Australian Medicare Local Alliance (AML Alliance) is a new national, government funded, not-for-profit company. It has been set up to spearhead an organised system for primary health care across the country through a network of independent companies called Medicare Locals (MLs). Medicare Locals are regional, primary health care organisations that will play a key role in planning and coordinating primary health care services for their respective populations.

AML Alliance will have an interest and voice in Australia’s primary health care policy setting and system. It will work with a variety of stakeholders including the general practice, health, aged and social care sectors to advance primary health care and promote improvement and excellence in the Medicare Local sector though evidence-based and innovative quality practice.

Led by a skills-based board, AML Alliance will work with 62 Medicare Locals to:

- Make it easier for patients to navigate their local health system;
- Provide more integrated care;
- Ensure more responsive local General Practitioner (GP) and primary health care services that meet the needs and priorities of patients and communities; and
- Make primary health care work as an effective part of the overall health system.

AML Alliance’s primary roles are to act as a lead change agent for Medicare Locals and to support Medicare Local performance.
Foreword

We are entering an interesting period in primary health care with the Australian Government’s reform agenda well underway, including the establishment of Medicare Locals as the new pillars of primary health care. These reforms afford the newly established Medicare Locals the opportunity to review what has been occurring in primary mental health care and to utilise this new structure to improve the provision of primary mental health care through the ATAPS program.

With the government’s recent expansion of the ATAPS program in order to provide services to a more diverse client group, the quality of the services being provided is critical. The development of the ATAPS Clinical Governance Framework provides a significant opportunity for Medicare Locals and contracted agencies to rethink their ATAPS programs and to ensure that all population groups identified under ATAPS have access to quality primary mental health care services.

Building on the improvements in the ATAPS program over the past ten years, there is now a real opportunity to focus on the provision of quality services to clients who may not otherwise access mental health services. By using the ATAPS Clinical Governance Framework and the ATAPS Clinical Governance Implementation Resource Kit, Medicare Locals and contracted providers can further enhance and improve the mental health services they provide to clients. The ATAPS Clinical Governance Framework provides Medicare Locals with the necessary policies, procedures, tools and other resources to implement clinical governance required to ensure the program remains focussed on the needs of the client.

I would like to take this opportunity to thank the members of the Working Group and Project Advisory Group whose input was instrumental in developing this framework. I am confident that the current reforms, coupled with robust clinical governance processes, will ensure that primary mental health care plays a leading role in the delivery of mental health services to many Australians. I look forward to the program enhancements that will be achieved by the implementation of the new ATAPS Clinical Governance Framework, and to improved mental health outcomes for the many people who will access the program.

Leanne Wells

Chief Executive Officer
Australian Medicare Local Alliance
Acknowledgements

On behalf of AML Alliance I would like to acknowledge the efforts of a number of people who contributed to the development of the ATAPS Clinical Governance Framework and the Implementation Resource Kit. Their contributions from the field and input to the project have ensured that the Framework will make a significant contribution to the quality of the ATAPS Program. This project was part of a joint initiative of the AML Alliance and the Australian Psychological Society.

The ATAPS Project Advisory Group provided strategic guidance and support throughout the life of the project and ensured the Framework reflects the requirements of the different mental health professional groups with an emphasis on better outcomes for consumers. Members included:

- **Deb Lee**
  Acting CEO of Adelaide Northern Division of General Practice, representing the Australian Association of Social Workers

- **Harry Lovelock**
  Executive Manager, Australian Psychological Society

- **Kim Ryan**
  CEO, Australian College of Mental Health Nurses

- **Lyn English**
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  Business Development Adviser, South Adelaide-Fleurieu-Kangaroo Island Medicare Local

- **Stanford Harrison and Lana Racic**
  Former and current Directors of Mental Health Services Branch, Mental Health & Drug Treatment Division, Department of Health and Ageing

- **Naomi Kalman**
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- **Lyn Littlefield**
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- **Tonita Taylor**
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A sincere thank you to the ATAPS Clinical Governance Working Group, who were instrumental in shaping the Framework to guarantee both its usefulness and relevance for Medicare Locals across the country. Members included:

- **Anne Pratt**
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- **Mark Broxton**
  Tasmania Medicare Local

- **Reg Harris**
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  ACT Medicare Local

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- **Craig Hodges**
  Clinical Governance Project Manager
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Overview and the development of the ATAPS Clinical Governance Framework

The clinical governance framework for the provision of services within the Access to Allied Psychological Services (ATAPS) program is concerned with the delivery of high quality, evidence-based, safe, accessible and accountable services. It brings together a number of essential elements designed to review, monitor, measure and promote quality primary mental health care and its outcomes.

The current document, the ATAPS Clinical Governance Framework (hereafter referred to as the Framework), provides clarity for Medicare Locals, contracted providers and clinicians regarding:

- Responsibility and accountability for client care, with the aim of minimising risks to people accessing the service; and
- Continuously monitoring and improving the quality of care and services.

The Framework can be viewed as a process that provides the means of developing organisational capacity to deliver a sustainable, accountable, client-focused and quality ATAPS program.

The Framework outlines the context of a clinical governance framework for the ATAPS program and provides a definition of what is meant by clinical governance. The Framework identifies where responsibility lies for clinical governance in the Medicare Local environment and how clinical governance fits within the ATAPS program.

This document also includes a brief description of how the framework can be implemented and utilised. A number of existing frameworks and resources are highlighted to support the implementation of the ATAPS Clinical Governance Framework at the local level. A set of guiding principles has been developed to guide the implementation process and to ensure it remains in line with the objectives of the ATAPS program.

Seven pillars of clinical governance are identified as applicable for the ATAPS program. Each pillar contains a number of activities and strategies that are underpinned by a set of core elements and how the pillars should be met. Finally, a checklist is provided to assist Medicare Locals in assessing their capacity to implement the Framework over time, and the types of resources required to support implementation locally.
Implementation and utilisation of the Framework

The Framework is supported by the ATAPS Clinical Governance Implementation Resource Kit (hereafter referred to as the Resource Kit) that Medicare Locals and contracted providers can utilise, recognising that some organisations may already have well developed clinical governance structures, whilst others may have limited clinical governance arrangements in place. As such, the Framework provides guidance to Medicare Locals and contracted providers to assist with implementing the requirements of clinical governance under the ATAPS program.

The implementation of a clinical governance framework is a significant undertaking and requires an appropriate level of resourcing relevant to the composition and size of the ATAPS program. Given that Medicare Locals and contracted providers have differing capacity levels to support implementation, the Framework and the Resource Kit are available to all Medicare Locals and contracted providers to assist the implementation and ongoing development and monitoring of their governance structures.

A series of Implementation Workshops were undertaken to support both Medicare Locals and GPNs in their implementation of the Framework. The purpose of the Implementation Workshops was to:

- Utilise the expertise of those Medicare Locals and GPNs that have well developed clinical governance arrangements already in place;
- Provide an overview of the Framework and the resources available in the Resource Kit to support the implementation process;
- Assist in operationalising the Framework and applying it to the different models of service delivery (that is, direct employment, subcontracting and voucher systems); as different components of the Framework have implications for different strategies, depending on the service delivery model utilised.

The Resource Kit includes a set of resources that support the implementation of the Framework at the local level. Contents include guidelines that provide links to national and state policies and frameworks that bear relevance to the delivery of primary mental health care services. The Resource Kit also includes templates and guidelines developed specifically to support the utilisation of the Framework locally, recognising the needs of different areas and the types of ATAPS programs in place. Many of the resources are identified within the seven pillars outlined in the Framework and can be accessed via the AGPN Web site.

“The implementation of a clinical governance framework is a significant undertaking”
Established in 2001, through the Better Outcomes in Mental Health Care (B0iMHC) Program, the ATAPS program supports the provision of short-term psychological interventions primarily for people living with high prevalence mental health disorders. The ATAPS program complements the Better Access program by targeting more hard-to-reach population groups and those on limited incomes. It also has greater outreach into rural Australia than the Better Access initiative. Funds are held by Medicare Locals and General Practice Networks (GPNs), which utilise a number of different models to provide their ATAPS programs.

In 2008 a review of the ATAPS program resulted in the identification four key areas for action. These were: better addressing service gaps; increasing efficiency; encouraging innovation; and improving quality. Since that time, a number of changes have been made to the ATAPS program, including the introduction of a tiered system to provide services to more targeted groups including:

- Women with perinatal depression;
- People at risk of suicide and self-harm;
- People who are homeless or at risk of homelessness;
- People impacted by severe climactic events such as flood or bushfires;
- People in remote locations;
- Aboriginal and Torres Strait Islander people;
- Children with mental disorders; and
- People with severe mental illness.

The 2011-12 Federal Budget detailed an increase in the ATAPS budget over the next four years from $61.8 million in 2011-12 to $108.7 million in 2015-16. This included additional funding for the enhancement of child mental health services and Aboriginal and Torres Strait Islander Mental Health.

During this period of expansion of the ATAPS program, the Network is undergoing significant structural reform as GPNs transition to Medicare Locals as part of the National Health Reform Agenda. Over the next twelve-month period, the Network will transition from 111 GPNs to 62 Medicare Locals across Australia. The ATAPS program will also be transferred across to the new Medicare Locals during this time.

As part of the expansion of the ATAPS program it was agreed that a more robust clinical governance structure was required nationally. This is to ensure services provided across the different Medicare Locals are in line with a nationally consistent framework that is flexible to allow for the different models provided under ATAPS and the resourcing requirements in different locations across Australia.

This Framework is intended to provide guidance for Medicare Locals and contracted providers in the development of an ATAPS clinical governance framework at the local level. It is expected that all services provided under the ATAPS program, whether by a Medicare Local or a contracted provider, must comply with the National Standards for Mental Health Services 2010.
Defining clinical governance

Effective health service delivery comprises clinical, organisational and corporate governance. For Medicare Locals, corporate governance is concerned with the non-clinical aspects of health care such as financial and risk management systems to ensure the service meets its statutory and funding requirements.

For Medicare Locals and contracted providers, clinical governance is defined as:

“A framework through which organisations are accountable for continually improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish” (NHS 1998).

“A system by which the governing body, managers, clinicians, health workers and staff share responsibility and are held accountable for patient care, minimising risks to consumers and for continuously monitoring and improving the quality of care and services” (ACHS 2004).

Clinical governance is a mechanism for health related services to achieve service excellence and to minimise errors or mistakes in the delivery of health care to consumers. The system of clinical governance has both proactive and reactive functions and its effectiveness relies on striking a balance between the two functions, where proactive approaches to managing health services promote a learning culture and a supportive clinical environment.

The need to provide a proactive primary mental health care response for people who are disadvantaged is critical. The ATAPS model was developed in response to unmet needs in communities and the recognition that traditional services were not fully responsive to client needs. The ATAPS program seeks to address issues of accessibility, service appropriateness and responsiveness, and puts the client at the centre of the service.
Clinical responsibility for ATAPS

Clinical governance places the responsibility on the governing body or board, in this case the Medicare Local through the Chief Executive Officer, to have effective mechanisms in place for monitoring and managing the quality of clinical care and meeting identified targets for quality.

Clinical governance ensures that the standard and the clinical performance of an organisation are in line with national, state and local standards that have been determined in relation to a specific health area. When implemented appropriately, clinical governance can provide the organisation, senior executive team, clinical leaders, funding bodies and the local community with an assurance that services, whether provided directly or contracted from other providers and organisations, are both safe and of a quality standard.

The board of the Medicare Local has ultimate responsibility for the service standards of care and for providing the structures and environment that facilitate the delivery of high quality care. Ideally, each Medicare Local should have in place a Clinical Governance Committee, or equivalent, which is responsible for the overarching clinical governance of the Medicare Local, under which the ATAPS clinical governance sits. Clinical responsibility for ATAPS programs will vary according to the model in place; however, at a minimum, it should rest with the Clinical Services Manager or their equivalent.

It is important to highlight that clinical governance involves all aspects of health care and is relevant to all levels of the service. In this respect, all ATAPS-related personnel contribute to, are a part of, and have responsibility for clinical governance systems and processes. In short, the application of clinical governance is everyone’s responsibility.

This framework aims to provide ATAPS-funded programs with guidance that assists them to move towards the achievement of integrated governance across the Medicare Local. Integrated governance can be achieved by providing the basis for sound processes and structures for clinical governance of the mental health aspects of the business of the Medicare Local.

“It is important to highlight that clinical governance involves all aspects of health care and is relevant to all levels of the service”
The ATAPS program and clinical governance

The ATAPS program is an Australian Government initiative that fulfils part of the vision set out in the National Mental Health Policy to provide access to effective, low cost treatment for people with a mental illness who may not otherwise be able to access services. Through fund-holding arrangements with General Practice Networks (GPNs)—which are in transition to Medicare Locals—ATAPS funds the provision of short-term mental health services for people with mental disorders.

The objectives of the ATAPS program are to:

• Produce better outcomes for individuals with common mental disorders by providing evidence-based, short-term psychological interventions within a primary care setting;
• Target services to those individuals requiring primary mental health care who are not likely to have their needs met through Medicare-subsidised mental health services;
• Complement other fee-for-service programs and address service gaps for people in particular geographical areas and population groups;
• Offer referral pathways for General Practitioners (GPs) to support their role in primary mental health care; offer non-pharmacological approaches to the management of common mental disorders; and
• Promote a team approach to the management of mental disorders.

The role of the ATAPS program has evolved from a broad based program, to one that focuses on service gaps and populations not well serviced by other mental health programs. As such, a more targeted and flexible approach is required in some areas to ensure that vulnerable and underserved populations receive access to appropriate mental health services.

The ATAPS program now has a two-tiered funding model to better meet the needs of individuals living with a mental illness. The model comprises:

• **Tier 1**: Base funding that enables all GPNs and Medicare Locals to target psychological services to hard-to-reach groups within their client base to supplement Medicare subsidised mental health service delivery.
• **Tier 2**: Special purpose funding that supplements Tier 1 funding and provides an additional, flexible pool of funding for innovative service delivery to specified groups with priority needs that cannot be met through traditional service delivery approaches used by the ATAPS program. Included in this are the new services for Child Mental Health, and Aboriginal and Torres Strait Islander Mental Health (Operational Guidelines for ATAPS, Department of Health and Ageing 2012).
The successful implementation of the Framework requires the development of strong and effective partnerships between clinicians and managers for the safe provision of primary mental health care. Each Medicare Local will need to establish clear lines of responsibility and accountability for clinical practice and programs. These will need to be clearly communicated within the organisation, and to external individuals and organisations to which the ATAPS program may be sub-contracted.

Many of the components in the Framework may already be in existence or in the process of being developed. The Framework allows for the:

- Dovetailing of existing governance structures and processes that are already in place or in the process of being implemented within Medicare Locals;
- Implementation across a number of different ATAPS models or programs, recognising the variances that exist amongst current providers; and
- Application of the framework to external individuals and organisations who may be sub-contracted to provide services within the ATAPS program on behalf of the Medicare Local.
Existing resources to support implementation of the ATAPS Clinical Governance Framework

The Framework is intended to dovetail with the overarching clinical governance mechanisms Medicare Locals have in place, and it can be utilised by both Medicare Locals and contracted providers to support the implementation of their clinical governance framework for the ATAPS program. As such, a number of existing policies and procedures will assist in the implementation of the Framework, combined with the resources that will need to be developed to support the implementation of the clinical governance framework for the ATAPS program.

7.1 Medicare Local clinical governance framework

As Medicare Locals are established, they will be required to establish and implement their own clinical governance arrangements that will encompass not only clinical aspects of the Medicare Local, but organisational and corporate components as well. The clinical governance framework for the ATAPS program is designed to dovetail with this overarching framework with a focus on clinical service delivery in a mental health context.

7.2 The National Standards for Mental Health Services 2010

The National Standards for Mental Health Services 2010 are the benchmark to which mental health services should be adhering and, as such, all services within the ATAPS program should utilise the Framework to assist in the implementation of their clinical governance framework for the ATAPS program in order to reflect those benchmarks set by the National Standards.

7.3 Operational guidelines for ATAPS

The Mental Health Services Branch of the Department of Health and Ageing has developed a comprehensive set of operational guidelines that deal with many aspects of the ATAPS program.

The ATAPS guidelines should be used in conjunction with the Framework to assist with the implementation of the different components of the ATAPS program, as well as the multi-dimensional nature of the different client groups and the services provided under ATAPS.

7.4 Personally Controlled Electronic Health Record

From July 2012, all Australians can choose to register for a Personally Controlled Electronic Health Record (PCEHR). A PCEHR is a secure, electronic record of a client’s medical history, stored and shared in a network of connected systems. The PCEHR will bring together key health information from a number of different systems and present the information in a single view.

Information in a PCEHR will be able to be accessed by the client and their authorised healthcare providers. Over time, it is expected that clients will be able to contribute to their own information and add to the recorded information stored in their PCEHR.

Medicare Locals and GPNs are expected to demonstrate a commitment to the integration of the PCEHR within their ATAPS program, so that the PCEHR can be utilised by clients as they opt in to the new tool. More information about the PCEHR can be found in the Implementation Approach described on the National E-Health Transition Authority Web site.
Guiding principles for the successful implementation of the ATAPS program

The clinical governance framework for the ATAPS program is underpinned by a set of principles that inform the program’s approach to safe and quality service delivery. According to these guiding principles, ATAPS providers must:

• Be consumer- and person-centred
  The right of people to participate in their health care is well established. The best quality health care is achieved when it is planned, delivered and evaluated in collaboration with the service user (the client; family members and carers; and, where appropriate, community members and agencies).

• Be well supported by clinical leadership
  The best possible health care requires responsive leadership and commitment from senior clinicians and health care workers. In partnership with the Clinical Governance Committee, the ATAPS or Clinical Co-ordinator is responsible for the proactive management of clinical safety and quality.

• Ensure practice is evidence-based
  Evidence-based practice is a process that includes: identifying essential clinical issues of concern; appraising the available knowledge base; selecting strategies and approaches that are supported by empirical evidence and consistent with practice standards; applying the strategies in a competent fashion; evaluating the effectiveness of the strategies’ implementation; and facilitating continuous improvement of the process to ensure optimal outcomes for the client.

• Have access to timely information and data
  Collection and review of data and information is essential to the provision of systematic feedback and monitoring of the performance of the ATAPS program. Additionally, information about program performance and health-related issues should be available to the broader community in an accessible, accurate and meaningful format that contributes to positive change and development.

• Be accountable, including the obligation to act
  Medicare Locals, the executive team, clinical leaders and staff are accountable to clients and carers and the broader organisation for the health care services they deliver, the ongoing review and development of service delivery systems and clinical excellence. All ATAPS staff and contractors and Medicare Local management must understand and accept their explicit obligation to act and remedy problems within professional and administrative parameters.

• Be sustainable
  Clinical governance relies on the capacity of ATAPS providers to report on the performance of systems and procedures, and requires adequate resources to ensure that professional and technical requirements are met and maintained.

“The best quality health care is achieved when it is planned, delivered and evaluated in collaboration with the service user”
• **Use a system-wide approach**
  Achieving safe and high quality services is dependent on the development and implementation of systems and procedures that promote safe practices, avert errors or mitigate their effects for ATAPS providers. A systems focus ensures that the ATAPS program is proactive rather than reactive in identifying and remedying weaknesses in service delivery, or risks to clients. This does not, however, eliminate the need for individuals to be held accountable for their own practice and its impact on the clients with whom they are engaged.

• **Promote a learning culture**
  The effective implementation of clinical governance relies on an open, fair, and “blame-free” organisational culture that supports and promotes responsibility, accountability and learning. Establishing a learning culture requires a long term commitment that is underpinned by a willingness to share information and acknowledge achievements. Where the need for improvement is identified, ATAPS staff should feel supported and encouraged to learn and modify practice through consultative and supervisory processes.

• **Establish partnerships and promote teamwork**
  Achieving high quality care for clients is dependent on and enhanced by establishing a range of partnerships with ATAPS target groups, parents and carers, staff, government and community organisations. Effective partnerships provide feedback to ATAPS providers relating to the quality of services provided and also assist ATAPS to be more responsive to community need.

“The effective implementation of clinical governance relies on an open, fair, and “blame-free” organisational culture”
The seven pillars of clinical governance

The seven pillars of clinical governance have been adapted for the ATAPS program from other models in existence around the country and from the knowledge and expertise within existing Medicare Locals and GPNs.

1. Consumer and community participation
   This pillar encourages Medicare Locals to actively engage and involve communities and key organisations in the planning of services to ensure ATAPS remains an effective and appropriately targeted program. Effective consumer, and where appropriate carer, engagement and participation in the program is critical. This ensures the program remains consumer-oriented with an outcomes focus, and that client rights are well articulated as part of services within the ATAPS program.

2. Service access and delivery
   This pillar is fundamental to the ATAPS program given the focus on providing accessible primary mental health care to those who ordinarily cannot access services. The key elements under this pillar ensure that safe, accessible, evidence-based quality services can be provided to those most in need. It will also provide a framework to support intake and assessment processes within the Medicare Local.

3. Service evaluation, quality improvement and innovation
   Evaluation and quality improvement activities must be viewed as ongoing rather than periodic. The primary mental health care program under ATAPS continues to evolve and expand. As a result, robust quality improvement mechanisms must be in place to continually evaluate service effectiveness and promote service innovation. The outcome should be to build a culture where clinical audit and review are commonplace and expected across all areas of ATAPS programs.

4. Risk management
   Risk management straddles many domains of service delivery. The clinical risk pillar focuses on minimising risk and improving overall clinical safety. Potential risks are identified and limited and adverse events are examined for causative factors, particularly for trends within and across services. Wherever possible, preventative lessons should be shared across ATAPS programs at both the local and the national level.
5. Information management and technology

This pillar refers to how information is collected, transferred, shared, stored and reported over time. It recognises that services within the ATAPS programs can sometimes be contracted to other providers and how this translates to "ownership" of client records. Critical areas such as confidentiality, privacy and consent are considered in light of the different ATAPS models that are operational. This is critical in the delivery of Child Mental Health Services given the importance of parental consent and potential issues of confidentiality between family members.

6. Workforce development and credentialing

This pillar is fundamental to the integrity of the ATAPS program and supports the recruitment and retention of allied health professionals across Tier 1 and 2 of the ATAPS program. It outlines credentialing requirements for both employed and contracted staff and provides clarity for their ongoing professional development and maintenance of professional standards within each of the disciplines covered under the ATAPS program.

7. Clinical accountability

With the establishment of Medicare Locals there will be an overarching governance framework that incorporates clinical practice, and program and corporate support. The clinical governance framework for the ATAPS program will aim to dovetail with this broader organisational framework. As a result, this pillar ensures that organisational responsibility is clearly defined and that there are clear lines of accountability between individuals, clinical supervisors and the broader Medical Local structure. This involves clarifying accountabilities and making them explicit through the use of position descriptions, sub-contracts, service agreements and partnership agreements or contracts.
Pillar 1
Consumer and community participation

The first pillar, consumer and community participation, encourages the Medicare Local to actively engage and involve key organisations, consumers and, where appropriate, carers and parents in planning, maintaining and improving the ATAPS program. This will ensure the program’s effectiveness in providing primary mental health care services to the local community. Consumers, and the community more broadly, have both a right and a responsibility to contribute to the quality of health services. Consumers and community members bring a broad range of skills, experiences and perspectives to health care and service improvement.

Effective consumer participation is an essential element of mental health service provision. It requires leadership and a strong commitment to actively involving consumers in the ATAPS program to ensure the program remains client-focused and targeted towards those clients who cannot access more mainstream mental health services.

10.1 Activities and strategies

The key activities and strategies for consumer and community participation include:

- A needs assessment to determine needs and resources of the local community in order to plan and deliver an effective ATAPS program that is responsive to community need.
- Actively promoting two-way communication between the consumer and the ATAPS provider, whether a Medicare Local or a contracted provider.
- Involvement of consumers in service planning, policy development and decision-making. This will ensure the ATAPS program remains accessible, affordable, equitable and responsive to local community priorities.
- Where appropriate, ensure each service within the ATAPS program has a recovery focus and a commitment to involving carers and parents in treatment and care planning decisions that affect them.
10.2 Core elements for consumer and community participation

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| 1. Systems and processes are in place to ensure that consumers, carers, parents and other agencies are involved, consulted and able to provide feedback in relation to planning, monitoring and improving service delivery within the ATAPS program. | • Quality improvement framework  
• Client satisfaction feedback processes  
• Complaints procedure | • Standing item on management meeting agenda  
• Complaints Policy  
• Complaints Procedure  
• Complaints Form  
• Guidelines for Developing a Client Feedback Form |
| 2. Clients are informed about consent, confidentiality and how their personal information will be recorded and used. Clients should also be informed as to their rights in accessing personal information, with a focus on the new Personally Controlled Electronic Health Record. | • Privacy and confidentiality policy  
• ATAPS information brochure  
• Consent policy  
• Signed consent forms  
• Provide clients with a statement of rights and responsibilities | • ATAPS Client Consent Form  
• Privacy and Confidentiality Policy  
• ATAPS Information Brochure  
• Guidelines for Developing a Statement of Clients’ Rights and Responsibilities |
| 3. There is an active consumer participation process in place that enables consumers and carers to input into the planning and evaluation of the ATAPS programs from the clients’ perspective. | • Consumer engagement strategy (should be part of broader Medicare Local structure)  
• Client satisfaction feedback processes  
• Meetings held at least twice yearly with consumer or carer group | • Guidelines for Developing a Consumer Participation Strategy  
• Guidelines for Developing a Client Feedback Form  
• Consumer or carer remuneration policy |
| 4. The ATAPS program is reviewed in line with the funding agreement to ensure it remains relevant to the mental health needs of the local community. | • Needs assessment (where appropriate)  
• Client satisfaction survey feedback processes  
• Annual online survey with key stakeholders  
• Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis | • Key points about undertaking a needs assessment  
• Needs Assessment Framework  
• Guidelines to support a review process and undertake a SWOT analysis |
### 10.3 Consumer and community participation checklist

Medicare Locals can use the following checklist to identify the policies, procedures, tools and other resources that are required to support consumer and community participation as part of their clinical governance framework for the ATAPS program. The checklist identifies the actions required to implement the components of the first pillar of clinical governance for the ATAPS program. It also provides a timeframe for the resource to be in place, and assigns responsibility to the person who will develop it.

The checklist also indicates the types of resources that Medicare Locals require in order to meet the minimum standard of clinical governance for service provision within the ATAPS program, versus those resources that can be developed over time. Each resource identified in the checklist as a:

- “Minimum requirement” should be developed and implemented by the end of June 2013
- “Desirable requirement” should be developed and implemented by the end of December 2013

Medicare Locals that are yet to develop a specific resource can utilise a generic version from the Resource Kit, which has been developed to support implementation locally.

Complete the following checklist to reflect what applies in your Medicare Local.

<table>
<thead>
<tr>
<th>Resource</th>
<th>MR = Minimum requirement</th>
<th>DR = Desirable requirement</th>
<th>Achieved</th>
<th>Not yet achieved</th>
<th>Planned review date of implemented resource</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATAPS client consent form</td>
<td>MR</td>
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<tr>
<td>ATAPS information brochure</td>
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<td>Client feedback form</td>
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<td>Complaints form</td>
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<td>Complaints policy</td>
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<td>Complaints procedure</td>
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<tr>
<td>Privacy and confidentiality policy</td>
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<tr>
<td>Quality improvement framework</td>
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<tr>
<td>Statement of clients’ rights and responsibilities</td>
<td>MR</td>
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<td></td>
</tr>
<tr>
<td>Consumer participation strategy</td>
<td>DR</td>
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<tr>
<td>Needs assessment framework</td>
<td>DR</td>
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<tr>
<td>Remuneration policy for consumers and carers</td>
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</tbody>
</table>
Pillar 2
Service access and delivery

The second pillar, service access and delivery, is a key objective of the ATAPS program. This pillar focuses on the client’s pathway into the service and is structured around access, triage, care planning, service delivery and outcomes for clients and groups utilising the service within the ATAPS program.

A client’s journey through the service should ideally be a smooth transition through the various stages required in accessing a primary mental health care service. To ensure that a seamless transition does occur from one stage to the next, a number of key activities and strategies must be in place.

11.1 Activities and strategies

The key activities and strategies for service access and delivery include:

- A method of quantifying the kind of services that people might need and a way of addressing the barriers that people may experience in accessing services within the ATAPS program.
- Information about the specific service within the ATAPS program is marketed appropriately to reach a broad audience who would be eligible to access the ATAPS program, and includes culturally specific information.
- The service operates in environments that are welcoming, friendly and personalised to the identified client group; for example, young people, the indigenous population, people who are homeless or at risk of homelessness, and so on.
- Services are provided in a way that allows for suitably qualified providers with capacity for a multi-disciplinary team approach.
- The service is culturally appropriate and easy to access from a geographic standpoint, particularly for those located in rural and remote areas.
- All aspects of service delivery, from referral to exit, are documented so that it is clear what each administrative and clinical staff member, or contracted service provider is expected to do.
- Clinical services being provided are evidence-based, culturally appropriate, and in accordance with the ATAPS guidelines for acceptable clinical practice under the ATAPS program.
- ATAPS clients are provided with information about their rights and responsibilities, invited to have family members, carers or parents (in the case of children) involved, and are empowered through the process to make decisions about the care provided to them. The process should be consultative and the care provided should be reviewed on a regular basis to ensure effective practice.
- Referrals into the ATAPS program are facilitated by an effective intake and triaging process that ensures each referral is screened by a senior clinician prior to being forwarded to the relevant allied health provider.
### 11.2 Core elements for service access and delivery

<table>
<thead>
<tr>
<th>Core elements</th>
<th>How the core element will be met</th>
<th>Resource to support implementation</th>
</tr>
</thead>
</table>
| 1. Information (ideally in a range of different languages) is available about the ATAPS program referral processes, and the information is promoted appropriately to those groups for whom the ATAPS program is intended. | • ATAPS information brochure  
• Information on Medicare Locals’ Web sites  
• Newsletters  
• Local advertising  
• Information for service providers  
• Promotional information for specific client groups | • Information brochure for potential referrers  
• ATAPS Information Brochure |
| 2. Services within the ATAPS program operate in environments that are friendly and accessible to the identified client group; for example, youth and child friendly, indigenous friendly, accessible for people who are homeless, and so on. | • Documented clinical pathways  
• ATAPS information brochure  
• Service access policy | • Guidelines for Developing a Clinical Pathway for ATAPS Clients  
• Service Access Assessment Tool  
• ATAPS Information Brochure |
| 3. Services are located in areas that are geographically accessible, where possible, to clients with limited access to transport. Alternatively, transport may be made available to clients, or allied health providers can provide local access. | • Environmental assessment  
• Service access policy  
• Strategic planning process | • Needs Assessment Framework |
| 4. Intake, referral and assessment systems enable appropriate referrals and smooth transitions between services providers in order to ensure a seamless service to clients accessing services within the ATAPS program. | • Intake and triage process  
• Clinical pathways flowchart  
• Assessment process (if necessary)  
• Client satisfaction survey  
• Inclusions in sub-contracts (for those Medicare Locals that sub-contract their ATAPS program services)  
• Information and education of GPs regarding referral processes | • ATAPS Triage and Referral Procedure  
• Standard Contract for Private Allied Health Providers  
• Guidelines for Developing a Client Feedback Form |
| 5. Evidence-based interventions are utilised to provide services within the ATAPS program, particularly for those clients from Tier 2 who may require more specialised interventions. | • Supervision by senior clinician  
• Contracted supervision arrangements for external providers | • ATAPS guidelines  
• Clinical Supervision Policy and Procedure  
• Australian Psychological Society (APS) Summary evidence paper |
| 6. All client referrals from the GP are to go through an intake and triaging process facilitated, where possible, by a senior clinician to ensure a suitably qualified allied health professional can provide a service to the client. | • Documented intake and triaging process  
• Intake and assessment overseen by clinical co-ordinator or similar | • ATAPS Triage and Referral Procedure |
11.3 Service access and delivery checklist

Medicare Locals can use the following checklist to identify the policies, procedures, tools and other resources that are required to support service access and delivery as part of their clinical governance framework for the ATAPS program. The checklist identifies the actions required to implement the components of the second pillar of clinical governance for the ATAPS program. It also provides a timeframe for the resource to be in place, and assigns responsibility to the person who will develop it.

The checklist also indicates the types of resources that Medicare Locals require in order to meet the minimum standard of clinical governance for service provision within the ATAPS program, versus those resources that can be developed over time. Each resource identified in the checklist as a:

- “Minimum requirement” should be developed and implemented by the end of June 2013
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Complete the following checklist to reflect what applies in your Medicare Local.

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<tr>
<th>Resource</th>
<th>Achieved</th>
<th>Not yet achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Date implemented</td>
<td>Effectiveness</td>
</tr>
<tr>
<td>ATAPS information brochure</td>
<td>MR</td>
<td></td>
</tr>
<tr>
<td>ATAPS triage and referral procedure</td>
<td>MR</td>
<td></td>
</tr>
<tr>
<td>Client feedback form</td>
<td>MR</td>
<td></td>
</tr>
<tr>
<td>Clinical pathway for ATAPS clients</td>
<td>MR</td>
<td></td>
</tr>
<tr>
<td>Clinical supervision policy and procedure</td>
<td>MR</td>
<td></td>
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<tr>
<td>Needs Assessment Framework</td>
<td>DR</td>
<td></td>
</tr>
<tr>
<td>Service access assessment tool</td>
<td>DR</td>
<td></td>
</tr>
<tr>
<td>Standard contract for private allied health providers</td>
<td>DR</td>
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</tbody>
</table>
Pillar 3
Service evaluation, quality improvement and innovation

The third pillar is one of the key tenets of clinical governance that relates to ensuring that a high quality and effective service system should underpin all aspects of service delivery. In order to achieve this, evaluation and quality improvement (QI) mechanisms need to be set in place in order to support a quality service and ongoing program innovation.

Medicare Locals and GPNs will already have in place a number of evaluation and QI measures that relate to their broader governance framework. For ATAPS, it is critical for the different components of the program to be reviewed on a regular basis to ensure the service maintains the high quality standard expected of primary mental health care services.

12.1 Activities and strategies
The key activities and strategies for service evaluation, quality improvement and innovation include:

- A quality management framework that incorporates systematic reviews of all services at both the strategic and the operational levels.
- A system that supports regular clinical audits in which all service providers participate (both contracted providers and those directly employed).
- Evidence-based intervention strategies are promoted in accordance with the ATAPS guidelines.
- A proactive approach to feedback from a range of stakeholders on service performance and expectations. Feedback on the effectiveness of the ATAPS program can be provided in the form of client satisfaction surveys, online feedback forms, or periodic review meetings with ATAPS partner organisations.
- A systematic process for data collection regarding the clients utilising the service within the ATAPS program that enables the service to be measured and outcomes recorded.
- A number of strategies are utilised to gather information about how the service within the ATAPS program is experienced by: clients and, where appropriate carers; staff; and other parties engaged in the ATAPS program. This should include encouraging critical review through both formal and informal mechanisms that may include: team meetings; clinical consultations; client feedback forms; clinical audit; partner organisation feedback and a complaints process.
- Annual review of the ATAPS program to ascertain that the program remains appropriately targeted to the different sub-population groups for whom the program is intended.
### Core elements

<table>
<thead>
<tr>
<th>Core elements</th>
<th>How the core element will be met</th>
<th>Resource to support implementation</th>
</tr>
</thead>
</table>
| 1. A quality improvement process is in place that supports service innovation and ongoing monitoring and evaluation of the ATAPS program. This could be part of the broader Medicare Local QI process. | • Quality improvement framework  
• Periodic review of the ATAPS program  
• Client service evaluation and feedback  
• Reflective practice  
• Informal feedback processes  
• Clinical supervision | • Guidelines for Developing a Quality Improvement Framework  
• Clinical Supervision Policy and Procedure  
• Guidelines for Developing a Client Feedback Form  
• Tool for program evaluation |
| 2. The clinical services and interventions provided are appropriate, effective and evidence-based and can be benchmarked against other ATAPS program services being provided across the Medicare Local or GPN. | • Clinical pathways flowchart  
• Clinical practice guidelines  
• APS evidence summaries  
• Professional association requirements | • Guidelines for Developing a Clinical Pathway for ATAPS Clients  
• ATAPS guidelines  
• AGPN Web site resources  
• Professional association Web site resources |
| 3. The service within the ATAPS program is evaluated through formal and informal mechanisms that promote innovation, service development and reform so the ATAPS program provides high level outcomes for clients. | • Quality improvement framework  
• Periodic service review  
• Client service evaluations  
• Clinical team meetings  
• Interdisciplinary meetings  
• Client service data | • Guidelines for Developing a Quality Improvement Framework  
• Guidelines for Developing a Client Feedback Form |
| 4. Formal and informal methods are used to seek information and feedback from clients, carers, staff and key stakeholders regarding the service within the ATAPS program and its effectiveness. | • Quality improvement framework  
• Terms of reference for internal and external working groups  
• Clinical pathways flowchart  
• Complaints policy  
• Client service evaluation  
• Clinical audit  
• Internal meeting structures and processes | • Guidelines for Developing a Quality Improvement Framework  
• Terms of Reference for a Clinical Quality and Risk Management Committee  
• Guidelines for Developing a Clinical Pathway for ATAPS Clients  
• Clinical Record Audit Summary Form |
| 5. Allied health providers receive periodical reports that focus on inputs and outcomes in relation to data collected as part of the ATAPS program. | • Minimum data set (MDS)  
• Client outcome measures  
• Clinical audit process | • Revised reporting template  
• Process for data feedback  
• Clinical Record Audit Summary Form |
| 6. A clinical audit review system is in place that allows for regular reviews of clinical records involving all clinical staff and relevant clinical managers. | • Clinical audit tool  
• Clinical supervision  
• Team meetings  
• Six monthly clinical audits | • Clinical Record Audit Summary Form  
• Guidelines for Conducting Clinical Audits |
12.3 Service evaluation, quality improvement and innovation checklist

Medicare Locals can use the following checklist to identify the policies, procedures, tools and other resources that are required to support service evaluation, quality improvement and innovation as part of their clinical governance framework for the ATAPS program. The checklist identifies the actions required to implement the components of the third pillar of clinical governance for the ATAPS program. It also provides a timeframe for the resource to be in place, and assigns responsibility to the person who will develop it.

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<th>Achieved</th>
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<th>Effectiveness</th>
<th>Not yet developed</th>
<th>Being developed</th>
<th>Date to be implemented</th>
<th>Person responsible for development</th>
<th>Planned review date of implemented resource</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client feedback form</td>
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<td></td>
<td>Date implemented</td>
<td>0 = Not effective</td>
<td>Not yet developed</td>
<td>Date to be implemented</td>
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<tr>
<td>Clinical pathway for ATAPS clients</td>
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<tr>
<td>Quality improvement framework</td>
<td>MR</td>
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<td>Date to be implemented</td>
<td>Person responsible for development</td>
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<tr>
<td>Reporting template for the MDS</td>
<td>MR</td>
<td></td>
<td>Date implemented</td>
<td>0 = Not effective</td>
<td>Not yet developed</td>
<td>Date to be implemented</td>
<td>Person responsible for development</td>
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<tr>
<td>Terms of reference for a clinical quality and risk management committee</td>
<td>MR</td>
<td></td>
<td>Date implemented</td>
<td>0 = Not effective</td>
<td>Not yet developed</td>
<td>Date to be implemented</td>
<td>Person responsible for development</td>
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<tr>
<td>Clinical record audit summary form</td>
<td>DR</td>
<td></td>
<td>Date implemented</td>
<td>0 = Not effective</td>
<td>Not yet developed</td>
<td>Date to be implemented</td>
<td>Person responsible for development</td>
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<tr>
<td>Guidelines for conducting clinical audits</td>
<td>DR</td>
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<td>Date implemented</td>
<td>0 = Not effective</td>
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<td>Person responsible for development</td>
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Pillar 4
Risk management

The fourth pillar concentrates on minimising clinical risk and improving overall clinical safety and excellence. Risk can be multi-dimensional and includes strategic, governance, operational, property, financial and clinical risk. Risk management is achieved through the identification and reduction of potential risks, and an examination of adverse incidents to establish cause and contributing factors and trends within and across the service. To maximise learning opportunities, lessons should be shared at a Medicare Local and GPN level as well as implications at a national level given the nature of the ATAPS program.

Medicare Locals and GPNs must have in place a risk management strategy to mitigate against adverse program outcomes, such as suicide risk, for clients engaged with the ATAPS program. A comprehensive risk management system should ideally be developed for all aspects of service provision provided through the Medicare Local, the GPN, or a sub-contracted third party.

13.1 Activities and strategies

The key activities and strategies to support a comprehensive risk management strategy should include (but not be limited to):

- A documented policy and procedure that encompasses all aspects of risk or potential risk. The document will need to specify the person responsible for monitoring risk and for regularly reviewing the policy within an agreed timeframe.
- A system for risk identification and assessment that includes potential risks to those utilising the service and the potential risks to which they may expose the service.
- A systematic process for staff training and development on risk identification, management, and reporting. This should identify which staff are trained in specific areas, and the person responsible to ensure the training occurs. Training should be reviewed on a periodic basis to ensure it remains relevant to program delivery.
- Documented serious or critical incident process that staff understand and utilise.
- Developing a culture that understands and responds appropriately to risk. This ensures that staff are comfortable putting forward suggestions for improvement, reporting errors or mistakes, and raising and dealing with complaints. The emphasis should be on system improvement and not on blaming individuals for particular errors made.
- A process of using risk and critical incident information to improve both services and systems. This involves addressing identified risks in forums such as clinical or organisational meetings, and ensuring “risk management” is a standing agenda item for discussion at specified meetings.
- Incident and adverse event reporting, monitoring and trend analysis. This incorporates activities such as learning from local incidents or patterns of incidents (including near-hits), management of serious adverse events and maintaining a risk register. Importantly, this information must be reported back to the service, and staff given an opportunity to respond or take corrective action.
### 13.2 Core elements of risk management

<table>
<thead>
<tr>
<th>Core elements</th>
<th>How the core element will be met</th>
<th>Resource to support implementation</th>
</tr>
</thead>
</table>
| 1. There is an open and responsive approach to risk management regarding clinical risk assessment and management; and a shared systemic responsibility, underpinned by a “no blame” culture. | • Intake and triage process  
• Incident reporting process  
• Client assessment  
• Codes of conduct  
• Risk register  
• Clinical supervision  
• Staff training and development  
• Development of a “learning culture” | • ATAPS Triage and Referral Procedure  
• Clinical Risk Management Procedure  
• Guidelines for Developing a Clinical Risk Register  
• Clinical Risk Register  
• Guidelines for Developing a Code of Conduct Policy |
| 2. Planning for risk management occurs at a management level and informs organisational objectives and priorities. | • Suite of risk management policies (encompassing strategic, operational, financial, OH&S and clinical) as part of the broader Medicare Local framework  
• Board and senior management meetings  
• Clinical quality and risk management committee, or equivalent | • Medicare Locals’ policies and procedures as part of the broader Medicare Local framework  
• Terms of Reference for a Clinical Quality and Risk Management Committee |
| 3. Risks and hazards are identified at strategic and operational levels and a system is in place to flag and manage the risks identified. | • Suite of risk management policies (as indicated above)  
• Intake and triage process  
• Critical incident reporting process  
• Client assessment  
• Clinical pathways flowchart  
• MOUs and contract arrangements  
• Risk register  
• Clinical quality and risk management committee, or equivalent  
• Staff training  
• Analysis of data and trends identified | • Medicare Locals’ policies and procedures  
• ATAPS Triage and Referral Procedure  
• Critical Incident Policy and Procedure  
• Critical Incident Report Form  
• Clinical Risk Management Procedure  
• Guidelines for Developing a Clinical Risk Register  
• Clinical Risk Register  
• Guidelines for Developing a Code of Conduct Policy  
• Guidelines for Developing a Clinical Pathway for ATAPS Clients  
• Terms of Reference for a Clinical Quality and Risk Management Committee  
• Mandatory Reporting Obligations  
• ATAPS guidelines |
### 13.2 Core elements of risk management continued

<table>
<thead>
<tr>
<th>Core elements</th>
<th>How the core element will be met</th>
<th>Resource to support implementation</th>
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</table>
| **4.** A critical incident process is in place for the management of acute risks and critical or serious incidents, and for ensuring that the immediate safety of clients, carers and staff is prioritised. | • Suite of risk management policies  
• Intake and triage process  
• Critical incident reporting process  
• Client assessment  
• Clinical pathways diagram  
• MOUs and contract arrangements  
• Risk register  
• Clinical quality and risk management committee, or equivalent  
• Staff training  
• Analysis of data and trends identified  
• Board and senior management meetings | • Medicare Locals’ policies and procedures as part of the broader Medicare Local framework  
• ATAPS Triage and Referral Procedure  
• Clinical Risk Management Procedure  
• Guidelines for Developing a Clinical Risk Register  
• Clinical Risk Register  
• Guidelines for Developing a Code of Conduct Policy  
• Guidelines for Developing a Clinical Pathway for ATAPS Clients  
• Terms of Reference for a Clinical Quality and Risk Management Committee  
• ATAPS guidelines |
| **5.** A process is in place to ensure that all pre-employment and ongoing checks are undertaken and that all employed and contracted professional staff are registered (where applicable) with their relevant professional body and that registration is maintained. | • Recruitment and employment processes  
• Pre-employment screening  
• Working With Children Check (police check)  
• Credentialing log maintained by Medicare Local | • Guidelines for Developing a Recruitment and Employment Policy  
• Performance Development and Review Form  
• Allied Health Accreditation and Continuing Professional Development Register  
• Process for Working With Children Check (will vary from state to state) |
| **6.** Risk assessment and management (including clinical risk assessment and management) is regarded as a core competency for allied health providers under ATAPS. | • Clinical pathways diagram  
• Position descriptions  
• Contracting arrangements  
• Codes of conduct  
• Staff handbook  
• Staff supervision  
• State and National Mental Health Standards | • Guidelines for Developing a Clinical Pathway for ATAPS Clients  
• Proforma clinical position descriptions  
• Generic Role Description for Private Allied Health Provider  
• Standard Contract for Private Allied Health Providers  
• State and Territory-based Web resources |
<table>
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<tr>
<th>Core elements</th>
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</tr>
</thead>
<tbody>
<tr>
<td>7. A system is in place to ensure that issues of staff conduct impacting on clinical service provision are reported and managed accordingly.</td>
<td>• Line management structure • Performance management process • Mandatory reporting of critical incidents • Staff handbook • Staff supervision</td>
<td>• Critical Incident Policy and Procedure • Critical Incident Report Form</td>
</tr>
<tr>
<td>8. Following a critical incident involving serious injury, assault, abuse or death, the focus is on ensuring staff and client safety and wellbeing with all efforts maximised to mitigate the effects of the critical incident.</td>
<td>• Emergency procedures • Disaster management guidelines • Incident reporting system • Critical incident management process • Notification procedures • Root cause analysis • Staff supervision • Organisational debrief • Clinical quality and risk management committee, or equivalent • Board meeting</td>
<td>• Critical Incident Policy and Procedure • Critical Incident Report Form • Terms of Reference for a Clinical Quality and Risk Management Committee</td>
</tr>
<tr>
<td>9. Information and the learning generated from dealing with risk management scenarios are utilised to reduce further risk and foster a learning culture.</td>
<td>• Critical incident management process • Risk register • Clinical notes • Analysis of data and trends • Team meetings • Interdisciplinary meetings • Staff supervision • Clinical quality and risk management committee, or equivalent</td>
<td>• Critical Incident Policy and Procedure • Critical Incident Report Form • Guidelines for Clinical Note Taking for Allied Health Providers</td>
</tr>
<tr>
<td>10. The effectiveness of the risk management framework is reviewed on a regular basis and that changes can be made to enhance the overall risk management framework.</td>
<td>• Suite of risk management policies • Organisational Mission, Vision and Values • Clinical quality and risk management committee, or equivalent • Clinical advisory group</td>
<td>• Medicare Locals’ policies and procedures (which will form part of the overall governance framework) • Terms of Reference for a Clinical Quality and Risk Management Committee</td>
</tr>
</tbody>
</table>
13.3 Risk management checklist

Medicare Locals can use the following checklist to identify the policies, procedures, tools and other resources that are required to support clinical risk management as part of their clinical governance framework for the ATAPS program. The checklist identifies the actions required to implement the components of the fourth pillar of clinical governance for the ATAPS program. It also provides a timeframe for the resource to be in place, and assigns responsibility to the person who will develop it.

The checklist also indicates the types of resources that Medicare Locals require in order to meet the minimum standard of clinical governance for service provision within the ATAPS program, versus those resources that can be developed over time. Each resource identified in the checklist as a:

- "Minimum requirement" should be developed and implemented by the end of June 2013
- "Desirable requirement" should be developed and implemented by the end of December 2013

Medicare Locals that are yet to develop a specific resource can utilise a generic version from the Resource Kit, which has been developed to support implementation locally.

Complete the following checklist to reflect what applies in your Medicare Local.

<table>
<thead>
<tr>
<th>Resource</th>
<th>Achieved</th>
<th>Not yet achieved</th>
<th>Planned review date of implemented resource</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>MR = Minimum requirement DR = Desirable</td>
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<td>requirement</td>
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<td>development register</td>
<td>Effectiveness 0 = Not effective</td>
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<td>2 = Effective</td>
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<tr>
<td>ATAPS staff induction checklist and feedback form</td>
<td>Not yet developed</td>
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<tr>
<td>ATAPS staff induction procedure</td>
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<tr>
<td>ATAPS triage and referral procedure</td>
<td>Date to be implemented</td>
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<tr>
<td>Clinical pathway for ATAPS clients</td>
<td>Person responsible for development</td>
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<tr>
<td>Clinical risk management procedure</td>
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<td>Code of conduct policy</td>
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<tr>
<td>Critical incident policy and procedure</td>
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<td>Critical incident report form</td>
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</table>
“The fourth pillar concentrates on minimising clinical risk and improving overall clinical safety and excellence”

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<th>Resource</th>
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<td>2 = Effective</td>
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<tr>
<td>Generic role description for private allied health provider</td>
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<td>Mandatory reporting obligations</td>
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<td>Recruitment and employment policy</td>
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<tr>
<td>Terms of reference for a clinical quality and risk management committee</td>
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<td>(or equivalent)</td>
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<tr>
<td>Clinical risk register</td>
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<tr>
<td>Guidelines for clinical note taking for allied health professionals</td>
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<tr>
<td>Performance development and review form</td>
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<tr>
<td>Staff handbook</td>
<td>DR</td>
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<tr>
<td>Staff support structure</td>
<td>DR</td>
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<tr>
<td>Standard contract for private allied health providers</td>
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Pillar 5
Information management systems and technology

The fifth pillar, information management systems and technology, refers to how information is collected, transferred, shared, reported and managed over time. It recognises that services within the ATAPS program can sometimes be contracted to other providers and how this translates to “ownership” of client records. Critical areas such as confidentiality, privacy and consent are considered in light of the different ATAPS models that are operational. In addition, it also includes the identification of key roles and responsibilities regarding the ongoing management of information.

Critical to the ongoing management of information is the Personally Controlled Electronic Health Record (PCEHR), for which people can register from July 2012. Whilst the PCEHR will be stored on a server external to that of the Medicare Local, it is anticipated that allied health providers delivering services within the ATAPS program will be required to input data into the PCEHR. Medicare Locals will be required to provide access to the PCEHR for those clients who register to use it.

The ATAPS Minimum Data Set (MDS) is also an important component of information systems given its focus on the evaluation of the ATAPS program and its outcomes. Therefore, Medicare Locals must ensure that data is appropriately collected and recorded.

14.1 Activities and strategies
The key activities and strategies for information management systems and technology include:

- A secure data collection system that records and stores client-related data specific to the ATAPS program.
- A system that incorporates client consent to collect, store and potentially utilise key information to support referral pathways to other service providers.
- Capacity to utilise data recorded as part of the Minimum Data Set (MDS) to both inform and support improved practice and more targeted services within the ATAPS program.
- Establish client records that become the responsibility of the employing organisation. For services provided on a sub-contracted basis, the ownership of the client record must be determined between the Medicare Local and the contractor providing the service.
- Provide clients and allied health providers with access to the new PCEHR once it becomes available.
14.2 Core elements for information management systems and technology

<table>
<thead>
<tr>
<th>Core elements</th>
<th>How the core element will be met</th>
<th>Resource to support implementation</th>
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</thead>
<tbody>
<tr>
<td>1. A comprehensive system is in place to ensure the secure and confidential management of personal information, including how it is obtained, recorded, used, shared, stored and disposed of in line with current legislation.</td>
<td>• Clinical pathways flowchart&lt;br&gt;• Position descriptions&lt;br&gt;• Privacy and confidentiality policy&lt;br&gt;• Information and records management policy&lt;br&gt;• Information to clients, families and carers&lt;br&gt;• Consent form&lt;br&gt;• Client files&lt;br&gt;• Confidential consulting space&lt;br&gt;• Staff supervision&lt;br&gt;• Utilisation of password protection</td>
<td>• Guidelines for Developing a Clinical Pathway for ATAPS Clients&lt;br&gt;• Privacy and Confidentiality Policy&lt;br&gt;• Information Management Policy&lt;br&gt;• ATAPS Client Consent Form&lt;br&gt;• ATAPS guidelines&lt;br&gt;• Guidelines for Clinical Note Taking for Allied Health Professionals&lt;br&gt;• National Mental Health Standards Framework</td>
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<tr>
<td>2. ATAPS clients and, where appropriate, their carers are informed about how their personal information is recorded and used within the service. They should also be informed how to access their personal information, and about their rights to determine how their personal information is shared and protected.</td>
<td>• Information to clients, families, carers&lt;br&gt;• Consent forms&lt;br&gt;• Client files&lt;br&gt;• Clinical audit</td>
<td>• Guidelines for Clinical Note Taking for Allied Health Professionals&lt;br&gt;• ATAPS Client Consent Form&lt;br&gt;• Guidelines for Conducting Clinical Audits&lt;br&gt;• Clinical Record Audit Summary Form&lt;br&gt;• National Mental Health Standards Framework</td>
</tr>
<tr>
<td>3. A system is in place to ensure that all necessary parties have access to information to support decision-making and facilitate the delivery of quality primary mental health care.</td>
<td>• Clinical pathways diagram&lt;br&gt;• Codes of conduct&lt;br&gt;• Privacy and confidentiality policy&lt;br&gt;• Information and records management policy&lt;br&gt;• Client files&lt;br&gt;• MOUs and contracts with agreed partners and providers</td>
<td>• Guidelines for Developing a Clinical Pathway for ATAPS Clients&lt;br&gt;• Privacy and Confidentiality Policy&lt;br&gt;• Guidelines for Clinical Note Taking for Allied Health Professionals&lt;br&gt;• Template MOUs and contracts&lt;br&gt;• Standard Contract for Private Allied Health Providers&lt;br&gt;• Contract Review Procedure</td>
</tr>
<tr>
<td>4. Information technology is sufficient to support information sharing, and the client record system is backed up and secure.</td>
<td>• Information and records management policy&lt;br&gt;• Client files&lt;br&gt;• Back up procedures</td>
<td>• Guidelines for Clinical Note Taking for Allied Health Professionals&lt;br&gt;• National Mental Health Standards Framework</td>
</tr>
<tr>
<td>5. Clinical records adhere to professional practice standards that govern the recording of client information. Client files remain the property of the Medicare Local unless otherwise agreed with an external provider or contractor.</td>
<td>• Information and records management policy&lt;br&gt;• Client files</td>
<td>• Guidelines for Clinical Note Taking for Allied Health Professionals&lt;br&gt;• Template MOUs and contracts&lt;br&gt;• Standard Contract for Private Allied Health Providers&lt;br&gt;• Contract Review Procedure</td>
</tr>
</tbody>
</table>
14.3 Information management systems and technology checklist

Medicare Locals can use the following checklist to identify the policies, procedures, tools and other resources that are required to support information management systems and technology as part of their clinical governance framework for the ATAPS program. The checklist identifies the actions required to implement the components of the fifth pillar of clinical governance for the ATAPS program. It also provides a timeframe for the resource to be in place, and assigns responsibility to the person who will develop it.

The checklist also indicates the types of resources that Medicare Locals require in order to meet the minimum standard of clinical governance for service provision within the ATAPS program, versus those resources that can be developed over time. Each resource identified in the checklist as a:

- "Minimum requirement" should be developed and implemented by the end of June 2013
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<th>MR = Minimum requirement</th>
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<th>Date to be implemented</th>
<th>Person responsible for development</th>
<th>Planned review date of implemented resource</th>
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<td>ATAPS client consent form</td>
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<td>Clinical pathway for ATAPS clients</td>
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<td>Contract review procedure</td>
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<td>Information management policy</td>
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<td>Privacy and confidentiality policy</td>
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<td>Clinical record audit summary form</td>
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<td>Guidelines for clinical note taking for allied health professionals</td>
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<td>Guidelines for conducting clinical audits</td>
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<tr>
<td>Standard contract for private allied health providers</td>
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<td>Standard MOU for external providers</td>
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Pillar 6
Workforce development and credentialing

The sixth pillar supports the selection, recruitment and retention of clinical staff, their ongoing professional development, the maintenance of professional standards, and the control and monitoring of new procedures and innovations to the workplace. These processes will ensure the appointment and ongoing employment or contracting of appropriately skilled and experienced staff and the introduction of new procedures pertaining to the ATAPS program.

ATAPS providers should also be aware of the increasing demands that bodies such as colleges, licensing boards, accrediting organisations and professional associations place on clinical staff. As far as is practicable, Medicare Locals, GPNs and contracted providers should ensure their professional development and management processes are aligned with those of the professional associations and the like, so as to minimise extra demands on allied health providers.

15.1 Activities and strategies

The key activities and strategies for workforce development and credentialing include:

- The Medicare Local, GPN or contracted agency must be confident its staff have adequate skills and experience and are appropriately trained within their field of practice, in order to undertake the responsibilities of providing primary mental health care services as outlined in the ATAPS guidelines. For the purposes of the ATAPS program, this includes: psychologists; clinical psychologists; social workers; mental health nurses; occupational therapists; and Aboriginal mental health workers.

- Continuing professional development includes ongoing and regular education and research related activities linked to the responsibilities and needs of the clinician either employed or contracted by the Medicare Local or GPN.

- Ensuring that allied health professionals delivering services within the ATAPS program are both appropriately qualified and accredited in accordance with their professional association or accrediting body as indicated in the ATAPS guidelines. Those contracted by Medicare Locals are responsible for ensuring they fulfill the minimum requirements for continuing professional development.

- Clinical supervision being made available to support the work of allied health professionals directly employed to provide clinical services under the ATAPS program. Supervision arrangements for contracted providers must be negotiated and clearly articulated in any contract or schedule, with the Medicare Local taking responsibility for ensuring that clinical supervision takes place.
15.2 Core elements for workforce development and credentialing

<table>
<thead>
<tr>
<th>Core elements</th>
<th>How the core element will be met</th>
<th>Resource to support implementation</th>
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</thead>
<tbody>
<tr>
<td>1. ATAPS allied health providers must meet the accrediting requirements (as set down by their professional association, and articulated in the ATAPS guidelines) before they can be considered eligible to provide services within the ATAPS program.</td>
<td>• Qualifications sighted and recorded&lt;br&gt;• Evidence of required skills and experience to provide services under ATAPS&lt;br&gt;• Position description&lt;br&gt;• MOUs and contracts with external agencies and private providers</td>
<td>• Allied Health Accreditation and Continuing Professional Development Register&lt;br&gt;• Accredited allied health providers register&lt;br&gt;• Template MOUs and contracts highlighting skills, experience and qualifications&lt;br&gt;• ATAPS guidelines&lt;br&gt;• Purchasing guidance for Medicare Locals</td>
</tr>
<tr>
<td>2. Upon recruitment or contracting of ATAPS allied health providers, the providers are to undertake an orientation program.</td>
<td>• Orientation and induction protocol&lt;br&gt;• Staff handbook&lt;br&gt;• Clinical governance framework&lt;br&gt;• Terms of Reference for Clinical Governance Committee&lt;br&gt;• Position descriptions&lt;br&gt;• Supervision arrangements&lt;br&gt;• Mandatory participation in training (included in contracts)</td>
<td>• ATAPS Staff Induction Procedure&lt;br&gt;• ATAPS Staff Induction Checklist and Feedback Form&lt;br&gt;• Clinical Supervision Policy and Procedure&lt;br&gt;• Terms of Reference for a Clinical Quality and Risk Management Committee</td>
</tr>
<tr>
<td>3. There is a system of professional development in place, for employed providers, that governs how frequently ATAPS providers should undergo professional development activities and stipulates the key areas for professional development activity to occur.</td>
<td>• Professional development policy&lt;br&gt;• Training calendar&lt;br&gt;• Line management structure&lt;br&gt;• Clinical supervision&lt;br&gt;• Journal resources and access&lt;br&gt;• Mandated training&lt;br&gt;• Annual contract review for sub-contracted services</td>
<td>• Continuing Professional Development Log&lt;br&gt;• ATAPS guidelines&lt;br&gt;• Outlines of professional association requirements for CPD</td>
</tr>
<tr>
<td>Core elements</td>
<td>How the core element will be met</td>
<td>Resource to support implementation</td>
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</table>
| 4. Medicare Locals ensure access to cultural sensitivity training and working with interpreters to clinicians providing services to indigenous clients, migrants and refugees. | • Professional development policy  
• Training calendar  
• Line management structure  
• Clinical supervision | • Continuing Professional Development Log  
• Outlines of professional association requirements for CPD |
| 5. There is a code of practice in place that guides appropriate conduct of all employed clinical staff and contracted allied health providers. | • Position descriptions  
• MOUs and contracts outlining code of conduct for sub-contractors  
• Clinical pathways diagram  
• Delegations manual  
• Codes of conduct  
• Supervision arrangements  
• Performance appraisal process for employed staff  
• Contract reviews for sub-contracted allied health providers | • Template clinical position descriptions  
• Generic Role Description for Private Allied Health Provider  
• Performance Development and Review Form  
• Guidelines for Developing a Clinical Pathway for ATAPS Clients  
• Contract Review Procedure |
| 6. Systems are in place to support staff development, including supervision, clinical supervision as appropriate and performance appraisal. | • Professional development policy  
• Supervision policy  
• Clinical Governance Working Group  
• Supervision or line management  
• Clinical supervision | • ATAPS Staff Induction Procedure  
• ATAPS Staff Induction Checklist and Feedback Form  
• Clinical Supervision Policy and Procedure  
• Terms of Reference for a Clinical Quality and Risk Management Committee |
15.3 Workforce development and credentialing checklist

Medicare Locals can use the following checklist to identify the policies, procedures, tools and other resources that are required to support workforce development and credentialing as part of their clinical governance framework for the ATAPS program. The checklist identifies the actions required to implement the components of the sixth pillar of clinical governance for the ATAPS program. It also provides a timeframe for the resource to be in place, and assigns responsibility to the person who will develop it.

The checklist also indicates the types of resources that Medicare Locals require in order to meet the minimum standard of clinical governance for service provision within the ATAPS program, versus those resources that can be developed over time. Each resource identified in the checklist as a:

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<th>Person responsible for development</th>
<th>Planned review date of implemented resource</th>
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<td>ATAPS staff induction checklist and feedback form</td>
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<td>ATAPS staff induction procedure</td>
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<td>Clinical pathway for ATAPS clients</td>
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<td>Clinical position description for employed AHPS</td>
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<tr>
<td>Clinical supervision policy and procedure</td>
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<td>Generic Role Description for Private Allied Health Provider</td>
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<td>Terms of reference for a clinical quality and risk management committee</td>
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<tr>
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<tr>
<td>Performance development and review form</td>
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<td>Standard contract for private allied health providers</td>
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<td>Template MOUs and contracts for subcontractors</td>
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Pillar 7
Clinical accountability

The seventh pillar is focused on accountability. It ensures responsibility for clinical governance is clearly defined and that there are clear lines of individual, team and system accountability for clinical governance through the Medicare Local or GPN. It involves clarifying and making explicit accountabilities through the use of job descriptions, terms of reference, memoranda of understanding and contacting arrangements with external providers of the ATAPS program.

The Medicare Local or GPN will have overall responsibility for service provision under the ATAPS program and implementation of safety and quality policies at the local level, unless otherwise contracted to an external provider. As the budget holder, the Chief Executive of the Medicare Local will be required to provide appropriate human and physical resources to support the introduction and ongoing implementation of clinical governance activities.

16.1 Activities and strategies

The key activities and strategies for clinical accountability include:

- Standards are set by Medicare Locals in structuring their clinical governance arrangements that ensure the ATAPS program is delivered within the ATAPS guidelines and the parameters of the clinical governance framework.
- A committee and a reporting structure are established to support the implementation and ongoing development of the clinical governance framework for the ATAPS program and the way this dovetails with the overarching clinical governance framework within the Medicare Local or GPN.
- Establishing clear lines of reporting and clinical accountability for those ATAPS services that are sub-contracted to a third party provider or a number of private allied health providers.
16.2 Core elements of clinical accountability

<table>
<thead>
<tr>
<th>Core elements</th>
<th>How the core element will be met</th>
<th>Resource to support implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Services are provided in accordance with relevant Commonwealth, State or Territory legislation pertaining to specific client groups, service activities, staffing requirements and the ATAPS guidelines.</td>
<td>• MOUs and contracts for external providers                                                            • Terms of reference for committees</td>
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<td></td>
<td>• Position descriptions                                                                             • Clinical pathways flowchart</td>
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<td></td>
<td>• Code of conduct                                                                                   • Referral and assessment processes</td>
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<td></td>
<td>• Recruitment and employment practices                                                                 • Mandatory reporting</td>
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<td></td>
<td>• Supervision                                                                                       • Performance management</td>
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<td></td>
<td>• Standard Contract for Private Allied Health Providers                                               • Guidelines for Developing a Clinical Pathway for ATAPS Clients</td>
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<td></td>
<td>• Mandatory Reporting Obligations (will vary state by state)                                       • Clinical Supervision Policy and Procedure</td>
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<td></td>
<td>• ATAPS guidelines                                                                                  • ATAPS Triage and Referral Procedure</td>
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<td>• Template position descriptions</td>
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<td></td>
<td>• Generic Role Description for Private Allied Health Provider</td>
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<td>• Clinical Risk Register</td>
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<td></td>
<td>• Guidelines for Developing a Clinical Pathway for ATAPS Clients</td>
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<tr>
<td>2. Clinical accountabilities, internal reporting processes and auditing processes are documented and implemented.</td>
<td>• Clinical pathways flowchart                                                                       • MOUs and contracts</td>
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<td></td>
<td>• Intake and triage process                                                                          • Position descriptions</td>
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<td></td>
<td>• Risk register                                                                                     • Standard Contract for Private Allied Health Providers</td>
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<td>3. A system is in place to ensure that all pre-employment and ongoing checks are undertaken, and that all employed or contracted allied health professionals are registered or eligible for registration with an appropriate professional body.</td>
<td>• Recruitment and employment policies                                                                 • Employment screening</td>
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<td>• Employment screening                                                                             • Working With Children Check (police check)</td>
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<td></td>
<td>• Credentialing process                                                                             • Annual registration checks</td>
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<td></td>
<td>• Annual registration checks                                                                        • Guidelines for Developing a Recruitment and Employment Policy</td>
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<td></td>
<td>• Allied Health Accreditation and Continuing Professional Development Register</td>
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<td></td>
<td>• Standard Contract for Private Allied Health Providers</td>
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<td>• Contract Review Procedure</td>
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<td>4. A committee structure is in place that supports both the implementation and ongoing development of the ATAPS clinical governance framework for Medicare Locals and GPNs or a contracted third party provider.</td>
<td>• Clinical Governance Working Group or equivalent                                                        • MOUs and contracts that stipulate clinical governance requirements</td>
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<td></td>
<td>• Clear reporting and accountability processes                                                        • Standard Contract for Private Allied Health Providers</td>
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<td>• Contract Review Procedure</td>
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<td></td>
<td>• Guidelines for Developing a Clinical Quality and Risk Management Committee</td>
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</table>
16.3 Clinical accountability checklist
Medicare Locals can use the following checklist to identify the policies, procedures, tools and other resources that are required to support clinical accountability as part of their clinical governance framework for the ATAPS program. The checklist identifies the actions required to implement the components of the seventh pillar of clinical governance for the ATAPS program. It also provides a timeframe for the resource to be in place, and assigns responsibility to the person who will develop it.

The checklist also indicates the types of resources that Medicare Locals require in order to meet the minimum standard of clinical governance for service provision within the ATAPS program, versus those resources that can be developed over time. Each resource identified in the checklist as a:

- “Minimum requirement” should be developed and implemented by the end of June 2013
- “Desirable requirement” should be developed and implemented by the end of December 2013

Medicare Locals that are yet to develop a specific resource can utilise a generic version from the Resource Kit, which has been developed to support implementation locally.
Complete the following checklist to reflect what applies in your Medicare Local.

<table>
<thead>
<tr>
<th>Resource</th>
<th>MR = Minimum requirement</th>
<th>DR = Desirable requirement</th>
<th>Achieved</th>
<th>Effectiveness</th>
<th>Not yet achieved</th>
<th>Person responsible for development</th>
<th>Planned review date of implemented resource</th>
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</thead>
<tbody>
<tr>
<td>Allied health accreditation and continuing professional development register</td>
<td>MR</td>
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<td>Clinical pathway for ATAPS clients</td>
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<td>Clinical position descriptions</td>
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<td>Terms of reference for a clinical quality and risk management committee</td>
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<tr>
<td>Standard contract for private allied health providers</td>
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