

OFFICIAL

SA Health

**Clinical Governance
Framework
for Allied Health
Professionals**

May 2024

Allied and
Scientific
Health Office



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1. Introduction and 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 health portfolio of services and agencies responsible to the Minister for Health and Wellbeing. This consists of [Department for Health and Wellbeing \(DHW\)](#), [Barossa Hills Fleurieu Local Health Network \(BHFLHN\)](#), [Central Adelaide Local Health Network \(CALHN\)](#), [Eyre and Far North Local Health Network \(EFNLHN\)](#), [Flinders and Upper North Local Health Network \(FUNLHN\)](#), [Limestone Coast Local Health Network \(LCLHN\)](#), [Northern Adelaide Local Health Network \(NALHN\)](#), [Riverland Mallee Coorong Local Health Network \(RMCLHN\)](#), [Southern Adelaide Local Health Network \(SALHN\)](#), [Women’s and Children’s Health Network \(WCHN\)](#), [Yorke and Northern Local Health Network \(YNLHN\)](#), [Commission on Excellence and Innovation in Health](#), [Preventive Health SA](#) 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 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, 2021). 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 and Wellbeing Strategy (2020-2025) 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 strategy is available through the [SA Health website](#).

VISION			
South Australians experience the best health in Australia			
AIM			
Improve health and wellbeing for all South Australians			
GOAL 1	GOAL 2	GOAL 3	GOAL 4
Improve community trust and experience of the health system.	Reduce the incidence of preventable illness, injury and disability. Improve the management of acute and chronic conditions and injuries. Improve the management of recovery, rehabilitation and end of life care.	Improve individual and community capability in managing their health and wellbeing. Improve health workforce capability to embrace participatory approach to health care.	Improve patient experience with the health system by positioning ourselves to be able to adopt cost effective emerging technologies and contemporary practice. Improve the value and equity of health outcomes of the population by reducing inefficiencies and commissioning for health needs.

Figure 1. Vision and Aim for SA Health (SA Health and Wellbeing Strategy 2020 – 2025)

SA Health key deliverables align with the overarching vision / aim articulated in the SA Health and Wellbeing Strategy (figure 1). The Allied Health workforce and supporting offices work to deliver this vision and aim, with the workforce contributing to delivery of effective, efficient and high-quality

healthcare. 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) partners with external organisations and other SA Health operations to 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 deliver safe and effective services aligned to the strategic themes / priorities of the SA Health and Wellbeing Strategy (2020-2025) (Figure 2).



Figure 2. Strategic Theme Priorities of SA Health (SA Health and Wellbeing Strategy 2020-2025)

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 May 2021 a review of the second edition of the *National Safety and Quality Health Service (NSQHS) Standards* was released (<https://www.safetyandquality.gov.au/our-work/assessment-to-the-nsqhs-standards/nsqhs-standards-second-edition>), The aim of the 8 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 standards highlight key areas which encompass corporate and clinical governance requirements:

- > **Governance, leadership and culture:** Leaders at all levels of the organisation set up and use clinical governance systems to improve the safety and quality of health care for patients
- > **Patient safety and quality systems:** Safety and quality systems are integrated with governance processes to enable organisations to actively manage and improve the safety and quality of 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 that are based on partnering with patients in their own care are used to 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 2021 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, Carer and Community Feedback and Complaints Policy, Consumer, Carer and Community Engagement Strategic Framework 2020-2023; 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 Addressing vaccine preventable disease: Occupational assessment, screening and vaccination Policy Directive
- > 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 Awards, Enterprise Agreements, Public Sector Act 2009, Health Care Act 2008* and the SA Health (Health Care Act) Human Resources Manual
- > 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 capability across SA Health practice and service delivery
- > Applying the principles of the SA Government’s Risk Management Policy as appropriate

The [Corporate Governance Framework Summary](#) provides a complete list of corporate strategic plans, guidelines, directives, policies and governance structures to assist in meeting legislative and portfolio requirements.

This framework (Clinical Governance framework for Allied Health Clinicians) 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.

3.2 Registered and self-regulated professionals

The *South Australian Public Sector Enterprise Agreement: Salaried 2021* (hereby referred to as the SAPSEA 2021) 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:

Registered	Self-regulated
<ul style="list-style-type: none"> • Dental Therapist • Nuclear Medicine Technologist • Occupational Therapist • Optometrist • Pharmacist • Physiotherapist • Podiatrist • Psychologist • Radiation Therapist • Radiographer 	<ul style="list-style-type: none"> • Art Therapist • Audiologist • Cardiac Physiologist • Dietitian/Nutritionist • Exercise Physiologist • Epidemiologist • Developmental Educator • Genetic Counsellor • Music Therapist • Orthoptist • Orthotist • Perfusionist • Prosthetist • Sonographer • Speech Pathologist • Social Worker

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 Certain Health Care Workers](#) and any complaints relating to the practice of a self-regulated health professional must be managed through the [Health and Community Services Complaints Commissioner](#) processes.

Professions that do not fall into the scope of this document but are still required to comply with the [Code of Conduct for Certain Health Care Workers](#) include:

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

3.3 Allied health assistants

Allied health assistants (AHAs) contribute significantly to the work of the allied health workforce. The Allied Health Assistant classification was introduced in the *South Australian Modern Public Sector Enterprise Agreement: Salaried 2017* (Appendix 10). AHAs support and enhance the work of AHPs. The 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.

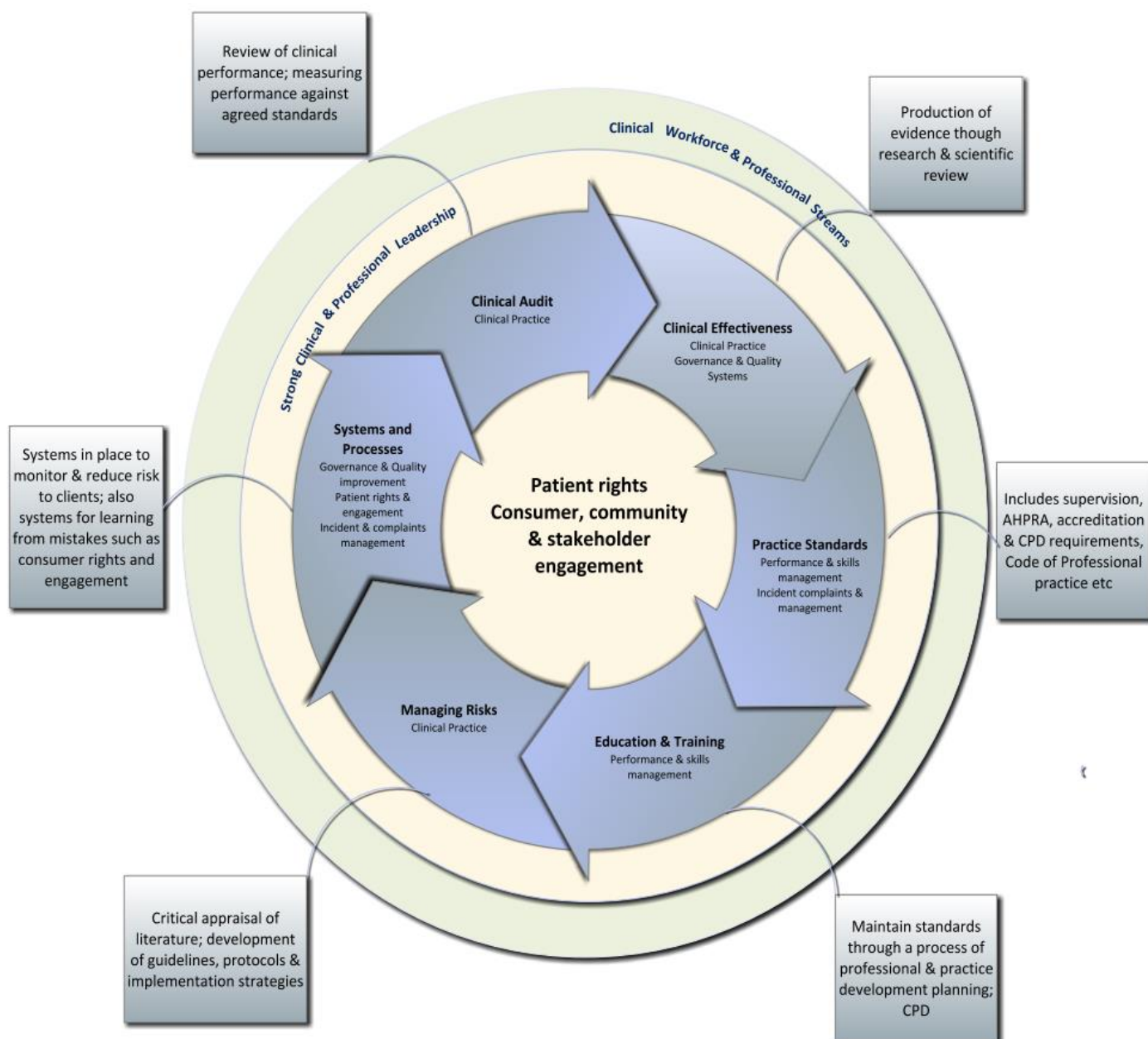


Figure 3. Processes for sound clinical governance framework

5.2 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.

5.2.1 Allied and Scientific Health Office (ASHO)

ASHO provides statewide engagement and professional leadership, advocacy and advisory functions for allied and scientific health professionals. ASHO works collaboratively to:

- > Responds to and inform legislation, regulations, standards, frameworks and evidence informed clinical practice;
- > Facilitate development and dissemination of statewide standards, policies, frameworks and guidelines;
- > Build and connect allied and scientific health professionals through partnerships and programs in professional development, quality improvement processes and clinical research.

The Chief Allied and Scientific Health Officer and ASHO operate within the, Clinical System Support and Improvement Division 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 SAPSEA 2021, 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 as listed on the following page.

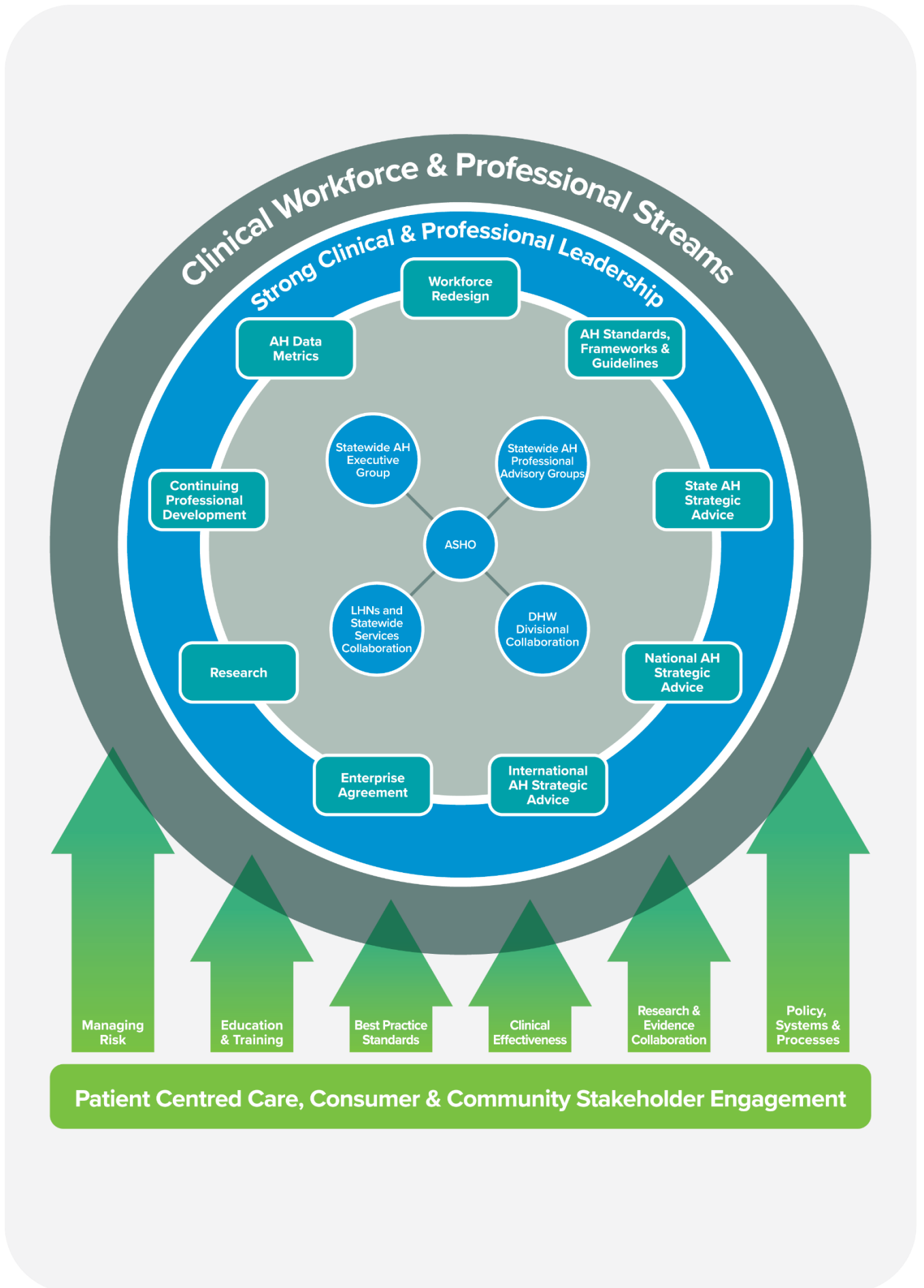


Figure 4. Functions of ASHO.

ASHO Portfolio	Portfolio activities, committees, forums and partnerships
State AH Strategic Advice	Professional Associations group; Professional Advisory Groups; Briefs to minister; strategic advice to Minister for Health and Wellbeing and SA Health Inter- government Relations; and policy inputs to a variety of SA Health governance committees.
National AH Strategic Advice	National Allied Health Advisors and Chief Officers Committee (NAHAC); National AH Clinical Education Network. Policy and commissioning input into national forums such as the Health Minister Meeting (HMM), Australian Health Practitioners Regulation Authority (AHPRA).
International AH Strategic Advice	International Chief Health Professions Officer; World Health Organisation
Enterprise Agreement	Working with AH Executive Director Group to coordinate submissions to SA Health Strategic Industrial Relations Unit to support the enterprise bargaining processes for the SA Health AH workforce.
Research	University partnerships, IIMPACT Research education program, Seed Research Grants, SA Health Allied and Scientific Health Research Reference Group, SA Health Allied & Scientific Health Research Forum,
Professional Development	Allied Health Professionals plus Professional Development Reimbursement Program (AHP+PDRP) and Statewide Advisory Panel
AH data metrics	SA Health Allied Health Activity Minimum Data Set and Data Definitions
Workforce Redesign	Advanced Clinical Practice Development and implementation
AH policies, frameworks and guidelines	Access ASHO website for document ASHO website. ASHO regularly updates existing and develops new documents to support delivery of safe and effective AH services

Table 2. Details of ASHO portfolio.

5.2.2 Local Health Networks

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

- > CALHN: Executive Director Allied Health
- > NALHN: Executive Director of Allied Health, and Outpatient Services
- > SALHN: Executive Director Allied Health
- > WCHN: Executive Lead Allied Health,
- > BHFLHN: Executive Director Community and Allied Health
- > EFNLHN: Executive Director Community and Allied Health
- > FUNLHN: Executive Director Community and Allied Health
- > LCLHN: Executive Director Community and Allied Health
- > RMCLHN: Executive Director Community and Allied Health
- > YNLHN: Executive Director Community and Allied Health

Within LHNs, AHPs work across the continuum of care including primary health and community, acute and sub-acute sectors. Within regional health networks and in some discrete metropolitan 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.

A variety of organisational structures exist including profession-based departments where line management and professional leadership are provided through the same structure or multi-

disciplinary teams / program based structures where separate arrangements cater for line management and professional reporting. New and innovative organisational structures continue to evolve to meet ongoing management and professional reporting needs. Regional LHNs operate a broader variety of services, such as community-based disability and aged car services, to meet regional consumer needs where this is a lack of available private / non-government service providers to meet consumer demand.

Statewide Clinical Support Services (SCSS)

SCSS provide specific clinical services across the state with no limitation to catchment area, and are operationally managed within CALHN and SALHN. SCSS comprises five major service areas and have a large allied and scientific health workforce including;

- > **SA Medical Imaging (SAMI)**: 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 regional LHN 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**: 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.
- > **BreastScreen SA (BSSA)**: responsible for provision of breast screening services across SA for women without breast cancer symptoms and signs

Other statewide services employing allied health disciplines include;

- > **Rural Support Services (RSS)**: responsible for providing flexible, responsive, and innovative service to support the six regional LHNs
- > **Drug & Alcohol Services (DASSA)**: provides a range of services for people with alcohol, tobacco and other drug issues.

5.3 Professional Practice standards; Performance skills and management

5.3.1 Allied Health Credentialing Policy and processes

The [SA Health Authentic Allied and Scientific Health Professionals Credentials](#) policy 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.

5.3.2 Advanced and Extended Scope of Practice Practitioners

The [Clinical Governance Framework Advanced Practice and Extended Scope of Practice Roles Policy](#) provides guidance for a consistent approach to determining the need, planning, implementation and evaluation of advanced or extended scope of practice non-Medicine (Allied Health, and Nursing and Midwifery) practice roles within SA Health. This is the overarching, binding policy for advanced clinical practice in SA Health and is supported by the [Allied Health Advanced Clinical Practice Statewide Framework](#). This framework outlines a set of foundational elements to establish allied health advanced clinical practice roles in SA Health clinical services, including recommended minimum steps for robust governance.

5.3.3 Allied Health Professional Supervision Framework

The SA Health Allied Health Professional Supervision Framework outlines the minimum standards and methods of professional supervision for allied health staff in SA Health. It provides detailed information and a range of resources to support staff in implementation of the Framework.

SA Health recognises the importance of clinical and professional support to AHPs in the

development and provision of safe and high quality practice. Effective supervision enhances patient safety by promoting growth and maintenance of clinicians' knowledge and skills relevant to their clinical area of professional responsibility. It is essential that all AHPs have access to consistent, appropriate, and effective professional supervision that promotes reflective practice, development of clinical reasoning skills and identification of goals and future 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 Professional Supervision eLearning Modules to support staff to participate in and/or facilitate professional supervision.

5.3.4 Performance Review and Development

The [SA Health Performance Review and Development Plan \(2024\)](#) policy 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 and professional supervision mechanisms for the year ahead.

SA Health's approach to performance review and development is underpinned by the following principles:

- > We ensure performance review and development processes align with the strategic priorities of SA Health.
- > We will apply resources and support structures to enact, monitor, maintain, review, evaluate and adapt the performance management and development system and processes.
- > We will optimise the potential of our workforce, support greater productivity and motivate employees to maintain and improve their performance.
- > We will embed a culture of productivity, growth and excellence.

Clinicians may involve their professional supervisor in the PR&D process where relevant. Involving the professional supervisor (as distinct from the line manager) may be of particular benefit where the line manager is of a different profession to the employee. This enables the supervisor to help identify professional and clinical development needs and goals. The SA Health Allied Health Professional Supervision Framework outlines principles relating to confidentiality and communication between an employee, their professional supervisor and line manager. Where information is to be shared as part of the PR&D process, there must be agreement between all parties, unless there are concerns relating to an employee's performance and/or an identified imminent risk to the employee, staff or consumers.

5.3.5 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). SAPSEA 2021 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](#).

5.3.6 Codes 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 *Shared Code of Conduct* (all registered professions excluding

psychology) or the *2007 Australian Psychological Society Code of Ethics* (psychology only) (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 Certain Health Care Workers](#)

5.4 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.

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.

5.4.1 Profession specific education and training

For profession specific education and training, SA Health allied health employees are provided additional support through investment in training and development via two programs:

- 5.4.1.1 [Allied Health Professionals + PD Reimbursement Program \(AHP+PDRP\)](#) provides funding for metropolitan AHPs to access a range of professional development activities.
- 5.4.1.2 [Country Allied Health Clinical Enhancement Program Plus \(CAHCEP+\)](#) provides funding for professional development for AHPs employed in regional LHNs.

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.

5.4.2 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.

5.5 Policies and procedures

The allied health workforce must comply with relevant systems and procedures. This includes compliance with clinical documentation in the electronic medical record, 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, performance review and development, 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 developed the [Clinical Excellence: Developing Strategic Directions to Build Allied Health Research and Translation Capacity Framework](#) to advance allied health research and translation capacity within SA Health. ASHO continues to work with partners including university and other collaborators to provide funding, training and guidance for evidence-informed allied health work and development of the allied health evidence base. This includes providing resources and training to identify research questions and undertake research and quality improvement activities to strengthen the use of outcome measures in clinical practice.

6 Responsibility

6.1 LHN Governing Board

LHN Governing Boards have ultimate responsibility for this framework. As far as is reasonably practicable, they 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 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 with the required clinical scope of practice, the manager of the service must facilitate appropriate governance and professional supervision arrangements. In some scenarios, such as for a sole clinician in a network, or clinicians undertaking an advanced or extended scope of practice, this may require sourcing an AHP of the same profession from another LHN or clinical service with the appropriate skills / 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

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 and 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).

Health Networks and Services: means all SA Health services operating under the Health Care Act 2008 (or other relevant legislation). This includes Department for Health and Wellbeing, ten Local Health Networks, Women's and Children's Health Network, SA Ambulance Service, SA Dental Services and Statewide Clinical Support Services.

Local Health Network means a specific incorporated body providing public health and hospital services within SA Health, either to a specific geographical catchment (CALHN, WCHN, NALHN, SALHN, rLHNs) or across statewide services (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 [SAPSEA 2021](#).

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.

Professional Supervision means the formal provision of professional support that promotes a clinician's development of knowledge, competence and reflective practice skills across the breadth of clinical and non-clinical domains, enhancing the safety and quality of care provision in clinical practice. Professional supervision encompasses clinical supervision that focuses more specifically on the development of clinical skills, competency and clinical reasoning related to an AHP's clinical responsibilities.

8 Appendix 1

Allied Health Professions Registration Bodies, Councils and Professional Associations

Allied Health Profession	Registration Bodies, Councils and Professional Associations
Art Therapy	Australian, New Zealand and Asian Creative Arts Therapies Association
Audiology	Audiology Australia
Cardiac Physiology	Australian Council of Clinical Physiologists
Dental Therapy	Australian Dental and Oral Health Therapists Association Dental Board of Australia
Developmental Education	Developmental Educators Australia Incorporated
Dietetics	Dietitians Australia
Epidemiology	Australasian Epidemiological Association
Exercise Physiology	Exercise Sport Science Australia
Genetic Counselling	Australasian Society of Genetic Counsellors
Music Therapy	Australian Music Therapy Association
Medical Radiation <ul style="list-style-type: none"> ▪ Nuclear Medicine Technology ▪ Radiography and Radiation Therapy 	Australian and New Zealand Society of Nuclear Medicine Medical Radiation Practice Board Australian Institute of Medical Imaging and Radiotherapy
Occupational Therapy	Occupational Therapy Council (Australian & New Zealand Ltd) Occupational Therapy Board of Australia Occupational Therapy Australia
Optometrists	Optometry Council of Australia and New Zealand Optometry Board of Australia Optometry Australia
Orthoptics	Australian Orthoptic Board
Orthotics & Prosthetics	The Australian Orthotic and Prosthetic Association Inc
Perfusion	Australian and New Zealand College of Perfusionists
Pharmacy	Pharmacy Board of Australia Australian Pharmacy Council The Society of Hospital Pharmacists of Australia Pharmacy Society of Australia
Physiotherapy	Physiotherapy Board of Australia Australian Physiotherapy Association
Podiatry	Podiatry Board of Australia Australian Podiatry Association
Psychology	Psychology Board of Australia Australian Psychological Society Australian Psychology Accreditation Council

Social Work	Australian Association of Social Work Social Worker Registration Scheme South Australia
Sonography	Australian Sonographers Association Australian Society for Ultrasound in Medicine Australian Sonographer Accreditation Registry
Speech Pathology	Speech Pathology Australia

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Change History

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

www.health.sa.gov.au/alliedandscientifichealth

Version	Effective From	Effective To	Change Summary
1.0	April 2014		Original draft version
2.0	September 2018	August 2023	Updated and published
3.0	May 2024	May 2027	Updated and published

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