

SESLHD POLICY COVER SHEET



Health
South Eastern Sydney
Local Health District

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POSITION RESPONSIBLE FOR THE DOCUMENT	Claire O'Connor Director Allied Health
FUNCTIONAL GROUP(S)	Allied Health
KEY TERMS	Clinical practice issues, allied health practice
SUMMARY	This framework outlines the process for managing Allied Health Staff with identified clinical practice issues across SESLHD in a consistent manner to ensure patient safety and the delivery of high quality person-centred care.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY
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Framework for Managing Allied Health Staff with Identified Practice Issues**SESLHDPD/328****1. POLICY STATEMENT**

Managers provide guidance, feedback and support to their staff as part of their regular day to day management responsibilities. [SESLHDPD/415 - Managing for Performance](#) is the resource used to support this process. Performance development is a process that occurs as part of an ongoing cycle of planning and reviewing performance and in which clinical practice issues may be identified. Clinical practice issues may also be identified through clinical supervision. [SESLHDGL/016 - Allied Health Clinical Supervision Guidelines](#) states that if a supervisor believes patient safety may be compromised by unsafe clinical practices or lack of knowledge, the supervisor is obliged to advise the supervisee of the need to consult the line manager with their concerns. Other avenues in which clinical practice issues may be identified are through incident management reporting, complaints and concerns and/or quality audits.

SESLHD is committed to providing performance management, supervision and support to all Allied Health Professionals who may be experiencing clinical practice issues. This framework provides a standardised approach for the management of identified or alleged clinical practice issues of South Eastern Sydney Local Health District (SESLHD) Allied Health staff, employed under the Health Professionals (State) Award 2019, the Health and Community Employees Psychologists (State) Award 2019 and the Allied Health Assistants (State) Award 2019. This framework can be used to support the [NSW Ministry of Health Policy Directive PD2018_032 - Managing Complaints and Concerns about Clinicians](#) and the NSW Ministry of Health Policy Directive PD2019_031 - Managing Misconduct.

This framework does not apply to matters relating to breaches of the Code of Conduct as defined within the [NSW Ministry of Health Policy Directive PD2018_031 - Managing Misconduct](#).

Advice from the SESLHD Director of Allied Health (DAH) should be sought if you are unsure whether this framework should be used to address the identified issue.

2. AIMS

The steps in the following framework may vary according to the identified clinical practice issue and the progress of the staff member. It is critical that the staff member is provided with ongoing feedback and support as part of this process. The Line Manager should also be provided with feedback and support in relation to their management of the process. Support can be sought from any, or all, of the following: the relevant Allied Health Discipline Advisor, site Allied Health manager, Allied Health Workforce Consultant, Director of Allied Health and Human Resource Advisory Services (HR).

Framework for Managing Allied Health Staff with Identified Practice Issues**SESLHDPD/328**

In instances where the Line Manager of the staff member is not an Allied Health Professional of the same discipline, the relevant Allied Health Discipline Advisor or DAH must be involved throughout the entire process.

In extenuating circumstances, timeframes may require variation within this framework. Consultation must occur prior to adjustment of timeframes between the managing staff member/s and the DAH or their delegate.

Step 1 - Identify issue/problem with practice

The Line Manager, and the relevant Allied Health Discipline Advisor if the staff member isn't line managed by their discipline, must make a clinical judgement about the staff member's practice based on all the available evidence. The position description and relevant standards of practice for the discipline should be used as the benchmark standard for practice.

If there is concern that the practice issue may be related to a non-work related injury or illness, independent psychological or medical assessment may be required. Refer to [SESLHDPR/564 - Non-Work Related Injury or Illness Management](#) procedure.

The Line Manager is responsible for:

- Investigating and assessing the key evidence
- Completing the Risk Assessment Tool (Appendix A)
- Considering redeployment of the staff member to a lower acuity or non-clinical area if required
- Confidentially notifying and discussing the findings with the relevant Allied Health Discipline Advisor (if not already involved)
- Confidentially notifying and discussing the findings with their facility/service General Manager, or their delegate for AH Management
- Confidentially notifying and discussing the findings with the DAH who is a member of and will determine if notification to the SESLHD Managing Complaints and Concerns about Clinicians (MCCC) Committee is required
- Notifying the SESLHD AH Workforce Consultant
- Requesting support from the SESLHD AH Workforce Consultant and/or HR.

The key evidence may include but is not limited to:

- Reported incidents
- Reported near misses

Framework for Managing Allied Health Staff with Identified Practice Issues**SESLHDPD/328**

- Poor standard of clinical care
- Patient complaints
- Family/carer complaints
- Staff reports of poor performance
- Observed unsafe practice
- Staff member unable to meet clinical competencies within accepted timeframe
- Examples of poor communication including clinical documentation and verbal handover
- Self-report by the staff member.

Step 2 – Initial Review Meeting

An initial meeting is held between the Line Manager, the staff member of concern and their support person. Other personnel who may be present include the relevant Allied Health Discipline Advisor, Director of Allied Health, Allied Health Workforce Consultant and/or Human Resources representative.

The staff member must be given the option of having an appropriate support person present. A support person may be a fellow employee or a union representative and their role is as described in [NSW Ministry of Health Policy Directive PD2018_031 - Managing Misconduct](#).

This meeting provides an opportunity to discuss the documented evidence with the staff member.

The objectives of this meeting are to:

- Inform the staff member of the concerns regarding their practice
- Give the staff member an opportunity to comment on the evidence
- Discuss the need for an education and development plan that addresses the practice issue/s identified
- Identify if any modification to the staff members duties are required
- Collaboratively develop and agree on an education and development plan.

The Line Manager's responsibilities and actions are to:

- Maintain confidentiality throughout the entire process, and

Prior to the meeting:

- Advise the staff member in writing about the initial meeting prior to the meeting (Appendix B - Letter Template)

Framework for Managing Allied Health Staff with Identified Practice Issues**SESLHDPD/328**

- Complete the Risk Assessment Tool ([Appendix A](#)) to support the decision making process and determine the level of supervision (direct or indirect) the staff member requires and for which clinical practices supervision is required during this period
- Collate all available evidence and distribute to all meeting attendees
- Nominate suitable meeting attendee to take minutes
- Ensure the staff member has access to the relevant position description, competency standards or practice standards for their discipline
- Ensure the staff member has access to *this framework* (SESLHDPD/328)

During the meeting:

- Detail the steps of this policy so the staff member is aware of the process
- Provide the staff member with feedback regarding expectations of clinical practice competency based on discipline specific guidelines and/or relevant clinical business rules of policies
- Discuss strategies to support the staff member's wellbeing which may include supportive rostering and/or engaging with a designated mentor/coach (separate from clinical supervisor).
- Ensure the education and development plan (Appendix C) includes agreed timeframes, actions and people responsible
- Ensure the education and development plan supports the practice area/s identified as contravening the required / expected standard/s identified as the practice issue
- Advise the staff member that support and advice may be available from professional bodies such as Australian Physiotherapy Association (APA), Occupational Therapy Australia (OTA), Speech Pathology Australia (SPA), Australian Association of Social Workers (AASW), Dietitians Australia (DA), Australian Psychological Society (APS), etc
- Offer Employee Assistance Program (EAP) counselling to all SESLHD staff involved in the process

After the meeting:

- Provide a hard +/- soft copy of the education and development plan
- Advise the staff member in writing about the follow up meeting
- Ensure minutes from the meeting are documented, validated by signature of all present, and copies made available to those present
- Ensure there is an appropriate senior clinician nominated to provide clinical supervision. This may require changing allocated supervisors.
- Notify the relevant facility/service AH manager and DAH and keep them updated of the staff member's progress
- Ensure the staff member receives the agreed education, regular structured feedback, support and coaching.

Framework for Managing Allied Health Staff with Identified Practice Issues**SESLHDPD/328****Step 3 – Implement education and development plan for up to 3 weeks**

Following the initial meeting, the education and development plan (Appendix C) should be put into action for up to three weeks.

The staff member's responsibilities and actions are to:

- Work within the agreed education and development plan
- Work within the agreed supportive strategies e.g. participating in online learning modules, self-reflection tasks
- Complete any assigned tasks to support the education and development plan
- Communicate with and participate in structured supervision from the clinical supervisor designated in Step 2
- Accept ongoing constructive feedback
- Seek wellbeing support from a support person or other suitable personnel.

The Line Manager's responsibilities and actions are to:

- Objectively and chronologically document all facts and evidence of the staff member's progress including all incidents, education and support provided on the education and development plan
- Ensure all documentation is collated by designated supervising staff who have been made aware it may be used as evidence
- Ensure the staff member receives structured regular feedback, support and coaching.

The Supervisors responsibilities and actions are to:

- Provide supervision at the level agreed upon during the initial review meeting
- Provide regular structured feedback
- Complete any tasks requested of them to meet the performance development plan.

Step 4 – Progress review meeting – follow up

The Line Manager must make a clinical judgement based on all the evidence from the previous three weeks about the staff member's practice which will inform the action to be taken. A follow up meeting must be held between the Line Manager, the staff member, and other relevant personnel that were present at the initial meeting within a maximum of four weeks after the initial meeting. The staff member must be given the opportunity to have an appropriate support person present. The performance development review template (Appendix D) should be used to document the outcome of the development plan.

Framework for Managing Allied Health Staff with Identified Practice Issues

SESLHDPD/328

The objective of this meeting is to:

- Discuss the outcomes and progress of the staff member's education and development plan
- Provide an opportunity for the staff member to discuss any issues / actions about their progress
- Determine future actions to be taken.

The Line Manager's responsibilities and actions will be in line with one of the following three outcomes:

Outcome 1 – Practice Improved

The staff member's practice has improved and their development plan has been achieved:

- The staff member will continue to receive clinical supervision with the nominated supervisor alongside any other elements of the developed education and development plan for the next six months prior to returning to normal departmental supervisory processes.
- Line Manager loads the Performance Development plan, signed by all in attendance, into Content Manager

Outcome 2 – Practice remains below expected standard

The staff member's practice remains below expected standard and their development plan is not progressing:

The Line Manager must review and update the Risk Assessment Tool (Appendix A) to support the decision making process and determine the level of supervision (direct or indirect) the staff member requires.

If, at the time of the follow up meeting, it is determined that practice remains below expected standard then a new collaborative education and development plan (Appendix D) must be developed. If time is required to determine the outcome of the review meeting then a third meeting should be scheduled to collaboratively develop the new education and development plan.

The newly developed education and development plan is to be reviewed after three weeks and a further meeting to take place with all members that have been involved in previous meetings (or suitable delegates if unavailable). The group again reviews the

Framework for Managing Allied Health Staff with Identified Practice Issues

SESLHDPD/328

evidence and determines whether the staff member meets Outcome 1, 2 or 3 of this document.

This cycle should be repeated no more than four times. If at that point, after fair and reasonable education and training, the staff member has not been able to meet the required practice standard consistently, the staff member will be progressed to outcome 3 and managed in accordance with [NSW Ministry of Health Policy Directive PD2018_031 - Managing Misconduct](#).

All Performance Development plans that have been developed through this process must be loaded into Content Manager.

Outcome 3 - Practice is considered high risk

If the staff member is not able to meet competency consistently, or is considered negligent, careless, inefficient or incompetent in the discharge of their duties, or their practice is found to be unsafe, HR guidance regarding options for redeployment or termination should be explored. [NSW Ministry of Health Policy Directive PD2018_031 - Managing Misconduct](#) should be referenced when determining options for redeployment or termination.

For registered professions, determination as to whether a mandatory notification to AHPRA is required should be made in conjunction with the relevant Allied Health Discipline Advisor, the DAH and HR. In the event AHPRA notification is required, a brief and a cover letter should be prepared by HR for the Chief Executive.

3. TARGET AUDIENCE

All SESLHD Allied Health Staff including Allied Health Assistants
All SESLHD managers who line manage Allied Health staff

4. DEFINITIONS

AASW	Australian Association of Social Workers
AHPRA	Australian Health Practitioner Regulation Agency
AHP	Allied Health professional
APA	Australian Physiotherapy Association
APS	Australian Psychological Society
DA	Dietitians Australia
DAH	Director Allied Health
EAP	Employee Assistance Program
Line	The staff member's immediate Manager who may or may not be an AHP

Framework for Managing Allied Health Staff with Identified Practice Issues

SESLHDPD/328

Manager	
MCCC	Managing a complaint or concern about a clinician
OTA	Occupational Therapy Australia
SPA	Speech Pathology Australia

5. REFERENCES

- The National Safety and Quality Health Service (NSQHS)
- NSW Health Service Health Professionals (State) Award 2019
- NSW Health Service Allied Health Assistants (State) Award 2019
- NSW Health Service Health and Community Employees Psychologists (State) Award 2019
- [NSW Ministry of Health Policy Directive PD2018_031 - Managing Misconduct](#)
- [NSW Ministry of Health Policy Directive PD2018_032 - Managing Complaints and Concerns about Clinicians](#)
- [SESLHDPR/564 - Non-Work Related injury or Illness Management](#)
- [SESLHDPR/415 - Managing for Performance](#)
- [SESLHDGL/016 - Allied Health Clinical Supervision Guidelines](#)
- [SESLHDPD/270 - Framework for Managing Nursing and Midwifery Staff with Identified Practice Issues](#)

6. ACKNOWLEDGEMENTS

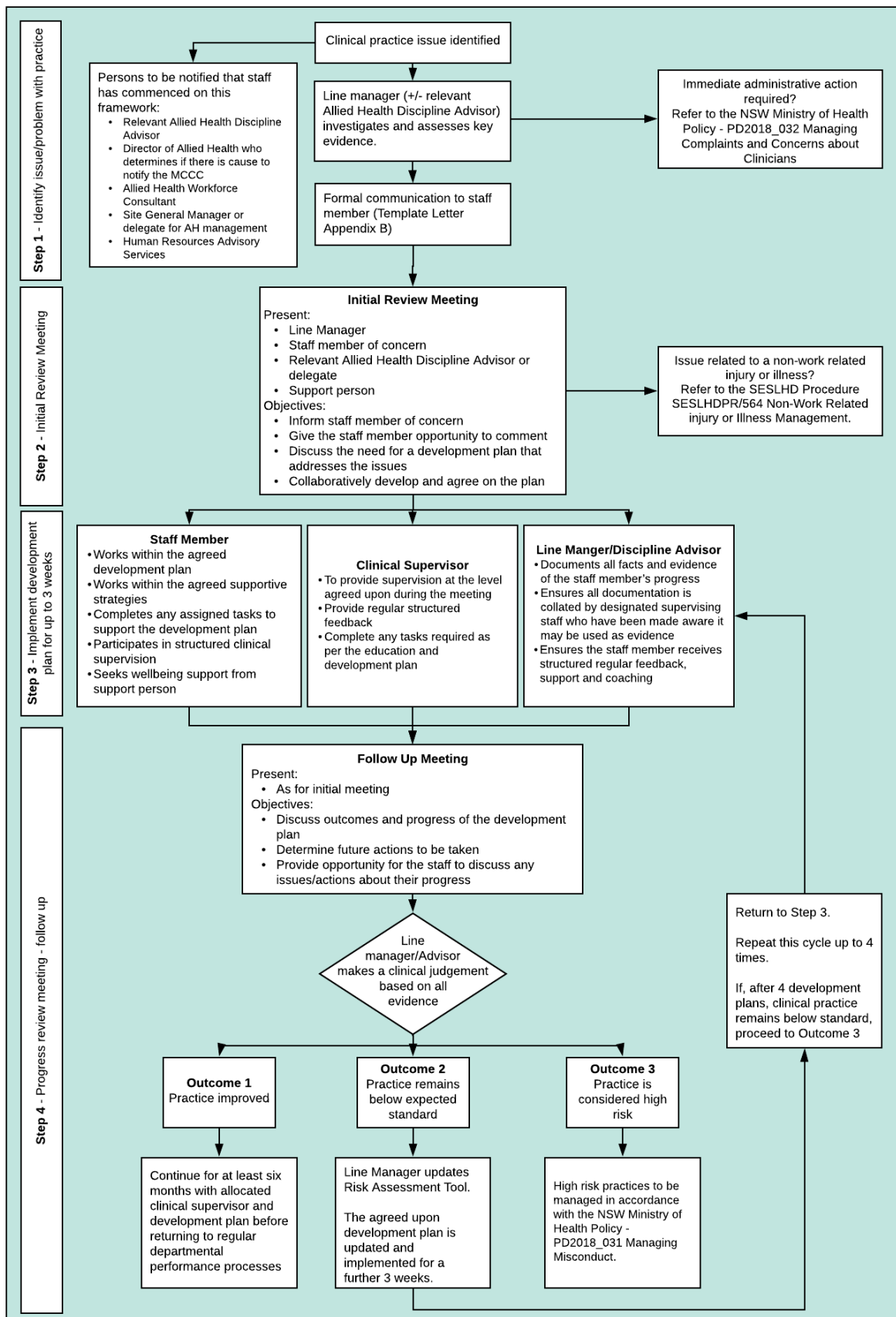
This Framework has been adapted from the [SESLHDPD/270 - Framework for Managing Nursing and Midwifery Staff with Identified Practice Issues](#).

7. REVISION & APPROVAL HISTORY

Date	Revision No.	Author and Approval
October 2020	DRAFT	Claire Douglas, Allied Health Workforce Consultant
October 2020	DRAFT	Draft for comment period.
January 2021	DRAFT	Final version approved by Executive Sponsor. Processed by Executive Services for progression to Corporate Executive Council for approval to publish.
March 2021	1	Approved by Corporate Executive Council. Published by Executive Services.

Framework for Managing Allied Health Staff with Identified Practice Issues

SESLHDPD/328



Framework for Managing Allied Health Staff with Identified Practice Issues

SESLHDPD/328

APPENDIX A – RISK - ASSESSMENT TOOL

RISK ASSESSMENT TOOL – Adapted from [SESLHDPD/270 - Framework for Managing Nursing and midwifery Staff with Identified Practice Issues.](#)

Overview

This form can be used as a guide for line managers required to assess and identify risks associated with staff members who have identified practice issues. The **risk assessment should be reviewed every 30 days** and at any other time where risk needs to be managed such as when practice is identified as unsafe.

RISK ASSESSMENT FOR THE MANAGEMENT OF STAFF WITH IDENTIFIED PRACTICE ISSUES						
Facility:	Assessment Date:	Assessor:				
Discipline:	Review Date:	Others consulted:				
Who is being assessed?						
List practice issues identified:						
Please rank the following risks associated with the staff member						
Does the staff member have insight into the identified practice issues?						
0 Full insight	1	2	3 Some insight	4	5	6 No insight
Does the staff member have previous history of practice issues?						
0 No history	1	2	3 Some history	4	5	6 Significant history
Rate the likelihood of practice improvement						
0 Full likelihood	1	2	3 Some likelihood	4	5	6 No likelihood
How many practice issues have been identified						
0 Nil	1	2	3 More than one issue	4	5	6 Significant number

SESLHD POLICY

Framework for Managing Allied Health Staff with Identified Practice Issues

SESLHDPD/328

How cooperative is the staff member with the agreed action plan?

0 Cooperative	1	2	3 Some cooperation	4	5	6 Uncooperative
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How engaged is the staff member with their agreed development plan?

0 Full engagement	1	2	3 Some engagement	4	5	6 No engagement
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What is the staff member's state of health?

0 No relevant issues	1	2	3 Some health issues	4	5	6 Significant health issues
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Please rate the risk of harm to the patient/client associated with the identified practice issue/s.

0 No risk	1	2	3 Medium risk	4	5	6 High risk
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Please rate the impact on patient associated with the identified practice issue/s.

0 No impact	1	2	3 Some impact	4	5	6 Significant impact
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What level of supervision does the staff member require?

0 No supervision	1	2	3 Some supervision	4	5	6 Close direct supervision
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Total score _____ / 60

Please use the NSW Health Risk Management Matrix and information above to determine

- The consequences (minimal to catastrophic)
- The likelihood of risk (rare to almost certain)
- The risk rating (low to extreme)

Framework for Managing Allied Health Staff with Identified Practice Issues

SESLHDPD/328

Risk rating	Score
Extreme	51 - 60
High	41 - 50 21 -40
Medium	10 -20
Low	0 - 9

Actions taken to minimise risk while staff member is being supported and/or assessed.

1.
2.
3.
4.
5.

Name _____

Signature _____

Date _____

APPENDIX B – Initial Meeting Letter Template



(Date)

(Address)

Dear

I am writing to inform you of concerns that have been raised regarding your [*insert allied health discipline*] practice.

A meeting has been organised to discuss these concerns and provide an opportunity for you to comment. The meeting has been scheduled for (date) at (time) in the (venue). At this meeting, we will collaboratively develop an education and development plan to support your clinical practice.

The SESLHD Framework for Managing Allied Health Staff with Identified Practice Issues (SESLHDPD/328) will be referred to throughout this process and can be found on the SESLHD Intranet site.

A follow up meeting has been organised for (date) at (time) in the (venue) to review your progress following the implementation of the education and development plan.

You are welcome to bring a support person to the meeting.

(List who will be in attendance) will also be in attendance at the meeting.

Could you please confirm your availability to attend this meeting by close of business (date) by contacting XXX.

Yours sincerely,

AH Manager/Advisor

SESLHD POLICY



Framework for Managing Allied Health Staff with Identified Practice Issues

SESLHDPD/328

APPENDIX C – Performance Development Plan, Initial Meeting Template

Meeting #	Initial Meeting		
Date			
Names & Positions of all present:			
Issue/s requiring improvement:			
Development/Education Activity	Date to be completed	Predicted Outcomes	Comments
<i>If more rows are required, please record and attach.</i>			
Signatures of all present, signifying agreement to the plan:			
Date of next meeting:			



SESLHD POLICY

Framework for Managing Allied Health Staff with Identified Practice Issues

SESLHDPD/328

APPENDIX D – Performance Development Plan, Review Meeting/s Template

Meeting #			
Date			
Names & Positions of all present:			
Date of previous meeting			
Issue/s requiring improvement:			
Development/Education Activity (from previous meeting)	Date completed	Were the outcomes achieved?	Comments
Were all outcomes achieved?		If process is complete, signatures of all present:	
Is a further performance plan required?			
If yes, continue onto next page. If no, all meeting attendees to sign			



SESLHD POLICY

Framework for Managing Allied Health Staff with Identified Practice Issues

SESLHDPD/328

Development/Education Activity	Date to be completed	Predicted Outcomes	Comments

Signatures of all present, signifying agreement to ongoing plan:

Date of next meeting: