Clinical Governance Policy

Version 2.1 | Effective 12 August 2026

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 by Behavioural Edge Psychology Pty Ltd (ABN 95 693 874 645), the practice of Dr Sarah Fischer, Principal Psychologist and sole director.

1.2 Scope

This policy covers all clinical activities, administrative processes and professional conduct within the practice, including in-person service delivery at the Caulfield South and St Kilda consulting rooms and telehealth delivered from Victoria to clients across Australia; assessment, intervention and therapeutic services; Medicare-funded and privately funded services; medicolegal, NDIS, TAC and WorkSafe Victoria work; workplace and organisational psychology services within the scope of the organisational psychology endorsement; record keeping and information management; risk management and incident response; professional development and competence maintenance; and 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)
- Psychology Board of Australia Professional competencies for psychology (effective 1 December 2025)
- AHPRA and Psychology Board of Australia registration standards
- Health Practitioner Regulation National Law, as in force in Victoria
- National Safety and Quality Health Service (NSQHS) Standards (second edition)
- Victorian Clinical Governance Framework (Safer Care Victoria, 2024)
- Mental Health and Wellbeing Act 2022 (Vic)
- Privacy Act 1988 (Cth), the Australian Privacy Principles and the Health Records Act 2001 (Vic)
- NDIS Practice Standards and the NDIS Code of Conduct, as a registered NDIS provider (Registration Group 0128, Therapeutic Supports)
- Clinical Framework for the Delivery of Health Services (TAC and WorkSafe Victoria), for compensable-scheme work

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; and 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 for psychologists, which is structured around the following principles:

- **Principle 1, safe, effective and collaborative services.** Services are provided competently within scope of practice, grounded in evidence-based practice, with risks identified, minimised and managed, and supervision and consultation sought when needed.
- **Principle 2, Aboriginal and Torres Strait Islander health and cultural safety.** Recognition of the impacts of colonisation, commitment to culturally safe and trauma-informed practice, and respect for cultural knowledge, practices and decision making.
- **Principle 3, respectful and culturally reflective practice for all.** Diversity is respected across all client groups, cultural humility and reflexive practice are demonstrated, effective communication is maintained, and services are accessible and inclusive.
- **Principle 4, working with clients.** Clients' wellbeing, dignity and preferences are central; valid informed consent is obtained for all services; confidentiality is maintained with clearly understood limits; boundaries and multiple relationships are managed ethically; and concerns and complaints are acknowledged and responded to constructively.
- **Principle 5, working with other practitioners and colleagues.** Respectful professional communication, appropriate referrals, and collaborative care arrangements when indicated.
- **Principle 6, working within systems.** Compliance with the requirements of the systems within which services are delivered, including Medicare, NDIS, TAC, WorkSafe Victoria and medicolegal contexts.
- **Principle 7, minimising risk to and by clients.** Comprehensive risk assessment and management, clear emergency protocols, and duty-of-care obligations met, including mandatory reporting.
- **Principle 8, psychologists' behaviour.** Professional boundaries maintained, conflicts of interest managed, financial arrangements transparent and fair, accurate and respectful client records kept, and professional reputation and public trust upheld.

- **Principle 9, proactive management of health, wellbeing and work-related psychological risk factors.** Practitioner health and wellbeing maintained to ensure fitness to practise, self-care strategies implemented and reviewed, and appropriate action taken when impaired.
- **Principles 10 and 11, teaching, supervising and assessing, and ethical research.** Applied where supervision, teaching or research activities are undertaken.

3.2 Professional Competencies

Practice aligns with the eight professional competencies for psychology: ethical and professional practice; foundations of psychology; professional communication and collaboration; psychological assessment; psychological interventions; research and evaluation; cultural and social diversity; and supervision, where applicable.

3.3 Scope of Practice

- Services are provided only within areas of demonstrated competence and qualifications, including within the scope of the AHPRA endorsement in organisational psychology
- The practice provides services to adults only
- Practice limitations are clearly communicated to clients through the informed consent process before services begin
- 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

Comprehensive informed consent is obtained before commencing services, documented in writing, and treated as ongoing and able to be withdrawn at any time. Specific consent is obtained for assessment and intervention approaches, information sharing with third parties, digital and telehealth services, recording where applicable, and access to records.

Information provided to clients includes the 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, including mandatory reporting and risk of harm; complaint and feedback processes; and 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; and awareness of culturally specific assessment and intervention approaches.

Culturally and linguistically diverse clients. Use of professional interpreters or appropriate referrals when required; recognition of cultural differences in mental health concepts; culturally appropriate assessment tools and interventions; and respect for family and community involvement preferences.

LGBTIQA+ clients. Affirming and non-discriminatory practice; understanding of specific mental health challenges; use of appropriate terminology and pronouns; and connection to relevant support services.

Neurodivergent clients. Neurodiversity-affirming assessment and intervention, accommodations to communication and sensory needs, and language that empowers rather than pathologises.

4.3 Accessibility and Inclusion

The practice supports physical accessibility of practice locations, telehealth options for clients with mobility or transport limitations, provision of information in accessible formats, reasonable adjustments for clients with disability, and flexibility in service delivery where appropriate.

4.4 Client Feedback and Complaints

Clients are informed of their right to provide feedback, informal feedback is welcomed during sessions, and formal feedback processes are available. A 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, NDIS Commission), and complaints are reviewed for quality improvement opportunities. See the Feedback and Complaints Policy and the Clinical Governance Procedures.

5. Risk Management and Safety

5.1 Risk Assessment and Management

Comprehensive risk assessment is undertaken at intake and throughout treatment, including specific assessment of suicidal ideation and intent, self-harm behaviours, risk to others, vulnerability to harm from others, and capacity to consent. Risk management plans are documented in clinical records, high-risk clients are reviewed regularly, and effective partnerships are established with GPs and psychiatrists for referrals and coordinated care where client needs extend beyond scope of practice.

Risk mitigation strategies include clear protocols for managing clinical emergencies, access to emergency services information, crisis support resources provided to clients, and consultation with other providers when indicated. Detailed protocols are held in the Clinical Governance Procedures.

5.2 Duty of Care and Mandatory Reporting

The practice maintains mandatory child safety reporting obligations under Victorian legislation, risk assessment of child safety concerns, documentation of concerns and actions taken, and understanding of reasonable grounds for reporting. Mandatory notification obligations under the National Law, including self-notification, are understood and met.

5.3 Professional Boundaries

Clear professional boundaries are maintained with all clients; multiple relationships are avoided or carefully managed; dual relationships are assessed for risks and benefits; sexual relationships with current clients are prohibited; and post-therapeutic relationships are carefully considered. Gifts from clients are evaluated on an individual basis, physical contact is limited to clinically indicated

circumstances, social media and electronic communication boundaries are maintained, and the location and setting of sessions are carefully considered.

5.4 Incident Management

Adverse events are identified and documented, immediate action is taken to ensure client safety, root cause analysis is conducted for serious incidents, learning and improvement actions are implemented, and open disclosure occurs with affected clients when appropriate, consistent with standard 4.5 of the Code of conduct. Serious incidents are reported to relevant authorities, the professional indemnity insurer is notified as required, and AHPRA notifications are made when mandatory. See the Adverse Events Management Procedure.

6. Clinical Effectiveness

6.1 Evidence-Based Practice

Practice integrates the best available research evidence, clinical expertise and professional judgment, and client values, preferences and circumstances, with regular review of current evidence and best practice guidelines and participation in professional learning opportunities.

Assessment practices use validated, reliable assessment tools and culturally appropriate methods, comprehensive formulation and diagnosis when appropriate, collaborative goal setting with clients, and regular outcome monitoring. Intervention practices use evidence-based therapeutic approaches, treatment planning tailored to client needs, regular review of treatment effectiveness, modification of approaches based on client response, and referral when alternative approaches are needed.

6.2 Clinical Documentation

Contemporaneous, accurate and comprehensive records are maintained in Cliniko practice management software, with psychometric administration and scoring through NovoPsych, the PAI administered and scored through PARiConnect, Wechsler scales administered and scored through Q-interactive and Q-global, and intake and screening questionnaires delivered through Jotform. 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, and referral information.

Records are maintained in accordance with the Code of conduct and the Health Records Act 2001 (Vic) (minimum 7 years from last entry for adults), and digital records are secured with appropriate safeguards including password protection and multi-factor authentication. Documentation uses clear, objective and professional language, sufficient detail to support continuity of care, client strengths and resources documented alongside challenges, and cultural considerations noted. See the Digital Record Retention and Notekeeping Policy.

7. Continuing Professional Development

7.1 CPD Requirements

A minimum of 30 hours of CPD is completed each year in accordance with the Psychology Board of Australia CPD registration standard, including the required peer consultation component. CPD activities must be relevant to scope of practice, based on identified professional development needs, and a mix of active and other activity types. A CPD log is maintained with evidence of completion, and an annual CPD plan is developed based on self-assessment.

7.2 Professional Development Activities

CPD activities include 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, and professional mentoring. Priority areas include updates to professional competencies and the Code of conduct, cultural safety and trauma-informed practice, digital health and telehealth practice, emerging evidence-based interventions, practice and risk management, and reflexive practice and self-care.

7.3 Supervision and Consultation

The practice maintains regular professional supervision or peer consultation, clinical supervision for complex cases, consultation with specialists when needed, multidisciplinary collaboration where appropriate, and documentation of supervision and consultation received.

8. Information Management and Privacy

8.1 Privacy and Confidentiality

The practice complies with the Privacy Act 1988 (Cth), the Australian Privacy Principles, the Health Records Act 2001 (Vic) and, where applicable, the My Health Records Act 2012 (Cth). Privacy practices include provision of the Privacy Policy to all clients, collection notices at the point of information collection, collection limited to what is necessary, facilitated client access to records, secure storage and transmission of information, and appropriate disposal of records at the end of their retention period.

8.2 Information Security

Physical security includes controlled access to practice premises and confidential destruction of sensitive physical documents. Digital security includes encrypted electronic health records, strong password protection and multi-factor authentication, regular data backups, secure video platforms for telehealth, antivirus and firewall protection, regular security updates, and a business continuity and disaster recovery plan.

8.3 Information Sharing

With client consent, written consent is obtained for release of information, consent is specific to each disclosure, clients are informed of what will be shared and why, and all releases are documented. Without consent, information is shared only for legal obligations such as court orders and subpoenas, mandatory reporting requirements, emergency situations posing serious risk, or narrow public interest circumstances, with the rationale documented.

9. Telehealth and Digital Practice

9.1 Telehealth Service Delivery

Telehealth is delivered through the secure telehealth capability of Cliniko practice management software, with Doxy used for independent medical examination work referred through MeDirect. Platforms must comply with the Privacy Act 1988 (Cth) and the Australian Privacy Principles, provide reliable audio and video quality and secure data transmission, and be accessible to clients with varying technical abilities.

Telehealth protocols include assessment of client suitability for telehealth, informed consent specific to telehealth, emergency protocols and confirmation of the client's location at each session, technical troubleshooting procedures, and alternative arrangements for technology failures.

9.2 Digital Health Competence

The practice maintains proficiency in telehealth technology, understanding of online therapeutic relationship dynamics, awareness of jurisdictional issues in online practice, knowledge of digital mental health resources, and ethical use of communication technologies.

9.3 Artificial Intelligence and Digital Tools

AI and digital assessment or intervention tools are critically evaluated before use. Clients are informed about the use of technology, including NovoPsych psychometric assessment and any AI-supported clinical note-taking tools, and consent is obtained. Limitations and risks are understood, professional judgment and accountability are maintained at all times, and use complies with relevant AHPRA and Board guidance on the use of digital tools in practice.

10. Professional Conduct and Integrity

10.1 Advertising and Marketing

Advertising complies with the National Law provisions on advertising, AHPRA Guidelines for advertising a regulated health service, and the Australian Consumer Law. Advertising standards require truthful, accurate and verifiable claims, professional presentation, appropriate use of qualifications and titles, no testimonials that breach the National Law or privacy, and no misleading statements about outcomes.

10.2 Financial Transparency

A clear fee structure is provided upfront, written agreement is reached regarding fees, Medicare, insurance and third-party payment arrangements are explained, a cancellation and non-attendance policy is communicated, and clients are never exploited financially.

10.3 Professional Relationships

With colleagues, the practice maintains respectful professional communication, appropriate referrals, collaborative care arrangements when indicated, and constructive feedback and peer support. With other health providers, the practice maintains integrated care approaches, clear communication pathways, respect for multidisciplinary expertise, and client-centred collaboration.

10.4 Professional Insurance

Current professional indemnity insurance is maintained through Aon (underwritten by CGU) with coverage appropriate to the scope and volume of practice, including civil liability cover for psychological services, medicolegal work and neurodevelopmental assessment. The insurer is notified of material changes to practice, and insurance requirements and limitations are understood. Policy details are recorded in the practice insurance register, the policy schedule and the certificate of currency.

11. Practitioner Health and Wellbeing

11.1 Self-Care and Fitness to Practise

Ongoing self-assessment includes regular reflection on physical and mental health, recognition of signs of stress, burnout or impairment, the impact of personal circumstances on professional practice, and capacity to provide safe and effective services. Self-care strategies include maintaining work-life balance, personal support networks, own psychological care when needed, physical health maintenance, and professional boundaries between work and personal life. This aligns with principle 9 of the Code of conduct.

11.2 Impairment and Practice Limitations

Impairment may arise from physical or mental health conditions affecting practice, substance use issues, emotional or psychological distress, or cognitive impairment. When impaired, action includes ceasing practice if unable to provide safe services, seeking appropriate treatment and support, notification to AHPRA if required, arrangements for client continuity of care, and documented fitness to return to practice.

11.3 Vicarious Trauma and Burnout

The practice recognises the cumulative impact of client trauma and maintains regular supervision and debriefing, personal trauma therapy when indicated, workload management, and diversity in caseload where possible.

12. Quality Improvement

12.1 Quality Improvement Framework

The framework comprises 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, and monitoring of improvement effectiveness. Quality indicators include 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, and record-keeping audit results.

12.2 Practice Audits and Reviews

Internal audits include an annual audit of clinical records, privacy and information security review, informed consent documentation review, risk management process review, and compliance with registration standards review. External review occurs through peer review arrangements and professional supervision evaluation.

12.3 Learning from Incidents

Adverse events are systematically reviewed, root cause analysis is conducted for serious incidents, contributing factors are identified, preventive strategies are developed, learnings are applied, and follow-up ensures changes are implemented. See the Adverse Events Management Procedure.

13. Business Continuity and Emergency Preparedness

The practice maintains backup arrangements for technology failures, alternative service delivery options, emergency contact procedures, and data backup and recovery systems. For client emergencies, emergency contact information is readily available and 24/7 crisis service information is provided to clients. For practice emergencies, the practice maintains a natural disaster response plan, pandemic preparedness, critical incident management, and communication with clients during disruptions. Detailed protocols are held in the Business Continuity and Emergency Preparedness Procedure.

14. Implementation and Monitoring

14.1 Policy Implementation

This policy is effective from the date specified, all aspects of practice align with policy requirements, the policy is accessible and reviewed regularly, and changes are implemented promptly.

14.2 Policy Review

An annual review is scheduled, with additional reviews following significant incidents or regulatory changes. Stakeholder input is considered and version control is maintained.

14.3 Compliance Monitoring

Regular compliance checks include a quarterly practice audit against policy standards, an annual comprehensive review, and documentation of compliance activities. Non-compliance management includes identification of gaps or breaches, immediate corrective action, root cause analysis, preventive measures, and 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 people 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 (Safer Care Victoria, 2024); AHPRA Guidelines for advertising a regulated health service; Clinical Framework for the Delivery of Health Services (TAC and WorkSafe Victoria); NDIS Practice Standards.

Practice documents. Clinical Governance Procedures; Privacy Policy; Digital Record Retention and Notekeeping Policy; Feedback and Complaints Policy; Website Terms of Use; client information and consent forms; emergency protocols; CPD log and plan; incident report forms.

Policy Acknowledgment

I, Dr Sarah Fischer, Principal Psychologist and sole director of Behavioural Edge Psychology Pty Ltd, 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:  Date: 12/8/2026

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.