Clinical Governance Policy

Dr Sarah Fischer trading as Behavioural Edge Psychology (Sole Trading Psychology Practice)

1. PURPOSE AND SCOPE

1.1 Purpose

This Clinical Governance Policy establishes a comprehensive framework to ensure the delivery of safe, ethical, high-quality psychological services that meet regulatory requirements and protect client wellbeing. This policy applies to all aspects of psychological practice conducted under this sole trading entity.

1.2 Scope

This policy covers all clinical activities, administrative processes, and professional conduct within the practice, including:

- Face-to-face and telehealth service delivery
- Assessment, intervention, and therapeutic services
- Record keeping and information management
- Risk management and incident response
- Professional development and competence maintenance
- Ethical practice and client rights

1.3 Regulatory Alignment

This policy aligns with:

- Psychology Board of Australia Code of Conduct for Psychologists (effective 1 December 2025)
- Professional Competencies for Psychology (effective 1 December 2025)
- AHPRA Registration Standards
- National Safety and Quality Health Service (NSQHS) Standards (Second Edition)
- Victorian Clinical Governance Framework 2024
- Safer Care Victoria guidelines and policies
- Health Practitioner Regulation National Law

2. CLINICAL GOVERNANCE FRAMEWORK

2.1 Definition

Clinical governance is the framework through which this practice is accountable for continuously improving the quality and safety of psychological services and safeguarding

high standards of care by creating an environment where excellence in clinical practice can flourish.

2.2 Core Components

The clinical governance framework encompasses:

- Professional leadership and accountability
- Client-centred care and partnership
- Clinical effectiveness and evidence-based practice
- Risk management and safety systems
- Professional conduct and ethics
- Quality improvement processes
- Information management and privacy
- Cultural safety and responsiveness

3. ETHICAL AND PROFESSIONAL STANDARDS

3.1 Code of Conduct Compliance

As a registered psychologist, I maintain compliance with the Psychology Board of Australia Code of Conduct, which includes eight core principles:

Principle 1: Person-centred care

- Clients' wellbeing, dignity, and preferences are central to all services
- Services are provided with compassion and respect
- Client autonomy and participation in decision-making is promoted

Principle 2: Safe and effective services

- Services are provided competently within scope of practice
- Evidence-based practice is prioritised
- Risks to clients are identified, minimised, and managed
- Supervision and consultation are sought when needed

Principle 3: Professional competence

- Continuous professional development (CPD) requirements are maintained
- Competence is maintained across all areas of practice
- Self-assessment and reflective practice are undertaken regularly
- Practice is within qualified areas of expertise

Principle 4: Cultural safety and respectful practice

- Aboriginal and Torres Strait Islander peoples receive culturally safe care
- Diversity is respected across all client groups
- Cultural humility and reflexive practice are demonstrated
- Services are accessible and inclusive

Principle 5: Communication and consent

- Effective communication is maintained with clients and colleagues
- Valid informed consent is obtained for all services
- Information is provided in accessible formats
- Clients understand their rights and what to expect from services

Principle 6: Confidentiality and privacy

- Client privacy is protected according to legislative requirements
- Confidentiality is maintained with clearly understood limits
- Secure information handling systems are in place
- Privacy breaches are prevented and managed appropriately

Principle 7: Health and wellbeing

- Practitioner health and wellbeing is maintained to ensure fitness to practise
- Self-care strategies are implemented and reviewed for efficacy
- Practice limitations due to health issues are recognised
- Appropriate action is taken when impaired

Principle 8: Professional conduct and integrity

- Professional boundaries are maintained
- Conflicts of interest and multiple relationships are managed ethically
- Financial arrangements are transparent and fair
- Professional reputation and public trust are upheld

3.2 Professional Competencies

Practice aligns with the eight core professional competencies:

1. Ethical and professional practice
2. Foundations of psychology
3. Professional communication and collaboration
4. Psychological assessment
5. Psychological interventions
6. Research and evaluation
7. Cultural and social diversity
8. Supervision (where applicable)

3.3 Scope of Practice

- Services are provided only within areas of demonstrated competence and qualifications, including within scope of AHPRA practice endorsement
- Practice limitations are clearly communicated to clients via the Privacy and Confidentiality form, which all clients must sign before receiving service
- Referrals are made when client needs exceed scope of practice
- Regular scope of practice review is conducted

4. CLIENT-CENTRED CARE AND PARTNERSHIP

4.1 Informed Consent

Process:

- Comprehensive informed consent is obtained before commencing services
- Consent is documented in writing
- Consent is ongoing and can be withdrawn at any time
- Specific consent is obtained for:
  - Assessment and intervention approaches
  - Information sharing with third parties
  - Digital/telehealth services
  - Recording (if applicable)
  - Access to records

Information Provided to Clients:

- Psychologist's qualifications, registration, and areas of practice
- Services offered and therapeutic approaches
- Fees, payment arrangements, and cancellation policy
- Expected duration and frequency of sessions
- Confidentiality and its limits (mandatory reporting, risk of harm)
- Complaint and feedback processes
- Client rights and responsibilities

4.2 Cultural Safety

Aboriginal and Torres Strait Islander Peoples:

- Recognition of historical and ongoing impacts of colonisation
- Commitment to culturally safe and trauma-informed practice
- Respect for cultural knowledge, practices, and decision-making
- Connection to community and cultural supports when appropriate
- Awareness of culturally specific assessment and intervention approaches

Culturally and Linguistically Diverse (CALD) Clients:

- Use of professional interpreters or appropriate referrals when required
- Recognition of cultural differences in mental health concepts
- Culturally appropriate assessment tools and interventions
- Respect for family and community involvement preferences

LGBTIQA+ Clients:

- Affirmative and non-discriminatory practice
- Understanding of specific mental health challenges
- Use of appropriate terminology and pronouns
- Connection to relevant support services

4.3 Accessibility and Inclusion

- Physical accessibility of practice location
- Telehealth options for clients with mobility or transport limitations
- Provision of information in accessible formats
- Reasonable adjustments for clients with disability
- Flexibility in service delivery where appropriate

4.4 Client Feedback and Complaints

Feedback Mechanisms:

- Clients are informed of their right to provide feedback
- Informal feedback is welcomed during sessions
- Formal feedback processes are available if the client wishes to provide it
- Client feedback informs practice improvement

Complaints Process:

- Clear complaints procedure is provided to all clients
- Complaints are managed professionally and promptly
- Clients are informed of external complaint options (AHPRA, Health Complaints Commissioner)
- Complaints are reviewed for quality improvement opportunities

5. RISK MANAGEMENT AND SAFETY

5.1 Risk Assessment and Management

Client Risk Assessment:

- Comprehensive risk assessment at intake and ongoing throughout treatment
- Specific assessment of:
    - Suicidal ideation and intent
    - Self-harm behaviours
    - Risk to others
    - Vulnerability to harm from others
    - Capacity to consent
- Risk management plans documented in clinical records
- Regular review of high-risk clients
- Effective partnerships are established with GPs and Psychiatrists for referrals and coordinated care if the client has needs beyond scope of practice

Risk Mitigation Strategies:

- Clear protocols for managing clinical emergencies
- Access to emergency services information
- Crisis support resources provided to clients
- Consultation with other providers when indicated

5.2 Duty of Care and Mandatory Reporting

- Mandatory child safety reporting obligations under state/territory legislation
- Risk assessment of child safety concerns
- Documentation of concerns and actions taken
- Understanding of reasonable grounds for reporting

5.3 Professional Boundaries

Maintaining Therapeutic Boundaries:

- Clear professional boundaries maintained with all clients
- Multiple relationships avoided or carefully managed
- Dual relationships assessed for risks and benefits
- Sexual relationships with current clients prohibited
- Post-therapeutic relationships carefully considered

Boundary Issues:

- Gifts from clients evaluated on individual basis
- Physical contact limited to clinically indicated circumstances
- Social media and electronic communication boundaries
- Location and setting of sessions carefully considered

5.4 Incident Management

Adverse Events:

- Adverse events identified and documented
- Immediate action taken to ensure client safety
- Root cause analysis conducted for serious incidents
- Learning and improvement actions implemented
- Open disclosure with affected clients when appropriate

Notification Requirements:

- Serious incidents reported to relevant authorities
- Professional indemnity insurer notified as required
- AHPRA notifications made when mandatory

6. CLINICAL EFFECTIVENESS

6.1 Evidence-Based Practice

Practice Approach:

- Integration of best available research evidence
- Clinical expertise and professional judgment
- Client values, preferences, and circumstances

- Regular review of current evidence and best practice guidelines
- Participation in professional learning opportunities

Assessment Practices:

- Use of validated, reliable assessment tools
- Culturally appropriate assessment methods
- Comprehensive formulation and diagnosis when appropriate
- Collaborative goal setting with clients
- Regular outcome monitoring

Intervention Practices:

- Evidence-based therapeutic approaches
- Treatment planning tailored to client needs
- Regular review of treatment effectiveness
- Modification of approaches based on client response
- Referral when alternative approaches needed

6.2 Clinical Documentation

Record Keeping Standards:

- Contemporaneous, accurate, and comprehensive records via Novopsych and Cliniko practice management software
- Documentation includes:
    - Client identifying information
    - Informed consent
    - Assessment findings and formulation
    - Treatment plans and goals
    - Session notes including interventions and client response
    - Risk assessments and management plans
    - Communication with other providers
    - Referral information
- Records maintained in accordance with AHPRA guidelines (minimum 7 years)
- Digital records secured with appropriate safeguards, such as password protection and multi-factor authentication

Documentation Quality:

- Clear, objective, and professional language
- Sufficient detail to support continuity of care
- Client strengths and resources documented alongside challenges
- Cultural considerations noted
- Regular review of documentation practices

7. CONTINUING PROFESSIONAL DEVELOPMENT

7.1 CPD Requirements

- Minimum 30 hours CPD per year as per AHPRA registration standards
- CPD activities must be:
  - Relevant to scope of practice
  - Based on identified professional development needs
  - A mix of different types of activities (active vs passive)
- CPD log maintained with evidence of completion
- Annual CPD plan developed based on self-assessment

7.2 Professional Development Activities

Types of CPD:

- Formal education and training courses
- Conferences and seminars
- Peer consultation and supervision groups
- Professional reading and self-directed learning
- Research and publication activities
- Quality improvement activities
- Professional mentoring

Priority Areas:

- Updates to professional competencies and code of conduct
- Cultural safety and trauma-informed practice
- Digital health and telehealth practice
- Emerging evidence-based interventions
- Practice management and risk management
- Reflexive practice and self-care

7.3 Supervision and Consultation

- Regular professional supervision or peer consultation
- Clinical supervision for complex cases
- Consultation with specialists when needed
- Multidisciplinary collaboration where appropriate
- Documentation of supervision/consultation received

8. INFORMATION MANAGEMENT AND PRIVACY

8.1 Privacy and Confidentiality

Legislative Compliance:

- Privacy Act 1988 (Commonwealth)
- Health Records Act 2001 (Victoria) [or relevant state legislation]
- Australian Privacy Principles (APPs)
- My Health Record Act 2012 (if applicable)

Privacy Practices:

- Privacy policy provided to all clients
- Collection notice at point of information collection
- Information collected limited to what is necessary
- Client access to their records facilitated
- Secure storage and transmission of information
- Appropriate disposal of outdated records

8.2 Information Security

Physical Security:

- Controlled access to practice premises
- Confidential destruction of sensitive physical documents if any

Digital Security:

- Encrypted electronic health records
- Strong password protection
- Regular data backups
- Secure video conferencing platforms for telehealth
- Antivirus and firewall protection
- Regular security updates
- Business continuity and disaster recovery plan

8.3 Information Sharing

With Client Consent:

- Written consent obtained for release of information
- Specific consent for each disclosure
- Client informed of what information will be shared and why
- Documentation of all information releases

Without Consent:

- Legal obligations (court orders, subpoenas)
- Mandatory reporting requirements
- Emergency situations posing serious risk
- Public interest considerations (rare circumstances)
- Documentation of rationale for disclosure

9. TELEHEALTH AND DIGITAL PRACTICE

9.1 Telehealth Service Delivery

Platform Requirements:

- HIPAA/privacy compliant platforms
- Reliable audio and video quality

- Secure data transmission
- Accessible to clients with varying technical abilities

Telehealth Protocols:

- Assessment of client suitability for telehealth
- Informed consent specific to telehealth
- Emergency protocols and location information
- Technical troubleshooting procedures
- Alternative arrangements for technology failures

9.2 Digital Health Competence

- Proficiency in telehealth technology
- Understanding of online therapeutic relationship dynamics
- Awareness of jurisdictional issues in online practice
- Knowledge of digital mental health resources
- Ethical use of communication technologies

9.3 Artificial Intelligence and Digital Tools

- Critical evaluation of AI and digital assessment/intervention tools
- Transparency with clients about use of technology, e.g., Novopsych notetaker and psychometric assessments
- Understanding of limitations and risks
- Maintenance of professional judgment and accountability
- Compliance with relevant guidelines

10. PROFESSIONAL CONDUCT AND INTEGRITY

10.1 Advertising and Marketing

Compliance with:

- National Law provisions on advertising
- AHPRA Guidelines for advertising regulated health services
- Australian Consumer Law

Advertising Standards:

- Truthful, accurate, and verifiable claims
- Professional presentation
- Appropriate use of qualifications and titles
- No testimonials or patient reviews that breach privacy
- No misleading statements about outcomes

10.2 Financial Transparency

- Clear fee structure provided upfront

- Written agreement regarding fees
- Medicare, insurance, and third-party payment arrangements explained
- Cancellation and non-attendance policy
- No exploitation of clients financially

10.3 Professional Relationships

With Colleagues:

- Respectful professional communication
- Appropriate referrals
- Collaborative care arrangements when indicated
- Constructive feedback and peer support

With Other Health Providers:

- Integrated care approaches
- Clear communication pathways
- Respect for multidisciplinary expertise
- Client-centred collaboration

10.4 Professional Insurance

- Current professional indemnity insurance maintained
- Coverage appropriate to scope and volume of practice
- Insurer notified of material changes to practice
- Understanding of insurance requirements and limitations

11. PRACTITIONER HEALTH AND WELLBEING

11.1 Self-Care and Fitness to Practice

Ongoing Self-Assessment:

- Regular reflection on physical and mental health
- Recognition of signs of stress, burnout, or impairment
- Impact of personal circumstances on professional practice
- Capacity to provide safe and effective services

Self-Care Strategies:

- Work-life balance maintained
- Personal support networks
- Own psychological care when needed
- Physical health maintenance
- Professional boundaries between work and personal life

11.2 Impairment and Practice Limitations

Recognition of Impairment:

- Physical or mental health conditions affecting practice
- Substance use issues
- Emotional or psychological distress
- Cognitive impairment

Action When Impaired:

- Ceasing practice if unable to provide safe services
- Seeking appropriate treatment and support
- Notification to AHPRA if required
- Arrangements for client continuity of care
- Documented fitness to return to practice

11.3 Vicarious Trauma and Burnout

- Recognition of cumulative impact of client trauma
- Regular supervision and debriefing
- Personal trauma therapy when indicated
- Workload management
- Diversity in caseload where possible

12. QUALITY IMPROVEMENT

12.1 Quality Improvement Framework

- Regular review of practice systems and processes
- Data collection on practice activities and outcomes
- Analysis of incidents, complaints, and near-misses
- Implementation of evidence-based improvements
- Monitoring of improvement effectiveness

Quality Indicators:

- Client satisfaction and feedback
- Clinical outcomes and goals achieved
- Attendance and engagement rates
- Complaint and incident rates
- CPD completion and practice development
- Timeliness of service delivery
- Record keeping audit results

12.2 Practice Audits and Reviews

Internal Audits:

- Annual audit of clinical records
- Privacy and information security review

- Informed consent documentation review
- Risk management process review
- Compliance with registration standards review

External Reviews:

- Peer review arrangements
- Professional supervision evaluation

12.3 Learning from Incidents

- Systematic review of adverse events
- Root cause analysis for serious incidents
- Identification of contributing factors
- Development of preventive strategies
- Dissemination of learnings
- Follow-up to ensure changes implemented

13. BUSINESS CONTINUITY AND EMERGENCY PREPAREDNESS

13.1 Business Continuity Planning

- Backup arrangements for technology failures
- Alternative service delivery options
- Emergency contact procedures
- Data backup and recovery systems

13.2 Emergency and Crisis Response

Client Emergencies:

- Emergency contact information readily available
- 24/7 crisis service information provided to clients

Practice Emergencies:

- Natural disaster response plan
- Pandemic preparedness
- Critical incident management
- Communication with clients during disruptions

14. IMPLEMENTATION AND MONITORING

14.1 Policy Implementation

- This policy is effective from the date specified
- All aspects of practice align with policy requirements

- Policy accessible and reviewed regularly
- Changes communicated promptly
- Training on new procedures as needed

14.2 Policy Review

- Annual review scheduled
- Review following significant incidents
- Review following regulatory changes
- Stakeholder input considered
- Version control maintained

14.3 Compliance Monitoring

Regular Compliance Checks:

- Quarterly practice audit against policy standards
- Annual comprehensive review
- Documentation of compliance activities

Non-Compliance Management:

- Identification of gaps or breaches
- Immediate corrective action
- Root cause analysis
- Preventive measures implemented
- Documentation and reporting as required

15. DEFINITIONS

AHPRA: Australian Health Practitioner Regulation Agency

Clinical Governance: The framework through which health service organisations are accountable for continuously improving quality and safety of services

Code of Conduct: Psychology Board of Australia Code of Conduct for Psychologists (effective 1 December 2025)

CPD: Continuing Professional Development

Cultural Safety: An environment that is spiritually, socially and emotionally safe, as well as physically safe, where there is no assault, challenge or denial of identity, of who they are and what they need

Informed Consent: Voluntary agreement by a person who has the legal capacity to consent, based on adequate knowledge and understanding of relevant information

NSQHS Standards: National Safety and Quality Health Service Standards

Scope of Practice: The professional roles and services an individual is educated and competent to perform

16. RELATED DOCUMENTS AND RESOURCES

Regulatory Documents:

- Psychology Board of Australia Code of Conduct for Psychologists
- Professional Competencies for Psychology
- AHPRA Registration Standards
- Health Practitioner Regulation National Law

Guidelines and Standards:

- NSQHS Standards (Second Edition)
- Victorian Clinical Governance Framework
- APS Code of Ethics
- AHPRA Guidelines for Advertising

Practice Documents:

- Client Information and Consent Forms
- Complaints Procedure
- Emergency Protocols
- CPD Log and Plan
- Incident Report Forms

POLICY ACKNOWLEDGMENT

I, Dr Sarah Fischer (trading as Behavioural Edge Psychology), acknowledge that I have read, understood, and commit to implementing this Clinical Governance Policy in all aspects of my psychological practice. I recognise my professional responsibility to maintain compliance with this policy and all relevant regulations, standards, and codes.

Signature: *Sarah Fischer*

Document Control:

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This policy is a living document and will be reviewed and updated regularly to reflect changes in legislation, professional standards, evidence-based practice, and organisational learning.