors also provided input to the current state via an online survey (see next).
Directors of Allied Health survey	An online survey was open to all Directors of Allied Health. The purpose of the survey was to seek their early input into the development of the Principles for Allied Health Governance. The survey asked Directors to respond with considerations of what currently works well and what does not work well across the domains of governance.
Stakeholder consultations	One-on-one interviews were conducted with expert stakeholders from across NSW and with interjurisdictional colleagues (such as interstate Chief Allied Health Officers) with the objective of canvassing a range of information and experiences relevant to governance for allied health. Appendix 2 provides a list of stakeholders consulted.
Multidisciplinary Advisory Group	A Multidisciplinary Advisory Group was established to provide perspective and strategic advice on governance across the extent of LHDs/SHNs. Membership comprised representation across Ministry of Health and LHD/SHN allied health, medical, nursing, executive, clinical governance and workforce portfolios. Appendix 2 provides the membership list.
Discussion paper	The purpose of the discussion paper was to gather input from stakeholders about the key areas of allied health governance in NSW Health. The discussion paper was shared with Directors of Allied Health, all NSW Health allied health professional advisory networks (or equivalent) and the Multidisciplinary Advisory Group.

Drivers for improved allied health governance

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Health care in Australia is provided by teams of clinicians as well as sole therapists working in partnership with patients, families and carers. Governance ensures that everyone – from frontline clinicians to managers and members of the executive – are accountable to patients and the community for assuring the delivery of health services that are safe, effective, high quality, continuously improving and achieves outcomes which matter to patients

> "Patients, consumers and the community trust clinicians and health service organisations to provide safe, high-quality health care."[2]

The allied health workforce in NSW Health is a diverse group of 23 individual professions that are tertiary qualified (AQF level 7 or higher) professionals who work in health care teams or as sole therapists to support a person's health care.[3] The workforce comprises of nationally registered professions (under the National Registration and Accreditation Scheme) and self-regulated allied health professions.

The allied health professions constitute a critical workforce for public health services and the health of the community. Collectively, allied health professions contribute a range of clinical, scientific and therapy skills and provide assessment, diagnosis, treatment, therapy and supports across the life span. Allied health professionals are well represented in leading and contributing to contemporary integrated approaches to health care delivery and future innovation. In NSW Health, the allied health workforce delivers care and services spanning large geographical areas across metropolitan, regional, rural and remote regions and multiple settings including acute, sub-acute, ambulatory and community.

Allied health governance challenges and opportunities

A recent review highlighted trends for the allied health workforce in NSW Health, as a collective, identifying the opportunities and the drivers that are expected to influence the role of the workforce in the future.[4] Strong and clear governance across the allied health workforce was identified as a critical driver to broader system collaboration, engagement, improvement and motivation of the workforce. Delivering strong and clear governance is not without its challenges, however. Key themes that emerged from this review highlighted challenges for allied health governance at the collective level across NSW:

- there is considerable variability in operational and professional governance, both across NSW and across professions;
- there is inconsistency in clinical governance and supervisory arrangements.

Evidence suggests that retention and recruitment of different allied health professions is multifactorial. Organisational restructuring resulted in increases in early retirement of clinicians by more than 100% among registered nurses and allied health professionals.[5] Organisational and workplace structure and opportunities for career development have emerged as themes having impact on the recruitment of allied health professionals.[6]

At the same time, the opportunity is significant. Future Health, the strategic framework by NSW Health reaffirms the commitment to delivering value-based healthcare that prioritises outcomes and provides safe and effective care.[7] The framework emphasises the role of governance, leadership, and structures to support and enable the NSW Health workforce to deliver the ambitions of the strategy. Furthermore, to support the future vision of healthcare delivery in NSW, appropriate multidisciplinary governance enables the allied health workforce to enhance their skills and capabilities.

[2] Australian Commission on Safety and Quality in Health Care. National Model Clinical Governance Framework. Sydney: ACSQHC; 2017.

[3] https://www.health.nsw.gov.au/workforce/alliedhealth/Pages/default.aspx

[4] Allied Health Workforce Macro Trends Report. NSW Health, 2022 https://www.health.nsw.gov.au/workfo rce/alliedhealth/Publications/ah-wf-macro-trends-report.pdf

[5] The early retiree divests the health workforce: a quantitative analysis of early retirement among Canadian Registered Nurses and allied health professional, 2019, Human Resources for Health, Jul 5;17(1):49. doi: 10.1186/s12960-019-0381-5.

[6] Factors that influence workplace location choices in the different allied health professions: A systematic review, 2021, https://doi.org/10.1111/ajr.12768

[7] Future Health: Guiding the next decade of care in NSW 2022-2032 https://www.health.nsw.gov.au/about/nswhealth/Pages/future-health-report.aspx

This supports clinicians and underpins the requirements of regulators (where relevant), underpins harnessing innovation in models of care with clinicians working to the top of their scope of practice, and, strengthens workplace environments to support staff wellbeing.

The NSW Health Workforce Plan (2022 - 2032) also emphasises the importance of good governance. Specifically, Horizon One activities: *system-wide governance to enable an agile and flexible workforce model and strengthening clinical and professional governance, and*

Horizon Six activities: develop and implement a new policy framework and system-wide governance to enable an agile and flexible workforce model that rapidly responds to changing care needs.[8]

The allied health workforce has led significant value-based health care (VBHC) reforms in NSW Health such as Osteoporosis Refracture Prevention (ORP) service, Osteoarthritis Chronic Care Program (OACCP), High Risk Foot Service (HRFS) and renal supportive care. As such it is recognised as a critical workforce for public health services and the health of the community. Consequently, NSW Health has a focus on supporting development of a high performing allied health workforce. That development demands a comprehensive approach to allied health governance, a critical enabler to better equip the workforce to deliver high-quality care and professional practices across NSW Health.

Principles to strengthen allied health governance in NSW

Strengthening of allied health governance in NSW will benefit our patients, the allied health workforce and the NSW health system. Improved allied health governance will lead to improved patient outcomes through improved safety, quality and effectiveness of allied health service delivery. Strong and effective governance will also support the quality, development and engagement of our allied health clinicians and the recruitment and retention of allied health professionals within NSW Health.

The *Principles of Allied Health Governance* have been developed as a guide to best practice allied health governance in NSW Health for all allied health professions and LHD/SHN. Each LHD/SHN is responsible for determining locally appropriate governance systems and structures for their allied health workforce and professions.

The principles are designed to suit the diverse range of allied health professions and should be used to inform the development of clear local governance arrangements. This will support the participation and engagement of a high performing allied health workforce to provide both effective leadership and optimal patient care. Importantly, the principles are intended to convey the intent of governance and allow for local application to meet this intent. Application of the *Principles of Allied Health Governance* in local governance arrangements will support:

- **A robust governance approach across NSW Health** – implementing effective and efficient governance processes for allied health across professions.
- **Improved local organisational structures** – by applying the principles to roles, structures, and service delivery.
- **Consistent and standardised practice** – to support a high performing workforce and a basis from which a LHD/SHN can monitor performance, embed a culture of continuous quality improvement and reduce risk and variation in practice.
- **Effective workforce planning** – through appropriate involvement of allied health professions and by articulating capabilities and skills of a high performing allied health workforce across settings and professional groups.
- **Innovation in practice** – through the establishment of innovative roles and service delivery models in line with necessary governance requirements.
- **Instilling and maintaining confidence of the broader health care workforce, our patients and the community** – demonstrating that systems are in place to support the delivery of safe, high-quality allied health care.

[8] NSW Health Workforce Plan 2022-2032. https://www.health.nsw.gov.au/workforce/hpwp/Pages/default.aspx

Principles of Allied Health Governance

04

The *Principles of Allied Health Governance* document is structured under four *domains* of governance, each with several specific *principles* to support consistent best practice and effective allied health governance across all LHD/SHNs.

What are the domains of allied health governance?

The four domains of governance are: strategic, clinical, operational and professional (Figure 4). While each domain plays an important individual role, there is significant overlap and interdependence between them and they should be considered together. These domains are useful in describing the different aspects of governance that form the basis for achieving an effective integrated governance system for allied health professionals in NSW Health.

What are the principles?

A governance *principle* is a statement of the desired governance attribute or behaviour that guides individuals, teams and LHDs/SHNs. The principles are intended to provide a robust foundation for allied health governance by:

- **Aligning with current strategy, policy and contemporary thinking** – to enable the workforce to be innovative and adapt to new ways of working in a changing health environment.
- **Aligning with best-practice evidence** – including the National Safety and Quality Health Service (NSQHS) clinical governance standards and supporting relevant professional legislation and recommendations for credentialling, competency and capability of the workforce.
- **Supporting local flexibility and customisation** – across the range of LHD/SHNs, allied health professional groups, geographic areas and care settings.
- **Strengthening the provision of safe and effective care** – aligned with value-based health care and the quadruple aim (Figure 5), delivering services that improve:
  - the health outcomes that matter to patients
  - the experience of receiving care
  - the experience of providing care
  - the effectiveness and efficiency of care

Figure 4: Domains of allied health governance

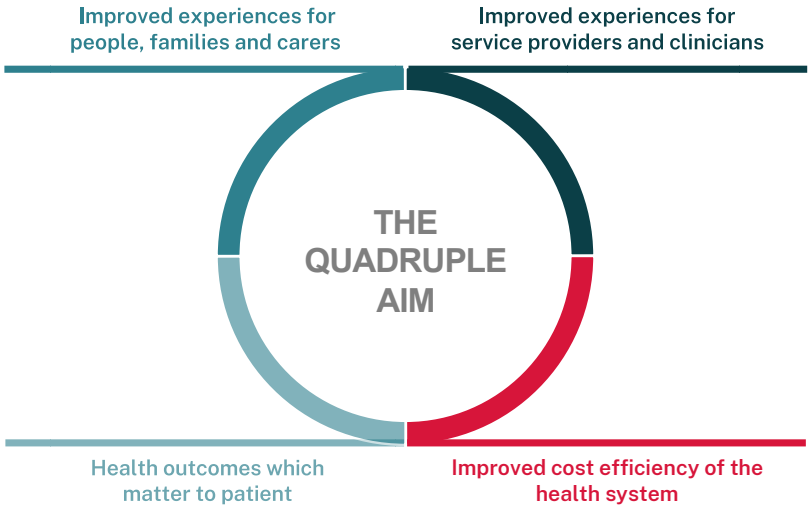
Strategic governance describes leadership and overarching context in which the LHD/SHN operates; it describes the interface between the LHD/SHN and the broader NSW Health system. Strategic governance describes the fundamental decisions and actions that shape and guide what an LHD/SHN is, what it does, and why it does it.

Operational governance describes the functional structures and systems that support service delivery models across all clinical settings (acute, subacute, non-acute, community, health promotion). Operational governance aims to align with the overarching strategic governance of the organisation and the operational components of both clinical and professional governance.

Clinical governance describes the safety and quality systems and processes that need to be in place to ensure allied health are able to deliver safe, effective and high-quality health care.

Professional governance encompasses the legislation, standards, best practice and policies specific to a particular profession which supports a high performing professional workforce and the quality and safe delivery of treatment and care.

Figure 5: Quadruple Aim



The *Principles of Allied Health Governance* consists of 14 principles under the four domains of allied health governance (Figure 6). Importantly, there is considerable overlap and interaction between these principles and domains, and as such they should be considered together, as different aspects of an integrated system for allied health governance.

Figure 6: Domains and principles of allied health governance

Strategic governance

1. LHD/SHN allied health leadership partners at the system level with the NSW Ministry of Health and Pillars
2. Allied health leadership has effective representation at all levels of the organisation, including at the executive level
3. Allied health leadership is involved in collaborative strategic and operational planning and decision making
4. Allied health leadership maintains collaborative partnerships with medical, nursing, other clinical professions and corporate services

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1. Integrated corporate and clinical governance systems are established, and used to improve the safety and quality of health care for patients
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The domains and principles of an integrated governance system for allied health

Operational governance

1. All allied health professionals have clear lines of professional reporting specific to their profession and the services they deliver
2. All allied health professionals have clear lines of operational reporting and accountability specific to their profession and the services they deliver
3. Allied health professionals are supported by systematic mechanisms for communication within their profession, clinical service areas and other disciplines

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   b. Workforce planning
   c. Staff recruitment
   d. Career development
   e. Contemporary practice
2. The allied health workforce has a collective and systematic approach to governance of clinical practice professional responsibilities including:
   a. Scope of practice
   b. Staff allocation
   c. Clinical supervision
   d. Performance

Principles of Allied Health Governance

Guidance to reading this section

The following sections of the *Principles of Allied Health Governance* are presented by domain and provide the specific *principles* of governance for that domain and *additional information* for each principle (as illustrated in the box below).

Strategic governance

Strategic governance describes the leadership and overarching context in which the LHD/SHN operates; it describes the interface between the LHD/SHN and the broader NSW Health system. Strategic governance describes the fundamental decisions and actions that shape and guide what an LHD/SHN is, what it does, and why it does it.

Strategic governance encompasses the four allied health governance principles described below:

1) LHD/SHN allied health leadership partners at the system level with the NSW Ministry of Health and Pillars

1.1 Directors of Allied Health and delegates collaborate to inform NSW Health system level governance, planning and policy initiatives.

1.2 All LHD/SHNs are represented on the various state-wide allied health profession specific advisory groups.

1.3 State wide professional peer groups or Advisory Groups[9] are involved in the development of relevant plans, policies and profession specific clinical and professional governance tools and the creation of a common set of safety metrics that report meaningful safety and quality outcomes.

2) Allied health leadership has effective representation at all levels of the organisation, including at the executive level

2.1 Allied health leadership is embedded at executive, facility and clinical stream level to inform and influence strategic direction for allied health services and professionals.

2.2 The Allied Health Director is the most senior allied health clinician in the LHD/SHN. This equates to an executive (Tier 2) Allied Health Director position (at a minimum).

2.3 The Allied Health Director is an allied health professional. The Allied Health Director is provided with sufficient time within the breadth of their portfolio, to meet their responsibilities and achieve optimal performance in allied health governance.

2.4 LHD/SHN Directors of Allied Health are supported by established structures and sufficient professional seniority to ensure they receive input and expertise from all allied health professions they represent.

3) Allied health leadership is involved in collaborative strategic and operational planning and decision making

3.1 Consistent and transparent business rules exist to support:

- allied health influence and advice on strategic and operational planning and decision-making across all stages of the process, to ensure appropriate allied health professional input to the design of patient care services.
- coordinated agreement on shared priorities and investment aligned with value-based care to support change and reform.

3.2 Allied Health Directors/ profession leaders/ managers (across the LHD/SHN) are involved in leading and codesigning the development of strategic plans, business and redevelopment plans, policies and procedures.

3.3 Allied health representatives contribute expert advice across the different allied health professions to influence decision making at multiple levels and on relevant committees and panels.

4) Allied health leadership maintains collaborative partnerships with medical, nursing, other clinical professions and corporate services

[9] There are a number of allied health profession specific advisory groups in NSW, however not all 23 allied health professions currently have Advisory Groups or equivalent forums.

4.1 Allied health leaders in executive roles build positive relationships and equal partnerships with medical and nursing executives seeking clarity of roles and expectations.

4.2 There is representative membership of allied health professionals on key LHD/SHN strategic and planning peak committees (e.g. workforce, service development and models of care).

Operational governance

Operational governance describes the functional structures and systems that support service delivery models. Operational governance aims to align with the overarching strategic governance of the organisation and the operational components of both clinical and professional governance.

Operational governance for allied health has considerable overlap with both clinical and professional governance, in both supporting the management of a high performing clinical workforce and in the delivery of best practice allied health care and support.

Importantly for allied health, previous work has highlighted that regardless of operational and clinical reporting lines, it is crucial that all allied health professionals maintain close, systematic alignment within their own allied health profession.[10]

Operational governance encompasses the three *principles* described below:

1) All allied health professionals have clear lines of professional reporting specific to their profession and the services they deliver

1.1 Allied health staff in clinical roles have established professional reporting lines to a profession-specific manager or senior member of the profession. This is considered essential for all allied health staff in clinical roles across all settings and clinical streams (e.g. acute, sub-acute, community, mental health etc).

This will require all allied health professions to identify appropriate profession-specific managers and senior members of their profession within their LHD/SHN. For small professional workforces, sole clinicians or where there is not a person with the required experience and capabilities within the LHD/SHN it will be necessary to seek support from outside of the organisation or across jurisdictions (e.g. in formalised networks across multiple LHD/SHNs; through professional networks; or private practice). This will require LHD/SHN Allied Health executive support.

2) All allied health professionals have clear lines of operational reporting and accountability specific to their profession and the services they deliver

2.1 Operational structures and processes, appropriately supported by their profession, are in place for effectively managing allied health professionals in service delivery.

2.2 Individual roles and responsibilities are understood and there are clear communication channels and accountability.

2.3 All allied health facility or clinical stream managers have reporting lines or linkages to the LHD/SHN Director of Allied Health. The district Director of Allied Health may be a contact point to provide appropriate direction for clinical supervision structures.

3) Allied health professionals are supported by systematic mechanisms for communication within their profession, clinical service areas and other disciplines (e.g. nursing, medicine, other allied health professions)

3.1 Systems and business rules exist to support timely and effective communication both up and down operational and professional reporting lines.

3.2 Effective communication and collaboration occur to support clinical governance between allied health professions and clinical service areas.

- 3.3 Effective communication and collaboration exists to reduce the potential for the development of siloes within allied health professions, clinical service areas or other disciplines.

[10] Mickan S, Dawber J, Hulcombe J (2019). Investigating allied health management structures, Australian Health Review, 43, 466–473

Considerations for operational structures

All LHD/SHNs must determine locally appropriate structures for each of their allied health professions to support effective workforce development and management and to enable the delivery of safe and effective clinical care. It is intended that the principles above can be achieved regardless of the different operational structures employed. The following are common examples of operational structures and considerations for how the principles can be integrated.

1) **Departmental structure** – where allied health professions have operational management responsibility for their professional workforce. In this case the principles 1) and 2) above are achieved through a single reporting line.

2) **Clinical stream or departmental structure** – where allied health professionals form part of multi-disciplinary teams that report operationally to clinical departments or streams. Where allied health clinicians operate outside of a profession specific/departmental operational structure, deliberate consideration must be given to how clinical, operational and professional governance and support will be provided in collaboration with operational management. In this case principle 1) is achieved through clinical department or stream reporting lines and principle 2) requires an arrangement to integrate professional governance and support for each allied health profession. This can be achieved through collaboration on dual reporting lines and a matrix style approach to governance responsibilities. (Consider a hybrid scenario, for example employed by department, embedded into clinical stream).

In this example the scope of professional governance at a minimum, includes the Professional governance principle 2 c) clinical supervision and d) performance – refer pages 18-19.

It is important to consider if restructuring small allied health services into clinical streams the risk of professional isolation as it may weaken links with professional departments who provides professional supports.

Clinical governance

Clinical governance describes the safety and quality systems and processes that need to be in place to ensure allied health are able to deliver safe, effective, high-quality health care.

Clinical governance is the set of relationships established by an LHD/SHN that ensure the quality and safety of clinical outcomes. To deliver safe and high-quality care, and to continuously improve services, clinical governance frameworks establish roles, responsibilities and relationships within health service organisations.

To support the delivery of safe and high-quality care for patients and consumers, the Australian Commission on Safety and Quality in Health Care has developed the National Model Clinical Governance Framework (the Clinical Governance Framework).

The components in the Clinical Governance Framework are mandatory for health service organisations that need to meet the requirements of the National Safety and Quality Health Service (NSQHS) Standards when they are accredited.

The NSQHS Standards Clinical Governance Framework[11] has five components. The central component relates to patients and consumers, who are at the centre of the Clinical Governance Framework. The five components of the Clinical Governance Framework provide the foundation for clinical governance principles for allied health in NSW Health. As with medicine and nursing, there is considerable overlap between clinical and professional governance and each allied health profession is responsible for establishing and maintaining the requirements for profession specific clinical governance.

[11] Australian Commission on Safety and Quality in Health Care. National Model Clinical Governance Framework. Sydney: ACSQHC; 2017.

The five components of the Standards form the basis of the clinical governance principles for allied health and are presented below (highlighted below in ***italics***), with additional detail specific to allied health.

1) Governance, leadership and culture: integrated corporate and clinical governance systems are established, and used to improve the safety and quality of health care for patients

- The LHD/SHN Allied Health Director is responsible for providing leadership for the participation of all allied health professions in profession specific clinical governance.
- The LHD/SHN ensures a systemic approach to ensure individual allied health professions determine what constitutes safe, quality and effective care for their profession and clinical workforce.
- The LHD/SHN ensures a systematic approach to the governance of education and training for allied health professionals.

2) Patient safety and quality improvement systems: safety and quality systems are integrated with governance processes to actively manage and improve the safety and quality of health care for patients

- All allied health professionals in clinical roles participate in profession specific clinical audit and review to ensure that the documented safety and quality requirements in policies, procedures and protocols are reliably embedded.
- All allied health professionals in clinical roles participate in quality improvement and measurement, incident management, open disclosure, patient feedback and complaints management (this includes both profession specific and clinical team participation).
- All allied health professionals in clinical roles collect and regularly report data on patient safety and quality outcomes.
- Planning for allied health and profession-specific education and training is driven by the health care needs of the population and local requirements.
- Organisational structures and processes are in place to support education, training and continuing professional development for allied health professionals.

3) Clinical performance and effectiveness: the workforce has the right qualifications, skills and supervision to provide safe, high-quality health care to patients

- All allied health professionals working in clinical roles participate in profession specific clinical supervision and structured processes are in place to ensure that clinical supervision occurs.
- Clinical supervision responsibilities of allied health professionals are outlined in position descriptions and included in orientation procedures.
- A system is established to record clinical supervision activity within the team/department/service and there are structures in place to escalate concerns.[12]
- Systems are in place to support orientation, supervision, teaching and co-ordination of educational activities for allied health students on clinical placements.

4) Safe environment for the delivery of care: the environment promotes safe and high-quality health care for patients

- Allied health professional leads and managers participate in facility and environment design to meet patient and workforce needs.
- The environment, ways of working and support mechanisms are structured to support psychological safety for clinicians.
- Allied health clinicians have a responsibility to maintain and improve the safety of their work environments for patients, staff and visitors and there are structures in place to escalate concerns.
- Allied health professionals are committed to ensuring culturally supportive and safe environments for all Aboriginal and Torres Strait Islander people accessing services whilst also working alongside Aboriginal and Torres Strait Islander staff to ensure the workplace provides a culturally supportive working environment for all.

[12] HETI Superguide

5) **Partnering with consumers and the community: systems are designed and used to support patients, carers, families and consumers to be partners in healthcare planning, design, measurement and evaluation**

- Elements of this component include:
  - clinical governance and quality improvement systems to support partnering with consumers;
  - partnering with patients in their own care;
  - health literacy;
  - partnering with consumers in organisational design and governance;
  - partnering with consumers in culturally responsive and inclusive practice.
- Each profession is responsible for defining profession specific approaches for designing and delivering care in partnership with consumers as part of scope of practice and contemporary practice.
- Allied health professionals use consumer feedback and patient experience and reported measures to improve healthcare experience and outcomes.

Professional governance

Professional governance encompasses the legislation, standards, best practice and policies specific to a particular profession which supports a high performing professional workforce and the quality and safe delivery of treatment and care.

Professional governance is central to ensuring that the right staff, with appropriate support, have suitable skills to deliver safe and high-quality clinical care. Each LHD/SHN is responsible for local arrangements for appropriate professional governance for each allied health profession and the range of, and variation in, allied health professions makes a systematic approach to professional governance an essential component.

Professional governance for allied health has considerable overlap with both clinical and operational governance, in both supporting the management of a high performing clinical workforce and in the delivery of best practice, safe and effective care. The *principles* of professional governance for allied health are focused on profession specific responsibilities and are split into those that are considered **core responsibilities** and those that are more closely aligned with **operational and clinical responsibilities**.

1) **The allied health workforce has a collective and systematic approach to governance of core professional responsibilities including:**

   a) **Credentialing** – each profession is responsible for compliance with relevant professional regulatory bodies professional standards, registration, accreditation and relevant legislation (including specialised areas of practice such as advanced and extended scope practitioners).

   b) **Workforce planning** – each profession will participate in profession specific planning at the district, facility and clinical service levels.

   c) **Staff recruitment** – each profession is involved in profession specific staff recruitment (position descriptions, interviewing, recruitment decisions), onboarding, orientation and support. When recruiting to generic allied health positions, the position descriptions should specify which allied health professions are eligible, and the relevant registration/qualifications. At least one profession-specific manager should be included on the selection panel.

   d) **Career development** – each profession is involved in profession specific career progression (grading and regrading), education and training, ongoing professional development and succession planning (including continuing professional development (CPD), competencies and capabilities, clinical upskilling, maintenance and training and graduate programs).

   e) **Contemporary practice** – each profession is involved in:

   - promoting profession specific contemporary, evidence based practice models of care and the shift from low value to high value care;
   - promoting the development, adoption and implementation of tools, equipment and resources to deliver effective care;
   - quality improvement and research initiatives; and

– connection to and/or involvement in NSW Health allied health profession specific advisory groups (where these exist) or similar peer groups and forums.

2) **The allied health workforce has a collective and systematic approach to governance of clinical practice professional responsibilities including:**

a) **Scope of practice** – each profession is responsible for defining (including development and review of policies, procedures and protocols) and providing oversight of clinical scope of practice for clinicians within their profession.

b) **Staff allocation** – each profession is involved in the allocation of appropriate staff to facilities and services with the required competencies and skill mix to provide safe, effective and high quality clinical care.

c) **Clinical supervision** – each profession is responsible for profession specific clinical supervision (requirements, frequency, recording, escalation of concerns).[13]

d) **Performance** – each profession should be involved in profession specific: performance review (each clinician should have an appropriate member of their profession involved in their performance review); performance management; and in managing complaints and concerns about clinicians. This needs to be in-line with local and state-wide policies.

Considerations for professional governance across different allied health professions

The differences between allied health professions and the LHD/SHN in which they operate will impact the way professional governance is implemented. The following are some common considerations for implementation:

1) **Professional registration** – professional governance is essential for both nationally registered allied health professions (under the National Registration and Accreditation Scheme) and self-regulated allied health professions. The principles have been designed to be applied equally to both registered and self-regulated professions.

2) **Small professional workforces** – for small professional workforces (e.g. Podiatry, Diversional Therapy; Genetic Counsellors; or sole clinicians) there may be resourcing constraints and additional challenges with achieving the aspirations of the principles outlined above. This may require these professions to identify priorities among the professional governance responsibilities to focus on (e.g. clinical supervision) and seek support from outside of the organisation or across jurisdictions (e.g. in formalised networks across multiple LHD/SHNs; through professional and peer networks; or through private practice professionals). It is important that these arrangements are endorsed by the LHD/SHN allied health executive. The district Director of Allied Health may be a contact point to provide appropriate direction for clinical supervision structures.

3) **Local v state-wide development** – while each LHD/SHN is responsible for local arrangements for appropriate professional governance for each allied health profession there is significant opportunity for state-wide collaboration in the development of approaches to professional governance. Collaboration and sharing across LHD/SHNs and through state-wide professional and peer networks will reduce the development burden on local areas and improve consistency and quality of professional governance across NSW.

[13] HETI Superguide

Using the principles to strengthen allied health governance

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This section provides an overview of how the *Principles of Allied Health Governance* can be used at both the state, LHD/SHN and facility/services level to drive effective governance to support a high performing allied health workforce. The governance principles are intended to be flexible and enable local application, while still meeting the intent of the principles.

The principles are a first step in supporting excellence and moving towards best practice governance for allied health professionals. Future work related to governance policies, processes, tools and best practice examples will be essential in supporting implementation of allied health governance across NSW Health.

Roles and responsibilities

Everyone within an LHD/SHN plays a role in governance, from the Chief Executive to individual allied health professionals. To operate effectively, all individuals need to understand common expectations and how they should work together to add value to patient care and to the health system. To this end, Table 2 provides suggested roles and responsibilities for major stakeholder groups and examples of how the principles may be used by each group.

Table 2: Roles and responsibilities in governance

Stakeholder group	Responsibilities	Use of the principles
LHD/SHN Board and Executive Team	Ultimately responsible for ensuring the establishment of a strong governance system and that the LHD/SHN delivers safe and quality care.	• Establish governance structures to support credentialling with profession specific input • Implement clear lines of accountability across all governance domains, for all allied health professionals (AHPs) at all levels of the LHD/SHN • Ensure all general managers and operational managers are aware of clinical and professional governance requirements for allied health, with profession-specific input • Provides a framework to reduce risk to patient and staff safety and to actively address identified risks • Foster a culture of quality improvement through multi-disciplinary clinical audit and review • Set new benchmarks and targets for organisational performance
Director of Allied Health (DAH)	LHD/SHN DAH play a pivotal role in leading and managing a diverse allied health workforce. The DAH plays a critical role in establishing and embedding effective leadership and professional and clinical governance structures to ensure the delivery of effective, patient centred and innovative care.	• Guide service planning and model of care development • Inform structural change and alignments which supports effective allied health governance • Identify areas of risk within a profession and develop mitigation strategies • Participate in recruitment and selection of AHPs (or delegate to profession-specific representative) • Monitor training, professional support and supervision across all AHPs and students • Establish the professional leads within their district if not within the current structure

Table 2: Roles and responsibilities in governance (cont.)

Stakeholder group	Responsibilities	Use of the principles
Directors of Workforce	Provide a leading role in workforce planning to ensure NSW Health recruits, trains and retains a fit-for-purpose workforce to deliver positive outcomes for patients and the community	• Provide a basis for governance structures to support credentialling with profession specific input • Implement clear lines of accountability across all governance domains, for all allied health professionals (AHPs) at all levels of the LHD/SHN • Ensure all general managers and operational managers are aware of clinical and professional governance requirements for allied health, with profession-specific input • Involving allied health leadership and professions in workforce planning
Directors of Clinical Governance	Provide a lead role in overseeing the quality and safety of services provided by NSW Health facilities, staff and contractors	• Provide a basis for allied health professional practice • Support monitoring of safety and quality and clinical variation • Provide a mechanism to reduce risk to patient and staff safety and to actively address identified risks • Foster a culture of quality improvement through multi-disciplinary clinical audit and review
General Managers/ Directors/Health Service Managers of facilities and services	Responsible for leading staff at the facility or service level to deliver high quality and safe services	• Provide a framework to inform local workforce planning and operational governance structures, with professional specific input • Inform structural change and alignments which supports effective allied health governance • Guides the specific requirements for allied health clinical and professional governance for patient safety, risk management and quality improvement programs • Provides a framework for strategic governance inclusive of allied health professionals
Profession-specific allied health leaders (directors/ advisors/ managers/ heads of department/ seniors)	Provides profession-specific advice and advocacy and works in collaboration with the DAH	• Establish core professional governance responsibilities for their profession • Identify areas of risk within a profession and develop mitigation strategies • Monitor competency of AHPs • Provide advice to operational manager re profession specific education and development • Provide profession specific input to recruitment, supervision and performance management • Support and build profession specific scope of practice

Table 2: Roles and responsibilities in governance (cont.)

Stakeholder group	Responsibilities	Use of the principles
Operational managers (allied health and non-allied health)	Managers are responsible for ensuring that the governance systems implemented support safe and effective patient care. Managers support AHPs in the delivery of clinical services, and work with profession-specific managers/seniors and the LHD/SHN allied health director in all relevant aspects of clinical and professional governance and performance	• Include profession specific input in recruitment, review of positions descriptions, orientation • Consult profession-specific managers for: changes to roles • Conduct performance reviews, assessments with profession specific input • Provide AHPs with time for clinical audits and quality improvement activities • Seek profession specific advice about supporting AHPs career development, appropriate allied health structures, appropriate grading, scopes of practice including advanced and extended scope of practice ensuring clinical supervision is occurring
Allied health professionals (AHPs)	AHPs are supported by governance systems to deliver safe, high-quality clinical care. AHPs are responsible for the safety and quality of their own professional practice, and professional codes of conduct. AHPs actively participate in safety and quality processes and clinical supervision that supports patient safety and continuous improvement. The ACSQHC provides a useful reference of clinical governance for allied health practitioners roles and responsibilities[14]	• Maintain registration, competency and CPD requirements • Participate in clinical supervision • Participate in performance reviews, clinical audits and quality improvement activities • Adhere to policies and procedures for risk management and adverse events • Accountable for their role and contribution to the safety and quality of care delivered to patients • Maintain engagement with their profession (within the LHD/SHN, or outside if a small profession or workforce)

[14] ACSQHC

Practical steps to testing and implementing the *Principles of Allied Health Governance*

This document aims to assist LHD/SHNs by describing the governance requirements for the allied health workforce. It is intended that these principles be socialised and tested across NSW LHD/SHNs over the next 12 months. It is envisaged that several key activities will be undertaken during this time as outlined below:

1) Share Principles of Allied Health Governance

The Principles of Allied Health Governance document will be shared broadly across NSW Health with:

- Chief Executives and executive teams
- Clinical streams, general managers and facility managers
- All allied health managers, leads and professionals

The intention is that each LHD/SHN start to consider how they currently meet the governance requirements and how the principles may support patient outcomes and safety locally.

2) Undertake LHD/SHN self-assessment against the principles

- It is suggested that LHDs/SHNs undertake a local self-assessment against the principles using a self-assessment checklist.
- The self-assessment should be conducted by teams, committees and different allied health professions to provide a more comprehensive and complete picture of governance across the LHD/SHN.
- Self-assessment findings should be collated to provide an overarching picture of governance across the LHD/SHN.
- The self assessment has broad executive and general manager support and that is it reported back to the executive and general manager
- Good practice governance examples, and opportunities for improvement will be identified based on local self-assessment results.

3) Identify opportunities for improvement at the state and local level

Based on the opportunities for improvement identified in local self-assessments, a process to collate opportunities across LHD/SHNs and prioritise opportunities should be undertaken. It may be appropriate for some opportunities to be addressed at the state level and others to be addressed at the local level.

The opportunities identify two tiers for stakeholder focus:

- **State level opportunities** – identifies opportunity areas that are considered to impact the allied health workforce as a collective and require a collaborative effort across different groups to address. These opportunities should be led by a combination of the NSW Ministry of Health, the NSW Health Directors of Allied Health, State NSW Health Allied Health Advisory Groups, the Clinical Excellence Commission (CEC) and the Health Education and Training Institute (HETI).
- **Local level opportunities** – identifies opportunity areas that can have an impact and be implemented at the local level. It is proposed that these opportunities be led by a combination of the local Director of Allied Health, LHD/SHN operational management, and local allied health professions, managers and teams with Executive and General Manager support.

4) Prioritisation of areas for focus at both the state and local levels

Prioritisation of the opportunities will assist NSW Health and LHD/SHNs to focus on areas of highest importance, for example problems to be solved and/or solutions to be implemented.

A simple prioritisation approach can be used to help prioritise opportunities and generate discussion about the relative importance of the opportunities. The approach asks stakeholders to consider opportunities from the perspectives of 'impact' and 'change or implementation'.

- **Level of impact** – with a low level of impact indicating not much change from the current state and a high impact indicating the change would have a high level of impact.

When thinking about impact the following key questions might be considered:

– How will this opportunity impact safety and quality of care?

– How will this opportunity impact efficiency and financial sustainability?

– How will this opportunity impact patient and staff experience?

– How will this opportunity address identified risks or priorities with current allied health governance structures and supports?

- **Ease of making the change** – ranging from: easy to change and quick to implement, to difficult to change and lengthy to implement.

When thinking about change or implementation the following key questions might be considered:

– How easy will it be to change/implement?

– How quickly can we change/implement?

– How ready are we to change/implement?

– What are the risks of not changing/implementing?

5) Implement state and local workplans to address priority areas

- Following the prioritisation of opportunities, state and local plans can be developed to implement opportunities.
- A typical workplan will also consider the horizons for implementation of different priorities.
- Priorities may be implemented over agreed time horizons, for example short term (0-1 year), medium term (1-3 years), or long term (3-5 years).
- Additionally, it should be acknowledged that all principles are essential components of best practice governance and therefore all identified gaps and priorities should be included in a workplan.

6) Bring together local examples of good practice governance across a range of professions and settings

- Local self-assessments should also be used to highlight areas of good practice governance across the state, across professions, and in different geographical areas, teams and settings.
- Sharing of good practice governance examples, tools and processes will provide a platform for other LHDS/SHNs to strengthen local governance processes.

7) Update *Principles of Allied Health Governance* document

- It is envisaged that following an initial 12 months of socialisation of the principles, identification of gaps and opportunities and collection of good practice examples an updated *Principles of Allied Health Governance* document will be published.
- An updated document would comprise good practice examples, links to general and specific resources where applicable, and any required edits to wording of the principles.

Appendix 1: Allied Health Governance Principles – Self Assessment Checklist

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- It is suggested that LHDs/SHNs undertake a local self-assessment against the principles using a self-assessment checklist.
- LHD/SHN Executive, Directors of Allied Health and General Manager support should be sought before undertaking the self assessment to ensure outcomes are reported and escalated appropriately
- The self-assessment should be conducted by teams, committees and different allied health professions to provide a more comprehensive and complete picture of governance across the LHD/SHN.
- Self-assessment findings should be collated to provide an overarching picture of governance across the LHD/SHN.
- Good practice governance examples, and opportunities for improvement will be identified based on local self-assessment results.

Strategic governance

Please rate the status of each principle and component. Status is rated as fully, partially or not compliant. Comments should note areas/services or professions where opportunities for improvement exist. Good practice examples may also be noted for the purpose of sharing these more broadly with other areas/professions.

Principle	Components	Status		
1. LHD/SHN allied health leadership partners at the system level with the NSW Ministry of Health and Pillars	Allied Health Directors and delegates collaborate to inform NSW Health system level governance, planning and policy initiatives.	☐ Fully	☐ Partially	☐ Not
		Comments		
	All LHD/SHNs are represented on the various state-wide allied health profession specific advisory groups	☐ Fully	☐ Partially	☐ Not
		Comments		
	State wide professional peer groups or advisory groups[15] are involved in the development of relevant plans, policies and profession specific clinical and professional governance tools and the creation of a common set of safety metrics that report meaningful safety and quality outcomes.	☐ Fully	☐ Partially	☐ Not
		Comments		

[15] There are a number of allied health profession specific advisory groups in NSW, however not all 23 allied health professions currently have Advisory Groups or equivalent forums.

Strategic governance

Principle	Components	Status		
2. Allied health leadership has effective representation at all levels of the organisation, including at the executive level	Allied health leadership is embedded at executive, facility and clinical stream level to inform and influence strategic direction for allied health services and professionals.	☐ Fully	☐ Partially	☐ Not
		Comments		
	The Allied Health Director is the most senior allied health clinician in the LHD/SHN, this equates to an executive (Tier 2) Allied Health Director position (at a minimum). The Allied Health Director is an allied health professional. The Allied Health Director is provided with sufficient time within the breadth of their portfolio, to meet their responsibilities and achieve optimal performance in allied health governance.	☐ Fully	☐ Partially	☐ Not
		Comments		
	LHD/SHN Directors of Allied Health are supported by established structures and sufficient professional seniority to ensure they receive input and expertise from all allied health professions they represent.	☐ Fully	☐ Partially	☐ Not
		Comments		

Strategic governance

Principle	Components	Status		
3. Allied health leadership is involved in collaborative strategic and operational planning and decision making	Consistent and transparent business rules exist to support: – allied health influence and advice on strategic and operational planning and decision-making across all stages of the process, to ensure appropriate allied health professional input to the design of patient care services. – coordinated agreement on shared priorities and investment aligned to value-based care to incentivise change and reform.	☐ Fully	☐ Partially	☐ Not
		Comments		
	Allied Health Directors/ Profession leaders/ Managers (across the LHD/SHN) are involved in leading and codesigning the development of strategic plans, business and redevelopment plans, policies and procedures.	☐ Fully	☐ Partially	☐ Not
		Comments		
	Allied health representatives contribute expert advice across the different allied health professions to influence decision making at multiple levels and on relevant committees and panels.	☐ Fully	☐ Partially	☐ Not
		Comments		

Strategic governance

Principle	Components	Status		
4. Allied health leadership maintains collaborative partnerships with medical, nursing and other clinical professions	Allied health leaders in executive roles build positive relationships and equal partnerships with medical and nursing executives seeking clarity of roles and expectations.	☐ Fully	☐ Partially	☐ Not
		Comments		
	There is representative membership of allied health professionals on key LHD/SHN strategic and planning peak committees (e.g. workforce, service development and models of care).	☐ Fully	☐ Partially	☐ Not
		Comments		

Operational governance

Principle	Components	Status		
1. All allied health professionals have clear lines of professional reporting specific to their profession and the services they deliver	Allied health staff in clinical roles have established professional reporting lines to a profession-specific manager or senior member of the profession. This is considered essential for all allied health staff in clinical roles across all settings and clinical streams (e.g. acute, sub-acute, community, mental health etc).	☐ Fully	☐ Partially	☐ Not
		Comments		
2. All allied health professionals have clear lines of operational reporting and accountability specific to their profession and the services they deliver	Operational structures and processes, appropriately supported by their profession, are in place for effectively managing allied health professionals in service delivery.	☐ Fully	☐ Partially	☐ Not
		Comments		
	Individual roles and responsibilities are understood and there are clear communication channels and accountability.	☐ Fully	☐ Partially	☐ Not
		Comments		
	All allied health facility or clinical stream managers have reporting lines or linkages through to the LHD/SHN Director of Allied Health.	☐ Fully	☐ Partially	☐ Not
		Comments		

Operational governance

Principle	Components	Status		
3. Allied health professionals are supported by systematic mechanisms for communication within their profession, clinical service areas and other disciplines (e.g. nursing, medicine, other allied health professions)	Systems and business rules to support timely and effective communication both up and down operational and professional reporting lines.	☐ Fully	☐ Partially	☐ Not
		Comments		
	Effective communication and collaboration on clinical governance between allied health professions and clinical service areas.	☐ Fully	☐ Partially	☐ Not
		Comments		
	Effective communication and collaboration to reduce the potential for the development of siloes within allied health professions, clinical service areas or other disciplines.	☐ Fully	☐ Partially	☐ Not
		Comments		

Clinical governance

Principle	Components	Status		
1. Governance, leadership and culture: integrated corporate and clinical governance systems are established, and used to improve the safety and quality of health care for patients	The LHD/SHN Allied Health Director is responsible for providing leadership for the participation of all allied health professions in profession specific clinical governance.	☐ Fully	☐ Partially	☐ Not
		Comments		
	The LHD/SHN ensures a systemic approach to ensure individual allied health professions determine what constitutes safe, quality and effective care for their profession and clinical workforce.	☐ Fully	☐ Partially	☐ Not
		Comments		
	The LHD/SHN ensures a systematic approach to the governance of education and training for allied health professionals.	☐ Fully	☐ Partially	☐ Not
		Comments		

Clinical governance

Principle	Components	Status		
2. Patient safety and quality improvement systems: safety and quality systems are integrated with governance processes to actively manage and improve the safety and quality of health care for patients	All allied health professionals in clinical roles participate in profession specific clinical audit and review to ensure that the documented safety and quality requirements in policies, procedures and protocols are reliably embedded.	☐ Fully	☐ Partially	☐ Not
		Comments		
	All allied health professionals in clinical roles participate in quality improvement and measurement, incident management, open disclosure, patient feedback and complaints management (this includes both profession specific and clinical team participation).	☐ Fully	☐ Partially	☐ Not
		Comments		
	All allied health professionals in clinical roles collect and regularly report data on patient safety and quality outcomes.	☐ Fully	☐ Partially	☐ Not
		Comments		
	Planning for allied health and profession-specific education and training is driven by the health care needs of the population and local requirements.	☐ Fully	☐ Partially	☐ Not
		Comments		
	Organisational structures and processes are in place to support education, training and continuing professional development for allied health professionals.	☐ Fully	☐ Partially	☐ Not
		Comments		

Clinical governance

Principle	Components	Status		
3. Clinical performance and effectiveness: the workforce has the right qualifications, skills and supervision to provide safe, high-quality health care to patients	All allied health professionals working in clinical roles participate in profession specific clinical supervision and structured processes are in place to ensure that clinical supervision occurs.	☐ Fully	☐ Partially	☐ Not
		Comments		
	Clinical supervision responsibilities of allied health professionals are outlined in position descriptions and included in orientation procedures.	☐ Fully	☐ Partially	☐ Not
		Comments		
	A system is established to record clinical supervision activity within the team/ department/service and there are structures in place to escalate concerns.	☐ Fully	☐ Partially	☐ Not
		Comments		
	Systems are in place to support orientation, supervision, teaching and co-ordination of educational activities for allied health students on clinical placements.	☐ Fully	☐ Partially	☐ Not
		Comments		

Clinical governance

Principle	Components	Status		
4. Safe environment for the delivery of care: the environment promotes safe and high-quality health care for patients	Allied health professional leads and managers participate in facility and environment design to meet patient and workforce needs.	☐ Fully	☐ Partially	☐ Not
		Comments		
	The environment, ways of working and support mechanisms are structured to support psychological safety for clinicians.	☐ Fully	☐ Partially	☐ Not
		Comments		
	Allied health clinicians have a responsibility to maintain and improve the safety of their work environments for patients, staff and visitors and there are structures in place to escalate concerns.	☐ Fully	☐ Partially	☐ Not
		Comments		

Clinical governance

Principle	Components	Status		
5. Partnering with consumers and the community: systems are designed and used to support patients, carers, families and consumers to be partners in healthcare planning, design, measurement and evaluation	Elements of this component include: – clinical governance and quality improvement systems to support partnering with consumers; – partnering with patients in their own care; – health literacy; – partnering with consumers in organisational design and governance; – partnering with consumers in culturally responsive and inclusive practice.	☐ Fully	☐ Partially	☐ Not
		Comments		
	Each profession is responsible for defining profession specific approaches for designing and delivering care in partnership with consumers as part of scope of practice and contemporary practice.	☐ Fully	☐ Partially	☐ Not
		Comments		
	Allied health professionals use consumer feedback and patient experience and reported measures to improve healthcare experience and outcomes.	☐ Fully	☐ Partially	☐ Not
		Comments		

Professional governance

Principle	Components	Status		
1. The allied health workforce has a collective and systematic approach to governance of core professional responsibilities including:	a) Credentialing – each profession is responsible for compliance with relevant professional regulatory bodies professional standards, registration, accreditation and relevant legislation (including specialised areas of practice such as advanced and extended scope practitioners).	☐ Fully	☐ Partially	☐ Not
		Comments		
	b) Workforce planning – each profession will participate in profession specific planning at the district, facility and clinical service levels.	☐ Fully	☐ Partially	☐ Not
		Comments		
	c) Staff recruitment – each profession is involved in profession specific staff recruitment (position descriptions, interviewing, recruitment decisions), onboarding, orientation and support. When recruiting to generic allied health positions, the position descriptions should specify which allied health professions are eligible, and the relevant registration/ qualifications. At least one profession-specific manager should be included on the selection panel.	☐ Fully	☐ Partially	☐ Not
		Comments		

Professional governance

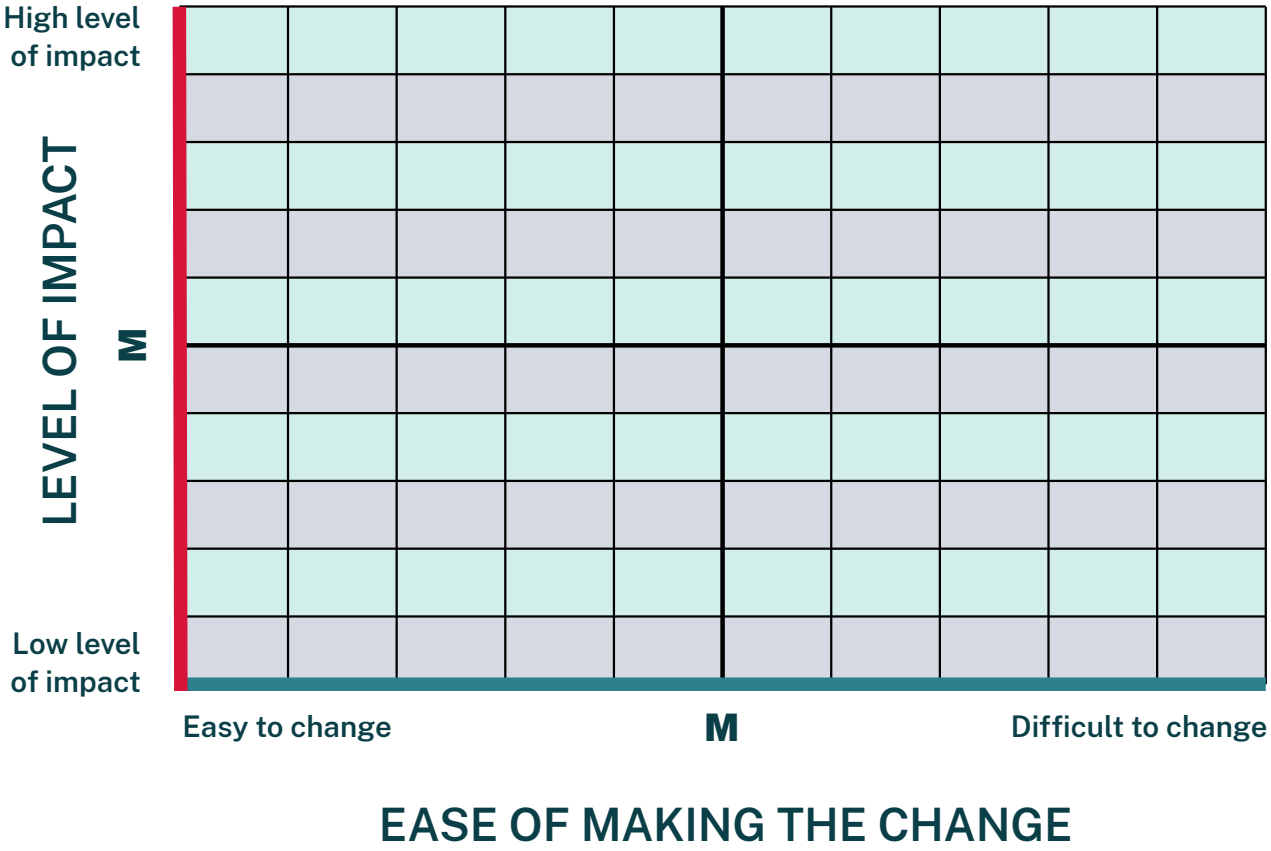
Principle	Components	Status		
	d) Career development – each profession is involved in profession specific career progression (grading and regrading), education and training, ongoing professional development and succession planning (including CPD, competencies and capabilities, clinical upskilling, maintenance and training and graduate programs).	☐ Fully	☐ Partially	☐ Not
		Comments		
	e) Contemporary practice – each profession is involved in: • promoting profession specific contemporary, evidence based practice models of care and the shift from low value to high value care; • promoting the development, adoption and implementation of tools, equipment and resources to deliver effective care; • quality improvement and research initiatives; and • connection to and/or involvement in NSW Health allied health profession specific advisory groups (where these exist) or similar peer groups and forums.	☐ Fully	☐ Partially	☐ Not
		Comments		

Professional governance

Principle	Components	Status		
2. The allied health workforce has a collective and systematic approach to governance of clinical practice professional responsibilities including:	a) Scope of practice – each profession is responsible for defining (including development and review of policies, procedures and protocols) and providing oversight of clinical scope of practice for clinicians within their profession.	☐ Fully	☐ Partially	☐ Not
		Comments		
	b) Staff allocation – each profession is involved in the allocation of appropriate staff to facilities and services with the required competencies and skill mix to provide safe, effective and high quality clinical care.	☐ Fully	☐ Partially	☐ Not
		Comments		
	c) Clinical supervision – each profession is responsible for profession specific clinical supervision (requirements, frequency, recording, escalation of concerns).	☐ Fully	☐ Partially	☐ Not
		Comments		
	d) Performance – each profession should be involved in profession specific: performance review (each clinician should have an appropriate member of their profession involved in their performance review); performance management; and in managing complaints and concerns about clinicians.	☐ Fully	☐ Partially	☐ Not
		Comments		

Prioritisation of issues

Once self-assessments have been undertaken a list of issues and opportunities for improvement can be collated. A simple 2-by-2 matrix can be used to map the relative importance of each opportunity and reach a consensus on areas that are considered a priority.



Appendix 2: Stakeholder list

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Stakeholder Interviews

Stakeholder	Organisation/ Jurisdiction/ Group
Dr Rosalie Boyce	Research Capacity Building and Translation, Allied Health
Susan Nancurrow	HealthWork AHP Workforce, Queensland
Kendra Strong	Chief Allied Health Advisor, Department of Health, Tasmania
Liza-Jane McBride	Chief Allied Health Officer, Queensland
Briana Baass	Chief Allied Health Officer, SafeCare Victoria
NSW Health Directors of Allied Health	Presentation and consultation at LHD Directors of Allied Health Meetings - April and June 2022

Multidisciplinary Advisory Group (established for the project - 3 meetings: May, June, July 2022)

Stakeholder	Role Title/ Local Health District/ Organisation
Andrew Davison	Chief Allied Health Officer, Ministry of Health
Dr Rosalie Boyce	Independent Advisor and Subject Expert, Rosalie Boyce Consulting
Tobi Wilson	Chief Executive, South Eastern Sydney Local Health District
Karen Arblaster Vicky Rose	Directors of Allied Health (metro and rural representatives)
Kim Nguyen	Director of Workforce, Hunter New England Local Health District
Kylie Downs	Director of Clinical Governance, Central Coast Local Health District
Ivanka Komusanac	Director of Nursing, Sydney Local Health District
Dr Liz Mullins	Director of Medical Services, Southern New South Wales Local Health District
Trish Bradd	Director Patient Safety, Clinical Excellence Commission
Steve Bowden	Associate Director Patient Safety, Clinical Excellence Commission

NSW Health - Ministry of Health Project Team

Stakeholder	Role Title
Andrew Davison	Chief Allied Health Officer, Ministry of Health
Hassan Kadous	Principal Allied Health Advisor
Isaac Cockroft	Senior Allied Health Project Officer
Karla Armson	Senior Allied Health Project Officer

NSW GOVERNMENT