

Allied Health, Scientific & Technical Clinical Assurance Framework

Type: Policy	HDSS Certification Standard:
Issued by: Central Region District Allied Health, Scientific & Technical Leadership Group	Version: 2
Applicable to: Allied Health, Scientific & Technical Staff	Contact person: Director Allied Professions – Workforce Development 2DHB
Lead District: Capital, Coast & Hutt Valley District	

Purpose:

This framework draws together the principles of clinical governance utilised within the New Zealand health environment and provides direction on how this is applied for allied health, scientific & technical professionals working across Hawke's Bay, MidCentral, Whanganui, Wairarapa, and Capital, Coast & Hutt Valley Districts (5 Districts) of Te Whatu Ora.

The intent is to have clinical assurance activities in place to support public safety, through consistent monitoring of individual Allied Health, Scientific & Technical (AHST) professional practice across the 5 Districts.

The framework is focused at the individual employee level. It is recognized there is other activity at an organisational and service level that is also important in supporting safe and quality care, for example policies, protocols & guidelines, service audits, incident reporting.

It is acknowledged that each profession and District has its own policies, procedures and standards and thus this framework provides direction on requirements for AHST professions that can be developed to align with District, professional body or other regulatory/legislative requirements.

Scope:

Includes:

- All allied health, scientific & technical employees, across Hawke's Bay, MidCentral, Whanganui, Wairarapa and Capital, Coast & Hutt Valley Districts. Refer to *Appendix 1* for a list of AHST professions.

Definitions:

1. Clinical Governance

The New Zealand Health Quality & Safety Commission (2017) define it as:

"Clinical governance is an organisation-wide approach to the continuous quality improvement of clinical services. It is larger in scope than any single quality improvement initiative, committee or service. It involves the systematic joining up of all patient safety and quality improvement initiatives within a health organisation. In practice, it requires clinicians to be engaged in both the clinical and management structure of their health organisation to contribute to the mission, goals and values of that organisation. It is also about managers engaging more with clinicians and enabling them to be involved"

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As described above Clinical Governance is made up of a number of components. It is important that individual elements, processes and structures are considered within a “whole of system” Clinical Governance approach as this integration strengthens and supports the sustained focus on quality care.

2. Clinical Assurance Activities

Clinical Assurance activities are the tasks and activities at an individual level which are undertaken to support safe and high quality clinical care for our patient population. These tasks support the overarching clinical governance structure of the District and help to achieve its aims.

Roles and Responsibilities:

- **Allied Health, Scientific & Technical employees**

This document can be referred to by AHST practitioners (inclusive of assistant roles), to provide clarity on the baseline requirements that are expected to be in place for their roles. For many of the expectations outlined in this document there will be more specific policies or guidelines that provide more in-depth information or may be localised to the profession or clinical area in their District. AHST employees should liaise with their Professional/Clinical Leaders or Manager where clarification on expectations is required.

- **Managers and Leaders**

Leaders should utilise this document to ensure all the mandatory requirements are in place with systems developed to support the on-going monitoring of these. The framework also provides leaders and managers further suggested clinical assurance activities that can be applied to support safe and quality practice of individual AHST employees and as deemed appropriate these can be utilised. Leaders should adhere to District wide policy or guidelines where these exist and where these do not exist or the need is specific to the profession a localised process should be put in place. Leaders should make it clear to AHST practitioners what clinical assurance activities are required. Refer to *Appendix 2* for a template that can be updated for individual professions. Support to utilise this framework can be gained from the Executive/Director AHST/Chief Allied Professions Officer or Associate Director AHST within your District.

Policy content:

Background

The AHST Clinical Assurance Framework was developed using the New Zealand Health Quality & Safety Commission (2017) Clinical governance: guidance for health and disability provider’s guide and the Queensland Health (2015) Allied Health Framework for Clinical Governance. The main principles underpinning these frameworks have been refined further to the individual employee level for use in this framework.

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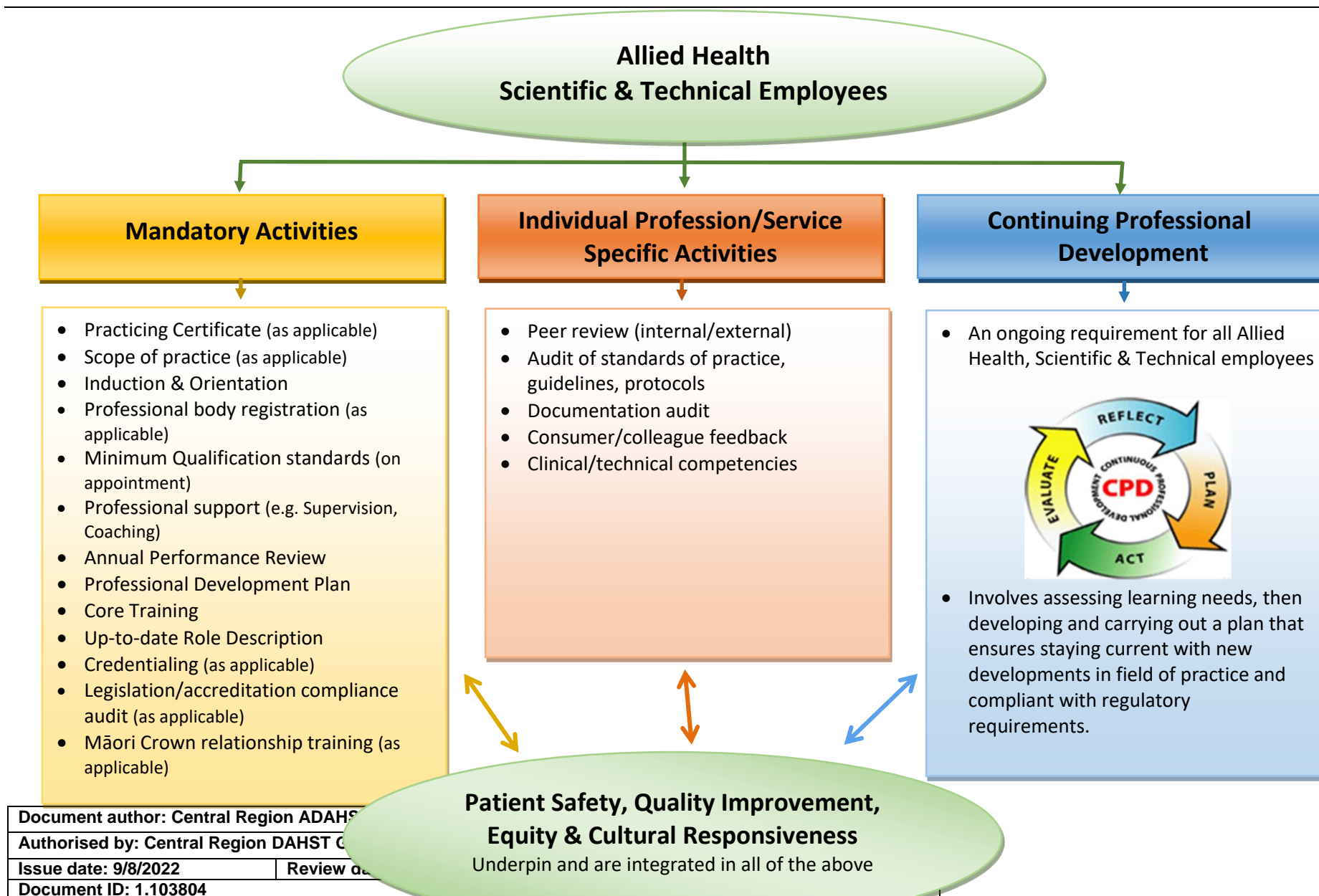
The Framework

The visual representation below outlines the framework. There are three main sections with clinical assurance activities listed. These are explained in detail below:

- Mandatory activities
- Individual profession/service specific activities
- Continuing professional development activities

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Mandatory activities

This section contains activities which are completed either on appointment to a role or renewed on a regular basis, i.e. yearly. These activities are mandatory and should be in place for all allied health, scientific and technical professions as required by the respective registration/governing bodies or as outlined by District policy.

- **Practicing certificate** – Where professions are required to maintain practising certificates, as a requirement of the HPCA Act 2003, Social Workers Registration Act 2003 or via self-regulating bodies these must be current at all times of employment (Refer to the local District Practicing Certificate policy if clarification is required).
- **Scope of practice** – For professions who have additional or extended scopes of practice on top of the general scope (and where this is required for the specific role of the employee) initial and on-going requirements must be met and the additional/extended scope of practice must be issued/certified by the regulatory body, e.g. Prescribing, PICC line insertion. Some professions also have restrictions on scope of practice, e.g. for practitioners returning to practice or for new graduates. These scopes of practice must be adhered to as required.
- **Professional body registration** – Registration with a specific body is a requirement for those professions covered under the HPCAA act, self-regulating professions or where the employing District has made this mandatory. (Refer to the local District Practicing Certificate policy if clarification is required).
- **Induction and orientation** – All AHST employees shall be provided with an orientation programme on commencement in their role. This will cover orientation to the employing District and its population, to the specific service they work in and to the structure of AHST within the District. This should also involve the AHST employee being provided with the necessary log-on / access / tools to set them up to initiate their role (e.g. access to clinical systems, log-in access, staff I.Ds, health & safety clearance etc.).
- **Minimum qualification standards** – These should be reviewed prior to appointment in the role. These requirements can be determined for the hiring manager by the relevant professional lead or Executive/Director AHST. For many professions this will be defined by the Regulatory body, for other professions this should align to requirements set by self-regulating bodies and per District requirements.
- **Professional and cultural support** – All AHST employees are expected to have access to professional and cultural support to support them in their roles. Depending on the profession and requirements of the role and individual this can be provided through different modes e.g. supervision, cultural supervision, mentoring, coaching.
- **Annual performance review** – These should occur once a year using the employing District appraisal system.
- **Professional development plan** – On an annual basis (normally linked to the performance review plan as above), AHST employees should have a plan identified and in place to support learning and development needs related to their role, including Māori Crown relationship training and cultural development needs. These should be set at the appropriate level to the individual's needs and level of experience.
- **Core training** – These should be up to date as per the requirements of the employing District. This includes organisational, service and professional requirements e.g. manual handling, infection

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control, CPR, Māori Crown relationship training, Pacific cultural training, specific clinical/technical training for area of work etc.

- **Up to date role description** – This should be reviewed every year by the manager and AHST employee at the time of appraisal to ensure it reflects the role.
- **Credentialing** – The focus of credentialing is on ensuring the competence of the AHST employee to perform specific clinical responsibilities within a designated service area. These may be set for some professions by the regulatory/professional body or by an external organisation or it may be required by the District (Credentialing requirements will only apply for some roles).
- **Legislation/accreditation compliance audit** – The AHST employee is expected to complete all audit requirements (where this is required by individuals) as relevant to their service and area of work, e.g. audits/accreditation by Internal Accreditation New Zealand (IANZ), ACC, and the Ministry of Health.
- **Māori Crown relationship training** – These should be undertaken as per the requirements of the employing District or professional body. This includes at least a base level of understanding of: why the Māori Crown relationship is important; racial equity, personal bias and the existence and impact of institutional racism; tikanga Māori; te reo Māori; te ao Māori and current Māori perspectives, and New Zealand history and the Treaty of Waitangi.

Individual Profession/Service specific activities

This section contains activities, which can be selected to demonstrate the AHST employee is following current best practice. Depending on the needs of the individual and the service/profession, any combination of activities can be completed each year. Activities will be agreed at the time of appraisal and/or following new appointment into a role in consultation with the professional/clinical lead and the line manager. Where there are profession wide requirements these will be communicated by the profession/clinical lead.

- **Peer review of practice** – This involves direct observation of the AHST employee's practice by a peer, with feedback provided following observation identifying strengths and areas for development. As required, an action plan should be developed where learning needs are identified. Peer reviews are recommended as part of credentialing processes and where an employee is new to an area of practice and/or especially for higher risk procedures.

This can be completed by an internal or external person, of the same profession or another profession depending on need and level of the clinician's clinical and cultural experience.

- **Audit of standards of practice, guidelines, protocols** – This refers to auditing clinical or technical and cultural practice and adherence to set guidelines. The standards being measured against may be set by national or international bodies or internal to the District. In completing an audit, where development needs of the individual AHST employee are identified a plan should be put in place and implemented to meet these learning needs.
- **Documentation audit** – This refers to auditing of the documentation the AHST employee has completed in the patient/client's health record or of documentation required as part of scientific and technical practice such as recording of diagnostic findings, or quality assurance checks. As part of this, it involves the AHST employee completing the learning and development as a result of the audit.
- **Consumer/colleague feedback** – Feedback can be sourced from clients/patients, whānau, caregivers, internal or external customers as well as other health professionals the AHST employee

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works with. This enables direct feedback on satisfaction of the service provided by the staff member and provides 'real' examples of the strengths and contribution the AHST employee has made and if there are areas identified for potential development. Services may have processes in place to capture this, or templates are also available in the appendix.

- **Clinical/technical competencies** – It is encouraged for professions/teams to have discipline specific and multidisciplinary competencies in place, with training and assessment in place to support AHST employees meeting required standards of practice.

These might be used to support initial on-boarding at time of recruitment, support staff moving into a new area of practice or as part of a credentialing process to support extended scope practice.

Continuing Professional Development activities

Professional development is required to maintain and improve practice and develop AHST employees in the face of continually evolving practice. Professional development is an on-going requirement for all Allied Health, Scientific & Technical staff inclusive of assistants, novice practitioners through to experienced practitioners, with the expectation that all staff should be involved in on-going learning and development. Effective learning and development activities should lead to changes in practice and can involve technical / clinical skills and knowledge, Māori Crown relationship knowledge and skills, cultural knowledge and skills, as well as soft skills and leadership skills, as appropriate to the AHST employee and their team and service.

Professional development can occur through a range of activities, inclusive of professional support mechanisms (supervision, mentoring, coaching), and below provides a range of further development activities that can be utilised (note this is not an exhaustive list). It is expected that reflection on practice and on the new learning occurs as part of effective professional development.

- Internal District training
- Work shadowing with another health professional (of the same profession or another profession, of which may be internal at the same District or in another District or organisation)
- Structured self-study such as reviewing journal articles, reports, guidelines, or participating in online education
- Attending or presenting at internal education sessions or journal club meetings (profession specific and/or multidisciplinary)
- Presenting or participating in case study reviews
- Supervision of students or other staff
- Participation in new learning opportunities (e.g. exposure/attendance to other departments or organisations, attending project group or clinical governance meetings)
- Taking on a new delegated responsibility that expands learning and development
- Provision of internal teaching and training
- Participation in Merit / CASP processes
- Internal District leadership and management training
- Attending or presenting at relevant external conferences and workshops
- Attending external training courses
- Involvement in professional activities
- Publishing work in journals
- Secondment opportunities

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Establishing individual development needs, and the plan for addressing these, should be discussed at the time of appraisal and agreed in line with the professional development plan.

References:

[New Zealand Health Quality & Safety Commission \(2017\). Clinical governance: guidance for health and disability providers. Wellington, NZ.](#)

[State of Queensland, Queensland Health \(2015\). Allied health clinical governance framework in Queensland. Brisbane, Queensland.](#)

[Te Arawhiti/The Office for Māori Crown Relations \(n.d.\). Māori Crown Relations Capability Framework for the Public Service. Wellington, NZ.](#)

Related documents:

- Allied Health, Scientific & Technical Performance Review Documents
- Practicing Certificate Policy
- Supervision Policy
- Peer Review of Practice guidelines
- Documentation and Documentation Audit policy
- Credentialing Policy

Keywords for searching:

1. Allied health, scientific and technical
2. Clinical Assurance

Appendices:

1. Allied Health, Scientific & Technical Professions
2. Clinical Assurance Framework Template

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Appendix 1:

Allied Health, Scientific & Technical professions

Diverse groups of professions comprise the allied health, scientific & technical workforce. These include:

- professions registered under the HPCA Act 2003 & Social Workers Registration Act 2003
- professions not registered under the above Acts though self-regulated through a professional body
- professions not registered under the above Acts and who have no self-regulation through a professional body

Professions required to maintain practising certificates, as a requirement of the HPCA Act 2003 or Social Work Registration Act 2003	Professions not covered by the Health Practitioners Competency Assurance Act (2003) (HPCA act 2003)
Anaesthetic Technicians	Assistants (varying role titles)
Clinical Dental Technicians & Dental Technicians	Alcohol & Other Drug Clinicians
Dental Therapists/Oral Health Therapists	Audiologists & Audiometrists
Dietitians	Cardiac Perfusionists
Mammographers	Cardiac Physiologists & Technicians
Medical Imaging Technologists	Clinical Engineering Technicians
Medical Laboratory Scientists & Technicians	Counsellors
Magnetic Resonance Imaging (MRI) Technologists	Exercise Physiologists
Nuclear Medicine Technologists	Genetic Counsellors
Occupational Therapists	Health Promotion Advisors
Optometrists	Health Protection Officers
Pharmacists	Hospital Play Specialists
Physiotherapists	Medical Photographers
Podiatrists	Medical Physicists
Psychologists	Neurology Physiologists
Psychotherapists	Newborn Hearing Screeners
Radiation Therapists	Orthoptists
Scientific Officers	Pharmacy Technicians
Social Workers	Renal Physiologists
Sonographers	Respiratory Physiologists
	Sleep Physiologists
	Speech Language Therapists
	Sterile Sciences Technicians
	Vision & Hearing Technicians

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Appendix 2:

Clinical Assurance Framework Template

[Clinical Assurance Framework Template](#) CapDocs ID 1.105915

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Clinical Assurance Framework expectations for <Insert profession> at <Insert District>

Purpose

This document outlines the clinical assurance expectations for <Insert for profession> working at <Insert District>. This framework should be developed and read alongside the Central Region Allied Health, Scientific & Technical Clinical Assurance Framework policy.

Scope

This document is intended for use by the <Insert profession>, their team leaders and professional leaders. Professionals can use this document to provide clarity on the clinical assurance activities they are expected to undertake. Leaders can use this document to ensure all the mandatory requirements are in place with systems developed to support their on-going monitoring. Completion of this document at a services or profession level, provides leaders and managers an opportunity to consider further clinical assurance activities that can be applied to support safe and quality practice of individual AHST employees.

Mandatory Clinical Assurance Activities	Comments These activities are mandatory and are in place for all Allied Health, Scientific and Technical employees
Practicing Certificate	Registration body:
Scope of Practice	
Professional body registration	
Induction & Orientation	

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Minimum Qualification standards	
Professional Support	
Annual Performance Review	
Professional Development Plan	
Core Training	
Up-to-date Role Description	
Credentialing	
Legislation/accreditation compliance audit	
Māori Crown relationship training	
Profession/Service Specific Activities	Comments

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	The below activities are also expected to be completed by <insert profession> on an annual basis. Activities will be agreed at the time of appraisal and/or following new appointment into a role in consultation with the professional leader and the line manager.
Peer review of practice	
Audit of standards of practice, guidelines, protocols	
Documentation audit	
Consumer/colleague feedback	
Clinical/technical competencies	
Continuing Professional Development Activities	Comments Continuing professional development (CPD) is an ongoing requirement for all Allied Health, Scientific & Technical employees. CPD involves assessing learning needs, then developing and carrying out a plan that ensures staying current with new developments in a field of practice and being compliant with regulatory requirements. Please refer to the Allied Health, Scientific & Technical Clinical Assurance policy for a list of Continuing Professional Development activities.
Professional body CPD requirements	
MECA CPD provisions	

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Within Service/Profession CPD opportunities	
Within District CPD opportunities	
External CPD opportunities	

References

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