

CLINICAL GOVERNANCE POLICY

Behavioural Edge Psychology

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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 the wellbeing of all clients, including NDIS participants. This policy serves as the overarching governance document for Behavioural Edge Psychology and integrates all clinical, administrative, and compliance systems into a cohesive framework.

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
- NDIS-funded supports and services under Registration Group 0128 (Therapeutic Supports)
- Record keeping and information management
- Risk management, incident response, and NDIS reportable incidents
- Professional development, supervision, and competence maintenance
- Infection prevention and control
- Ethical practice, client rights, and NDIS participant safeguarding

1.3 Regulatory Alignment

This policy aligns with and is informed by:

Professional Standards

- Psychology Board of Australia Code of Conduct for Psychologists (effective 1 December 2025)
- Professional Competencies for Psychology (effective 1 December 2025)
- AHPRA Registration Standards and shared Code of Conduct (June 2022)
- Australian Psychological Society Code of Ethics (2007) and APS Standards of Conduct
- Health Practitioner Regulation National Law Act 2009

NDIS Framework

- National Disability Insurance Scheme Act 2013 (Cth)
- NDIS (Provider Registration and Practice Standards) Rules 2018 (Cth)
- NDIS Practice Standards and Quality Indicators — Verification Module
- NDIS (Code of Conduct) Rules 2018 (Cth)
- NDIS (Reportable Incidents) Rules 2018 (Cth)
- NDIS (Complaints Management and Resolution) Rules 2018 (Cth)

Health and Safety Legislation

- Occupational Health and Safety Act 2004 (Vic) and Regulations 2017 (Vic)
- Privacy Act 1988 (Cth) and Australian Privacy Principles
- Health Records Act 2001 (Vic) and Health Privacy Principles

Quality Frameworks

- National Safety and Quality Health Service (NSQHS) Standards (Second Edition)
- Victorian Clinical Governance Framework 2024
- Safer Care Victoria guidelines and policies

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, including NDIS participant rights and safeguarding
- Clinical effectiveness and evidence-based practice
- Risk management, safety systems, and NDIS incident management
- Professional conduct and ethics
- Quality improvement processes informed by complaints, incidents, and participant feedback
- Information management, privacy, and NDIS information sharing
- Cultural safety and responsiveness
- Infection prevention and control
- Human resource management, worker screening, and training

2.3 Integrated Policy Suite

This Clinical Governance Policy is the overarching document that connects and governs the following policies and procedures. Together, these form the integrated governance system for Behavioural Edge Psychology:

Policy / Document	Version	NDIS Verification Module Outcome
Feedback and Complaints Policy	Version 2.0 (February 2026)	Complaints Management
Privacy Policy	Version 2.0 (February 2026)	Risk Management (information security)
OHS Policy	Version 3.0 (February 2026)	Risk Management; Infection Prevention and Control
Clinical Governance Policy (this document)	Version 2.0 (February 2026)	All outcome areas (overarching)
NDIS Code of Conduct Compliance Policy	Current	Human Resource Management
AI Usage Policy	Current	Risk Management
Service Agreements (NDIS participants)	Current	Complaints Management; Risk Management
Emergency and Business Continuity Plan	Current (within OHS Policy v3.0)	Risk Management

3. NDIS Provider Obligations

As a registered NDIS provider under Registration Group 0128 (Therapeutic Supports — Improved Daily Living), Behavioural Edge Psychology is subject to the NDIS Practice Standards Verification Module. This section outlines how the four Verification Module outcome areas are addressed within the governance framework.

3.1 Human Resource Management

The following human resource requirements are maintained:

AHPRA Registration: Current registration with the Psychology Board of Australia, verified annually. Registration status is publicly verifiable via the AHPRA register.

NDIS Worker Screening Check: Current NDIS Worker Screening clearance maintained for the Principal Psychologist and any staff delivering NDIS-funded supports.

NDIS Worker Orientation Module: Completion of the “Quality, Safety and You” module, with certificate of completion retained in the staff training register.

Right to Work: Worker identity and right to work documentation verified and retained.

Pre-employment Checks: For any provisional psychologists, contractors, or temporary staff — pre-employment screening including NDIS Worker Screening, AHPRA registration verification, and reference checks completed before commencement.

Continuing Professional Development: Minimum 30 hours CPD per year maintained per AHPRA requirements (see Section 8).

Clinical Supervision: Regular clinical supervision arrangements in place (see Section 8.3).

Infection Prevention and Control Training: Annual IPC and PPE training completed (see Section 6 and OHS Policy v3.0, Section 7).

3.2 Complaints Management

Behavioural Edge Psychology maintains a comprehensive complaints management and resolution system as detailed in the Feedback and Complaints Policy (Version 2.0). Key features include:

- Accessible, culturally safe complaints process with multiple channels (verbal, written, in-person, via advocate or nominee)
- Complaint acknowledgement within 2 business days
- Initial assessment and triage within 5 business days, including assessment against NDIS reportable incident categories
- Complaint-to-incident triage pathway with mandatory 24-hour NDIS Commission notification where applicable
- Independent complaints pathway for complaints about the Principal Psychologist
- Prominent information about participants' right to complain directly to the NDIS Quality and Safeguards Commission at any time
- Quarterly review of complaints data feeding into the Clinical Governance Register

3.3 Risk Management

The risk management system is documented across this policy and the OHS Policy (Version 3.0) and includes:

- Documented risk register covering WHS risks, clinical risks, and participant-specific risks
- Insurance certificates of currency: professional indemnity, public liability, and personal accident/income protection
- Emergency and disaster management planning, including evacuation procedures for participants with disability
- Business continuity plan addressing impact of service disruption on NDIS participants
- Regular risk assessments (six-monthly minimum, plus event-driven)
- Infection prevention and control standard precautions (see Section 6)
- Lone worker safety protocols for sole practitioner practice
- Participant safeguarding measures addressing abuse, neglect, exploitation, and violence

3.4 Incident Management

Behavioural Edge Psychology maintains an incident management system that complies with the NDIS (Reportable Incidents) Rules 2018. The system includes:

- Processes for identifying, recording, responding to, and learning from all incidents
- Triage of all incidents involving NDIS participants against reportable incident categories
- Mandatory notification to the NDIS Quality and Safeguards Commission within 24 hours for reportable incidents, with a detailed report within 5 business days

- Root cause analysis for serious incidents
- Open disclosure with affected clients where appropriate
- Integration of incident learnings into quarterly governance reviews

The detailed complaint-to-incident triage pathway, including all six reportable incident categories and mandatory timeframes, is set out in the Feedback and Complaints Policy (Version 2.0, Section 8) and the OHS Policy (Version 3.0, Section 9).

4. Ethical and Professional Standards

4.1 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. For NDIS participants, this includes respecting participant choice and control over their supports.

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: Continuing professional development 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. 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.

4.2 NDIS Code of Conduct

In addition to the Psychology Board Code of Conduct, all NDIS-funded service delivery is governed by the NDIS Code of Conduct, which requires code-covered persons to:

- Act with respect for individual rights to freedom of expression, self-determination, and decision-making in accordance with applicable laws and conventions
- Respect the privacy of people with disability
- Provide supports and services in a safe and competent manner, with care and skill
- Act with integrity, honesty, and transparency
- Promptly take steps to raise and act on concerns about matters that may impact the quality and safety of supports and services
- Take all reasonable steps to prevent and respond to all forms of violence against, and exploitation, neglect and abuse of, people with disability

4.3 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)

4.4 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, with warm referral processes to minimise disruption to NDIS participants
- Regular scope of practice review is conducted, including review of competence to deliver NDIS-funded supports

5. Client-Centred Care and Partnership

5.1 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
- For NDIS participants, consent includes the NDIS Information Sharing Consent Form (as detailed in the Privacy Policy v2.0, Section 6.3), covering information sharing with support coordinators, plan managers, the NDIA, and other providers

Specific consent is obtained for:

- Assessment and intervention approaches
- Information sharing with third parties
- Digital/telehealth services
- Recording (if applicable)
- Access to records
- NDIS service agreements

Information Provided to Clients

- Psychologist's qualifications, registration, and areas of practice
- Services offered and therapeutic approaches
- Fees, payment arrangements, NDIS pricing, and cancellation policy
- Expected duration and frequency of sessions
- Confidentiality and its limits (mandatory reporting, risk of harm, NDIS Commission reporting)
- Complaint and feedback processes, including the right to complain directly to the NDIS Quality and Safeguards Commission
- Client rights and responsibilities

NDIS Participant Consent

For NDIS participants, additional consent considerations apply:

- Nominees (plan nominees and correspondence nominees) may provide consent on behalf of participants within the scope of their appointment under the NDIS Act 2013
- Advocates may assist participants with the consent process
- Consent information is provided in accessible formats (Easy Read upon request, verbal explanation, or other formats as needed)
- Capacity to consent is assessed and documented; where capacity is in question, appropriate legal frameworks are followed

5.2 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 (including Auslan) 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

5.3 Accessibility and Inclusion

- Physical accessibility of practice locations assessed and documented (see OHS Policy v3.0, Section 6)
- Telehealth options for clients with mobility or transport limitations
- Provision of information in accessible formats (Easy Read, verbal, large print upon request)
- Reasonable adjustments for clients with disability, including sensory-safe environments
- Flexibility in service delivery where appropriate
- Emergency evacuation procedures that account for participants with disability (see OHS Policy v3.0, Section 6.3)

5.4 Client Feedback and Complaints

The detailed complaints management and resolution system is set out in the Feedback and Complaints Policy (Version 2.0). Key governance integration points:

- Clients are informed of their right to provide feedback and make complaints at intake
- NDIS participants are informed of their right to complain directly to the NDIS Quality and Safeguards Commission (1800 035 544) at any time
- Informal feedback is welcomed during sessions and informs practice improvement
- Complaints are managed through the process detailed in the Complaints Policy, including the independent pathway for complaints about the Principal Psychologist
- External complaint pathways include AHPRA, the Health Complaints Commissioner (Victoria), the NDIS Commission, the APS, and the OAIC
- Complaints data is reviewed quarterly and feeds into the Clinical Governance Register (see Section 12)

6. Infection Prevention and Control

Behavioural Edge Psychology implements infection prevention and control measures in accordance with the NDIS Practice Standards Verification Module and current Australian guidelines. The detailed IPC system, including standard precautions, PPE, environmental cleaning, and training requirements, is set out in the OHS Policy (Version 3.0, Section 7).

Key IPC governance commitments:

- Standard precautions (hand hygiene, respiratory hygiene, cough etiquette) are applied across all service delivery settings
- PPE is available on-site and used in accordance with current public health guidance
- Consultation rooms are cleaned between clients, including high-touch surfaces
- IPC training (hand hygiene, PPE donning/doffing) is completed annually, with records maintained in the staff training register
- IPC practices are reviewed as part of the annual OHS system review and quarterly governance reviews

7. Risk Management and Safety

7.1 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 (including for NDIS participants: risk of abuse, neglect, exploitation, or violence)
- Capacity to consent
- Risk management plans documented in clinical records
- Regular review of high-risk clients
- Effective partnerships established with GPs and psychiatrists for referrals and coordinated care
- For NDIS participants, risk assessment includes consideration of participant-specific risks as detailed in the OHS Policy v3.0, Section 5.2

7.2 Risk Mitigation Strategies

- Clear protocols for managing clinical emergencies
- Access to emergency services information (000)

- Crisis support resources provided to clients
- Consultation with other providers when indicated
- Lone worker safety protocols (see OHS Policy v3.0, Section 8)

7.3 Duty of Care and Mandatory Reporting

- Mandatory child safety reporting obligations under state and territory legislation
- Risk assessment of child safety concerns
- Documentation of concerns and actions taken
- Understanding of reasonable grounds for reporting
- NDIS reportable incident obligations (see Section 3.4 and Complaints Policy v2.0, Section 8)

7.4 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 an individual basis
- Physical contact limited to clinically indicated circumstances
- Social media and electronic communication boundaries maintained
- Location and setting of sessions carefully considered

7.5 Insurance

The following insurance is maintained as required by the NDIS Practice Standards Verification Module and professional registration requirements:

- Professional indemnity insurance — covering claims arising from professional services
- Public liability insurance — covering claims for injury or property damage
- Personal accident / income protection insurance

Certificates of currency are maintained and available for audit. Insurance coverage is reviewed annually at renewal.

8. Continuing Professional Development

8.1 CPD Requirements

- Minimum 30 hours CPD per year as per AHPRA registration standards

CPD activities must be:

- Relevant to scope of practice, including NDIS service delivery competence
- 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

8.2 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
- NDIS Practice Standards, participant rights, and disability-informed practice
- Digital health, telehealth, and AI-assisted practice
- Emerging evidence-based interventions
- Practice management and risk management
- Reflexive practice and self-care

8.3 Supervision and Consultation

- Regular professional supervision or peer consultation (minimum monthly)
- Clinical supervision for complex cases, including NDIS participants with complex needs
- Supervision includes review of OHS and wellbeing matters, complaints data, and governance issues
- Consultation with specialists when needed
- Multidisciplinary collaboration where appropriate (e.g., with support coordinators, OTs, speech pathologists)
- Documentation of supervision/consultation received, maintained in supervision log

8.4 NDIS-Specific Training Requirements

The following training is required for all persons delivering NDIS-funded supports:

Training	Frequency	Evidence
NDIS Worker Orientation Module (“Quality, Safety and You”)	Once (at commencement)	Certificate of completion
NDIS Worker Screening Check	As required	Clearance certificate
Infection Prevention and Control	Annually	Training certificate / log
PPE donning and doffing	Annually	Training log
Fire safety and emergency evacuation	Annually	Training log / drill record
First aid (current certificate)	Every 3 years (CPR annually)	First aid certificate

All training records are maintained in the staff training register and are available for audit.

9. Information Management and Privacy

The detailed privacy and information management framework is set out in the Privacy Policy (Version 2.0). This section summarises the key governance commitments.

9.1 Legislative Compliance

- Privacy Act 1988 (Cth) and Australian Privacy Principles
- Health Records Act 2001 (Vic) and Health Privacy Principles
- NDIS Act 2013 (Cth) — information sharing provisions

9.2 Privacy Practices

- Privacy policy provided to all clients at intake
- Collection notice at point of information collection
- Information collected limited to what is reasonably necessary (data minimisation)
- Client access to records facilitated, including in accessible formats for NDIS participants
- Secure storage and transmission of information
- Appropriate disposal of outdated records in accordance with retention schedules

9.3 NDIS Information Sharing

Information sharing with NDIS stakeholders (support coordinators, plan managers, the NDIA, the NDIS Commission, and other providers) is governed by the consent framework detailed in the Privacy Policy v2.0, Section 6. Key principles:

- Consent-based sharing for routine coordination of supports

- Mandatory sharing (without consent) for NDIS reportable incidents and NDIS Commission investigations
- Nominees may access information within the scope of their appointment
- Plan managers receive invoicing information only (no clinical content)

9.4 Information Security

Digital Security

- Encrypted electronic health records via Cliniko practice management software
- Strong password protection and multi-factor authentication
- Regular data backups with cloud-based redundancy
- Secure, Australian-privacy-compliant video conferencing platforms for telehealth
- Antivirus and firewall protection
- Regular security updates

Physical Security

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

9.5 Clinical Documentation

Record Keeping Standards

- Contemporaneous, accurate, and comprehensive records via Novopsych and Cliniko

Documentation includes:

- Client identifying information (including NDIS participant number where applicable)
- Informed consent (including NDIS Information Sharing Consent Form)
- Assessment findings and formulation
- Treatment plans and goals (aligned with NDIS plan goals where applicable)
- Session notes including interventions and client response
- Risk assessments and management plans
- Communication with other providers, support coordinators, and plan managers
- Referral information
- Incident records and NDIS Commission notifications
- Records maintained in accordance with AHPRA guidelines and NDIS requirements (see Privacy Policy v2.0, Section 10.2 for retention schedules)

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 as part of annual clinical records audit

10. Telehealth and Digital Practice

10.1 Telehealth Service Delivery

Platform Requirements

- Australian privacy legislation compliant platforms (Privacy Act 1988, Health Records Act 2001 (Vic))
- Reliable audio and video quality with end-to-end encryption
- 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 obtained at each session
- Technical troubleshooting procedures
- Alternative arrangements for technology failures
- Privacy considerations for NDIS participants in shared living arrangements (see Privacy Policy v2.0, Section 9)

10.2 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)
- De-identification of client data when using AI tools, in accordance with the AI Usage Policy
- All AI-generated outputs reviewed by a qualified psychologist before use
- AI tools not used to make clinical decisions — all clinical judgements made by registered psychologists
- Compliance with the Behavioural Edge Psychology AI Usage Policy (see Section 2.3, Integrated Policy Suite)

11. Practitioner Health and Wellbeing

11.1 Self-Care and Fitness to Practise

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 (including notification to NDIS participants' support coordinators — see OHS Policy v3.0, Section 10.2)
- Documented fitness to return to practice

11.3 Vicarious Trauma and Burnout

- Recognition of cumulative impact of client trauma
- Regular supervision and debriefing (including as a standing supervision agenda item)
- 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 (including NDIS participant complaints), and near-misses
- Implementation of evidence-based improvements
- Monitoring of improvement effectiveness

Quality Indicators

- Client satisfaction and feedback (including NDIS participant feedback)
- Clinical outcomes and goals achieved (including NDIS plan goals)
- Attendance and engagement rates
- Complaint and incident rates (including NDIS reportable incidents)
- CPD completion and practice development
- Timeliness of service delivery
- Record keeping audit results
- IPC compliance
- Training register currency

12.2 Clinical Governance Register

A Clinical Governance Register is maintained to document and track:

- Quarterly review outcomes (complaints data, incident data, risk register review)
- Actions arising from reviews, with responsible person and due dates
- Policy review schedule and outcomes
- Audit findings and corrective actions
- Supervision discussion notes relevant to governance matters

The Clinical Governance Register is reviewed quarterly by the Principal Psychologist (and in conjunction with the clinical supervisor where relevant). Governance matters are a standing agenda item in clinical supervision sessions.

12.3 Practice Audits and Reviews

Internal Audits

- Annual audit of clinical records for completeness, accuracy, and compliance
- Privacy and information security review
- Informed consent documentation review (including NDIS consent forms)
- Risk management process review
- Compliance with AHPRA registration standards
- IPC compliance audit
- Training register review

External Reviews

- Peer review arrangements

- Professional supervision evaluation
- NDIS quality audits by approved quality auditors (as required for registration)

12.4 Learning from Incidents

- Systematic review of adverse events and NDIS reportable incidents
- Root cause analysis for serious incidents
- Identification of contributing factors
- Development of preventive strategies
- Dissemination of learnings (incorporated into supervision, CPD, and policy updates)
- Follow-up to ensure changes implemented, documented in Clinical Governance Register

13. Professional Conduct and Integrity

13.1 Advertising and Marketing

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

13.2 Financial Transparency

- Clear fee structure provided upfront, including NDIS pricing schedules where applicable
- Written agreement regarding fees (included in NDIS service agreements for participants)
- Medicare, insurance, NDIS, and third-party payment arrangements explained
- Cancellation and non-attendance policy clearly communicated
- No exploitation of clients financially

13.3 Professional Relationships

With Colleagues

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

With NDIS Stakeholders

- Collaborative relationships with support coordinators, plan managers, and other NDIS providers

- Clear communication pathways for coordination of participant supports
- Respect for multidisciplinary expertise in the NDIS ecosystem
- Client-centred collaboration with participant choice and control at the centre

14. Business Continuity and Emergency Preparedness

The detailed emergency management and business continuity plans are set out in the OHS Policy (Version 3.0, Section 10). Key governance commitments:

14.1 Business Continuity Planning

- Nominated colleague/supervisor available for interim support during practitioner absence
- NDIS participants' support coordinators and plan managers notified promptly of service disruption
- Prioritisation framework for participants at highest risk from disruption
- Cloud-based records with redundant backups
- Business continuity plan reviewed annually and tested via scenario exercises

14.2 Emergency and Crisis Response

Client Emergencies

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

Practice Emergencies

- Fire and evacuation procedures (including for participants with disability)
- Natural disaster response plan
- Critical incident management
- Communication with clients and NDIS stakeholders during disruptions

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

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

NDIA: National Disability Insurance Agency

NDIS: National Disability Insurance Scheme

NDIS Commission: NDIS Quality and Safeguards Commission

Nominee: A person appointed under the NDIS Act 2013 to act on behalf of a participant

NSQHS Standards: National Safety and Quality Health Service Standards

Reportable Incident: An incident involving a NDIS participant that must be reported to the NDIS Commission under the Reportable Incidents Rules 2018

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

Support Coordinator: A person engaged to assist a NDIS participant to implement their plan

Verification Module: The audit module under the NDIS Practice Standards applicable to lower risk/complexity registration groups including Therapeutic Supports

16. Implementation and Monitoring

16.1 Policy Implementation

- This policy is effective from the date specified in the Document Control section
- All aspects of practice align with policy requirements
- Policy accessible and reviewed regularly
- Changes communicated promptly
- Training on new procedures provided as needed

16.2 Policy Review

- Annual review scheduled
- Review following significant incidents (including NDIS reportable incidents)
- Review following regulatory changes (including NDIS Practice Standards updates)
- Review following NDIS audit or quality review findings
- Stakeholder input considered
- Version control maintained

16.3 Compliance Monitoring

Regular Compliance Checks

- Quarterly practice audit against policy standards, documented in Clinical Governance Register

- Annual comprehensive review of the entire governance framework
- 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 (including to the NDIS Commission where applicable)

Policy Acknowledgement

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, including the delivery of NDIS-funded supports. I recognise my professional responsibility to maintain compliance with this policy and all relevant regulations, standards, and codes.

Signature: _____

Date: _____

Document Control

Version	Date	Author	Changes
1.0	July 2025	Dr Sarah Fischer	Initial policy
2.0	December 2025	Dr Sarah Fischer	Revised for NDIS audit readiness: added NDIS legislative framework and provider obligations (Section 3) mapping to all four Verification Module outcome areas; added integrated policy suite table (Section 2.3); added NDIS Code of Conduct (Section 4.2); added NDIS worker screening and orientation requirements (Section 3.1); added NDIS-specific training matrix (Section 8.4); added IPC governance commitments (Section 6); added NDIS reportable incidents integration (Section 3.4); added NDIS participant consent framework (Section 5.1); added NDIS stakeholder relationships (Section 13.3); added Clinical Governance Register (Section 12.2); corrected telehealth platform compliance reference to Australian legislation; added cross-references to Complaints Policy v2.0, Privacy Policy v2.0, OHS Policy v3.0, and AI Usage Policy throughout; removed AI-generated signature placeholder; updated AHPRA Code reference; added APS Standards of Conduct; added document control table

Next Review: December 2027

Approved by: Dr Sarah Fischer, MAPS, Principal Psychologist