Introduction of AH&MRC Compliance team and Resource Suite

Jade Hansen

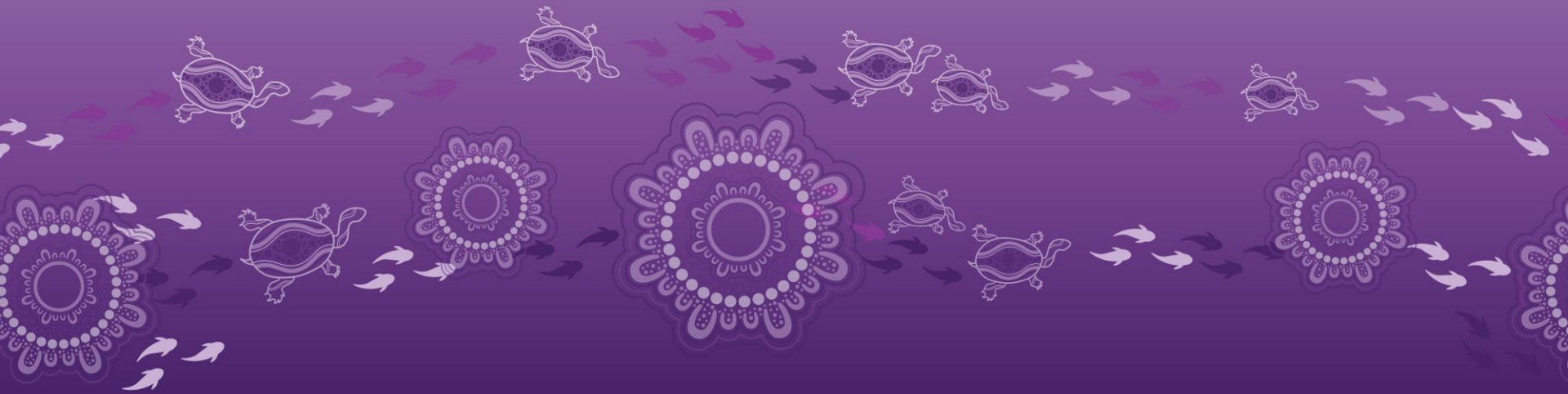
AH&MRC Compliance

AH&MRC
Aboriginal Health & Medical Research Council of NSW

CQI
State Forum

The AH&MRC Compliance Team

The Aboriginal Health and Medical Research Council Compliance Team supports Aboriginal Community Controlled Health Services (ACCHSs) to strengthen service quality, clinical governance, organisational systems, and long-term sustainability through Continuous Quality Improvement (CQI).



The AH&MRC Compliance Team

Support We Provide

- Accreditation preparation and support
- Continuous Quality Improvement (CQI) mentoring
- Governance and risk management support
- Medicare and compliance support
- Training, education, and capability building
- Support with implementing best practice systems and processes
- Digital health systems and governance support

The AH&MRC Compliance Team

How We Strengthen Services

- Build capability and capacity across Member Services
- Support services to identify and implement improvements
- Promote culturally safe, high-quality healthcare delivery
- Assist services to strengthen governance and operational systems
- Encourage continuous learning, collaboration, and sector-wide improvement
- Support business sustainability models and long-term organisational resilience

The AH&MRC Compliance Team

Sector Initiatives

- Annual CQI State Forum
- Statewide training and education sessions
- Networking and peer-learning opportunities
- Compliance Workshops

The AH&MRC Compliance Team

Richie Garcia

Head of Compliance

Jade Hansen

Director of Recovery

Katie Fialkowski

Medicare Jurisdiction Coordinator

Katelyn Pascoe

Compliance Coordinator CQI Accreditation

Nisha Singh

Coordinator Compliance

Clarinda Stewart

Medicare Trainee Administrator

Jade Hansen Director of Recovery

Background

- Aboriginal Health Practitioner (AHP)
- Former Practice Manager
- Accreditation Surveyor
- Certificate IV in Training and Assessment (TAE)
- Over 20 years experience across the Aboriginal Community Controlled Health sector
- Extensive experience across clinical, operational, governance, workforce, and leadership roles within ACCHSs

My Role

- Lead and support Member Services through organisational recovery, governance, and sustainability initiatives
- Support services to strengthen operational systems, leadership capability, and long-term service sustainability
- Provide mentoring, coaching, and practical support to CEOs, managers, and operational teams
- Deliver sector support aligned with best practice, community-controlled principles, and accreditation requirements

Support I Provide

- **Governance and organisational recovery support**
  - Operational reviews and service improvement support
  - Business sustainability and workforce planning
  - Executive mentoring and leadership support
  - Risk management and organisational strengthening
- **Medicare and operational support**
  - Medicare education, training, and compliance support
  - Practice management mentoring and systems support
  - Support with operational workflows and service delivery models
  - Guidance aligned with RACGP and other accreditation frameworks

Current Projects

- Development of the AH&MRC Compliance Unit Resource Suite

Richie Garcia Head of Compliance

Background

- [insert bullet points]
- 14 years working in the space of Aboriginal Health
- 9 years working for AH&MRC supporting Member Services on the ground
- 5 years working for 2 PHNs in chronic disease management for the Wiradjuri and Dharawal communities
- Previously an eye surgeon in the Philippines

My Role

- Manage the Compliance Team with providing support to Member Services relating to their MBS, accreditation, governance and data management requirements.
- Deliver onsite Clinical & CQI training sessions to ACCHSs.
- Provide support to the Compliance accreditation officer during onsite pre-audit visits.
- Maintain and develop strong mutual partnerships with relevant key stakeholders.

Support I Provide

- Manage the Compliance Team with providing support to Member Services
- Medicare compliance support
- Education and capacity building to maintain positive trending with nKPIs
- Increase uptake of health assessments, care plans/reviews and follow-up care activities
- Strengthen clinical governance
- Education on the ACCHS model of care
- Provide support in mentoring clinical staff as required
- Evaluation of the programs and initiatives provided by the Compliance team
- Evaluation of AH&MRC Compliance accreditation and CQI Medicare training program delivery

Nisha Singh

Compliance Coordinator – Digital Health

Background

- Over 10 years of experience across eye health, vision research, public health, digital health, and community engagement.
- 4 years of experience supporting ACCHSs with the implementation of digital health initiatives and culturally safe health programs.
- Passionate about strengthening digital capability, health equity, and culturally appropriate service delivery across community-controlled health services.

My Role

- Coordinate and support digital health initiatives across Aboriginal Community Controlled Health Services (ACCHSs).
- Support culturally safe implementation of digital health tools including My Health Record, ePrescribing, telehealth, secure messaging, and cybersecurity initiatives.
- Work collaboratively with ACCHSs, government agencies, and digital health partners to strengthen digital capability and service delivery.
- Develop resources, communication materials, guidance documents, and digital health education tools
- Coordinate training, education, & digital health support to ACCHS staff and stakeholders.

Support I Provide

- Assistance with adoption and use of My Health Record, ePrescribing, telehealth, and secure messaging systems.
- Development of culturally appropriate resources, handbooks, guides, and training materials.
- Stakeholder engagement and coordination between services, government agencies, and technology partners.
- Data quality support, reporting assistance, and improvement activities.

Current Projects

- Supporting digital health uplift and capability building across ACCHSs.
- Developing a Digital Health Handbook to support ACCHSs with accreditation, compliance, data quality, CQI, and implementation of digital health initiatives.
- Supporting implementation and promotion of My Health Record and ePrescribing initiatives.
- Collaborating with stakeholders to improve culturally safe digital health practices and community engagement.

Katie Fialkowski Medicare Jurisdiction Coordinator

Background

- Over 15 years experience in medical administration and Medicare
- 5 years experience working within an Aboriginal Community Controlled Health Service (ACCHS)
- Experience supporting Medicare billing, claiming, compliance, and practice operations

My Role

- Support Member Services across all areas of Medicare and claiming
- Assist services to understand Medicare requirements and navigate changes to item numbers and billing rules
- Work collaboratively with services to resolve Medicare and claiming challenges in practice
- Provide practical guidance to strengthen Medicare compliance and confidence within services
- Support services to improve understanding, accessibility, and consistency within Medicare processes

Support I Provide

- Medicare claiming and billing support
- Guidance on Medicare requirements and compliance
- Assistance resolving claiming issues and practice challenges
- Updates and education on Medicare changes and item numbers
- Practical support for Medicare Officers and practice teams
- Sector-wide knowledge sharing and capability building

Current Projects

- Establishment of the AH&MRC Medicare Community of Practice (CoP)
  - Creating opportunities for services to connect and share knowledge
  - Supporting collaboration around common Medicare challenges
- Strengthening statewide Medicare capability across Member Services
- Improving communication and support pathways for Medicare Officers within the sector

Clarinda Stewart Medicare Administration Trainee

Background

- 3 years experience working within an Aboriginal Community Controlled Health Service
- Passionate about Aboriginal health, youth advocacy, and strengthening pathways for Aboriginal communities within healthcare systems

My Role

- Support Member Services and Aboriginal communities through healthcare system strengthening and engagement activities
- Work collaboratively with services to improve communication, support pathways, and access to healthcare services
- Provide assistance on site visits to Member Services to build relationships and understand operational challenges
- Contribute to statewide initiatives focused on improving Aboriginal health outcomes and community wellbeing
- Advocate for culturally safe, accessible, and community-led healthcare system

Support I Provide

- Support community engagement and relationship building activities
- Provide support to Member Services through communication and engagement activities
- Participate in onsite visits and support activities with Member Services across NSW
- Support youth advocacy and representation initiatives
- Assist with statewide Aboriginal health and wellbeing projects and initiatives
- Continue developing knowledge and skills within Aboriginal health, Medicare, and community support systems

Current Projects

- Recently completed TAFE studies in health and community services and currently undertaking training as a Medicare Trainee, continuing to build knowledge in Medicare systems, patient access, compliance, and healthcare support services.
- Proud member of the NSW Youth Council, advocating for Aboriginal youth representation in statewide conversations and decision making.
- Speaker and contributor with the Mental Health Commission of NSW, supporting discussions focused on improving mental health systems and culturally safe supports for Aboriginal communities and young people.

Katelyn Pascoe

Compliance Coordinator – CQI and Accreditation

Background

- Registered Nurse (RN)
- Former Practice Manager
- Co-surveyor for Accreditation Assessments
- Experience in clinical governance, accreditation, compliance, and quality improvement systems

My Role

- Support Member Services with Continuous Quality Improvement (CQI) and accreditation activities
- Assist services to strengthen governance, systems, and compliance processes
- Work collaboratively with services to identify improvement opportunities and implement sustainable change
- Provide practical guidance aligned with best practice and accreditation standards

Support I Provide

- Accreditation preparation and readiness support
  - Onsite assessments, site audits, and mock surveys
  - CQI audits, reviews, and improvement planning
  - Mentoring and capability building for services
- Governance and compliance support
  - Policy, procedure, and resource support
  - Support with clinical governance and quality systems
  - Practical guidance aligned with RACGP and other accreditation frameworks

Current Projects

- Development of the AH&MRC Compliance Unit Resource Suite
  - Policies and procedures
  - Registers and templates
  - Workforce and governance resources
  - Accreditation and CQI tools
- Re-establishing the CQI Collaborative
  - Strengthening sector networking and peer learning
  - Sharing best practice and improvement initiatives
  - Supporting statewide CQI capability development

Why the Resource Suite Was Needed

Common Challenges Across the Sector

- Duplication of operational work across services
- Limited time and workforce capacity
- Inconsistent systems and documentation
- Increasing accreditation and compliance requirements
- Difficulty accessing practical operational resources
- Need for adaptable, culturally safe templates and tools

Developed to Support Member Services Through

- Practical and operationally focused resources
- Consistent templates and governance tools
- Stronger accreditation and CQI support
- Improved operational efficiency and sustainability
- Adaptable resources designed specifically for ACCHSs

Aim of the Resource Suite

The Resource Suite has been designed as a centralised collection of practical resources to support Aboriginal Community Controlled Health Services (ACCHSs) in strengthening governance, operational systems, accreditation readiness, and Continuous Quality Improvement activities.

Designed to support:

- Governance and compliance
- Accreditation readiness
- Clinical governance and risk management
- Workforce and operational consistency
- Continuous Quality Improvement (CQI) implementation
- Culturally safe and community-controlled service delivery

Key Objectives

- Provide practical and adaptable operational resources
- Reduce duplication of work across the sector
- Promote consistency and best practice systems
- Support sustainable organisational growth and capability
- Strengthen long-term quality improvement and governance frameworks

What's Included in the Resource Suite

Governance, Policy & Procedure

- Policy and procedure templates
- Manuals and governance resources
- Clinical governance tools

Workforce & HR Resources

- Duty statements
- Interview guides
- Induction resources

CQI & Risk Management

- CQI templates and improvement plans
- Audit tools
- Risk and incident registers

Accreditation & Compliance

- Accreditation readiness tools
- Self-assessment resources
- Standards mapping guides

Medicare & Operational Resources

- Medicare guidance documents
- Quick guides and fact sheets
- Operational templates and tools

What Makes the Resource Suite Different

Developed Specifically for Aboriginal Community Controlled Health Services (ACCHSs)

- Community controlled focus
- Grounded in community controlled models of care
- Adaptable across different service models

Developed From Real Sector Experience

- Based on audits, accreditation and CQI support
- Informed by common sector challenges
- Shaped through statewide engagement
- Developed by staff with hands-on experience in ACCHS operations and service support

Focused on Sustainability

- Supports long-term capability building
- Encourages consistency and shared learning
- Strengthens governance and operational systems

Duty Statement

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[Insert Organisation's Letterhead / Header]

DUTY STATEMENT

POSITION TITLE:	Practice Manager & Registered Nurse
REMUNERATION/CONDITIONS:	In accordance with the Nurses Award 2020
POSITION STATUS:	Full-time
DIRECTLY RESPONSIBLE TO:	Deputy Chief Executive Officer (DCEO)
PERFORMANCE APPRAISAL:	6-month probationary period, Performance reviews every 12 months against accountability targets jointly set by the CEO and the Board
POSITION FUNCTION:	To coordinate health services to clients of [Service]. Responsible for clinical governance and the facilitation of culturally appropriate health services to the community. Maintain effective and positive relationships with all stakeholders.
MINIMUM SKILLS REQUIRED:	Registered Nurse qualifications with current AHPRA registration
DOCUMENT CONTROL	Version 1.0 Review Date: May 2027
ACCREDITATION & GOVERNANCE ALIGNMENT	RACGP 5th Edition: C1.1, C1.2, C1.3, C2.1, C2.2, C2.3, C3.1, C3.2, C3.3, C3.4, C3.5, C3.6, C5.1, C6.1 NSQHS Standards: Standard 1 – Clinical Governance; Standard 2 – Partnering with Consumers QIC Health and Community Services Standards: Governance, Human Resources, Service Delivery, Quality Improvement, Risk Management

POSITION SUMMARY

The Practice Manager is responsible for the day-to-day management of a range of high quality, culturally appropriate health services to clients of [Service]. They will support the DCEO to develop and implement programs focusing on early intervention, health promotion, prevention, and treatment within the Aboriginal context of health, considering social, emotional, cultural, physical, and spiritual aspects.

The Practice Manager also oversees program evaluation, continuous quality improvement, and clinical accreditation. The role includes daily management of clinical and reception staff, capacity building, and ensuring training and supervision. As a Practice Nurse, the role involves triage and integrated care delivery in collaboration with GPs and relevant health providers.

The Practice Manager provides operational and clinical leadership to support safe, effective, culturally appropriate, and evidence-based healthcare delivery in alignment with organisational clinical governance frameworks.

CULTURAL SAFETY

- Support culturally safe, trauma-informed, and community-centred healthcare delivery.
- Promote respectful engagement with Aboriginal and Torres Strait Islander patients, families, community members, and staff.
- Contribute to an organisational culture that values cultural identity, self-determination, and community control.
- Participate in relevant cultural learning and reflective practice activities.

RESPONSIBILITIES

Practice Manager

- Support organisational clinical governance, accreditation, compliance, audit, reporting, and continuous quality improvement activities to ensure safe, effective, and culturally appropriate service delivery.
- Lead or coordinate an integrated and culturally sensitive suit of relevant clinical and health promotion programs that meet the needs of community members.
- Assist in the identification and implementation of innovations to improve the effectiveness and efficiency of clinical service delivery.
- Coordinate clinic schedule to maintain coverage.
- Proactively develop and implement a range of health promotion activities.
- Coordinate outreach clinics to the local Aboriginal communities.
- Supervise clinical staff, including reception staff to ensure appropriate rostering, client workflow management, compliance with agreed services levels and national health accreditation standard to ensure performance targets are met and exceeded.
- Coordinate RACGP GP Registrar placements.
- Provide quality leadership and management to team members, GPs and other clinical staff as required, including conducting regular ongoing support and supervision, and performance development and reviews.

Duty Statement

- Coordinate the review of the Medical Policy & Procedure Manual annually with the CQI Officer including researching relevant legislation, directives, RACGP and AGPAL standards.
- Facilitate clinical performance and risk management in relation to risks to clients, staff and practitioners, and the organisation.
- Foster a supportive environment and approach to incident reporting and investigation with the focus being on system failures while not ignoring human factors involved.
- Assess the (non-General Practitioner) staff for clinical competency at induction, annually and as required, inclusive of:
    - Infection control;
    - Medication safety;
    - Vaccine management;
    - Clinical procedures (within scope of practice);
    - Use of clinical equipment;
    - Allocation of AMSED modules and ensure completion by staff within required timeframes.

CLINICAL GOVERNANCE

- Attend the Clinical Governance Committee Meeting, and Chair when required.
- Advise, direct and coordinate clinical governance across the Health Service Team.
- Ensure safety and quality in the clinic by regular monitoring and auditing of:
    - Medication stock
    - Doctors bags
    - Consumable stock
    - Equipment maintenance
    - Infection control measures
    - Immunisation/vaccine management, including Strive for 5 annual audits
    - Clinic housekeeping checklists
- Review infection control and vaccine/immunisation management protocols annually.
- Ensure that relevant staff are made aware of any changes to the existing P&P's through education and training.
- Promote use of evidence-based guidelines.
- Provide education and training on evidence-based guidelines available to the clinical staff

MEETINGS

- Represent [Service] in meetings as required and authorised by CEO.
- Attend meetings as required by the Deputy/ CEO.
- Attend all Health Services Team, Management and Clinical Governance Committee Meetings.
- Chair monthly Clinical Meetings.

- Attend monthly GP Meetings
- Hold annual Health Service Planning Meetings.

KEY PERFORMANCE INDICATORS

Clinic Operations & Service Flow	≥90% appointment capacity met each month; reduction in client waiting time by 10% annually.
Accreditation	Maintain accreditation status with no major non-conformances
Continuous Quality Improvement	Minimum 2 audit based CQI activities annually
Team Management & Staffing	100% of staff receive annual performance reviews; absenteeism rates remain under 5%.
Client Experience & Safety	≥85% client satisfaction based on annual survey
Incident Management	All clinical incidents reviewed within 5 business days
Stock & Asset Management	Monthly stock takes completed; 0 critical shortages.
Compliance & Reporting	100% mandatory reports submitted by due dates

PROFESSIONAL DEVELOPMENT

Participate in ongoing professional development and training. Evaluate and report performance regularly to the D/CEO.

MANDATORY REQUIREMENTS

- Current AHPRA Registration (Registered Nurse)
- Medical practice management qualification or equivalent experience
- Understanding of Aboriginal and Torres Strait Islander health issues
- Knowledge of Medicare Benefits Schedule
- Experience with RACGP/QIC accreditation standards
- Computer proficiency, clinical data system experience
- Professional communication, reporting, and time management skills
- Current Working with Children Check and National Police History Check
- Valid NSW Driver's Licence

SIGNATURE & ACKNOWLEDGEMENT

I agree to abide by the standards and policies and have read and understood the job description and agree to comply with same.

Employee Signature: _____
Date: _____

Manager Signature: _____
Date: _____

Interview Guide

[Service Letterhead]

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Governance and Implementation

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[Service Letterhead]

Interview Guide – Aboriginal Health Practitioner

Position: Aboriginal Health Practitioner

Organisation: [Insert ACCHS Name]

Panel Chair: [Name]

Panel Members: [Names]

Date: [Insert date]

Applicant: [Name]

1. Introduction (for the Interview Panel to read aloud)

Thank you for coming in today. Before we start, we would like to acknowledge the Traditional Custodians of the land on which we meet and pay our respects to Elders past and present.

This interview is for the position of Aboriginal Health Practitioner with [ACCHS Name]. The purpose is to learn more about your skills, experience, and how you can contribute to delivering culturally safe and holistic health care within our community.

We'll ask you a series of questions related to clinical skills, teamwork, communication, cultural knowledge, and community engagement. Please take your time when responding, we may take notes during your answers.

Do you have any questions before we start?

_____
_____
_____
_____
_____

2. Interview Panel Instructions

- Ensure at least one Aboriginal panel member is present.
- Use yarning-style, conversational questioning where appropriate.
- Avoid interrupting or rushing responses — allow silence and reflection.
- Focus on strength-based assessment (what they bring, not just what's missing).
- Note examples and assess responses using the rating scale.

[Service Letterhead]

3. Rating Scale (Example)

Score	Description
5 – Excellent	Exceeds expectations, provides strong, relevant examples.
4 – Very Good	Meets expectations, gives clear and thoughtful responses.
3 – Satisfactory	Adequate response, limited examples but some understanding.
2 – Limited	Superficial or incomplete understanding.
1 – Unsatisfactory	No relevant experience or understanding shown.

4. Core Interview Questions

1. Can you tell us about your connection to Country, community, or cultural background?
   - *Prompt:* How do you bring your cultural knowledge and values into your work?
   - Indicators: identifies Country / community links, speaks with pride and connection, mentions kinship, respect, and cultural protocols, values community wellbeing and collective care and Brings culture into daily work practice

_____
_____
_____
_____
_____

| 1 | 2 | 3 | 4 | 5 |

2. How do you ensure cultural safety for clients, families, and colleagues?
   - *Prompt:* Can you share an example where you advocated for a culturally appropriate approach to care?
   - Indicators: Understands "cultural safety" as more than awareness, describes ensuring clients feel safe, respected, and not judged, uses yarning, relationship-building, Mentions cultural protocols, gender considerations, or family context.

_____
_____
_____
_____
_____

| 1 | 2 | 3 | 4 | 5 |

Interview Guide

[Service Letterhead]

3. What does "Aboriginal Community Controlled Health" mean to you?
   - *Prompt:* Why is community control important in health service delivery?
   - Indicator: Mentions self-determination / community ownership, understands governance and community voice, recognises holistic model (social, emotional, physical, spiritual health), acknowledges role as culturally safe, wraparound care

| 1 | 2 | 3 | 4 | 5 |

4. How do you see your role as an Aboriginal Health Practitioner contributing to improving health outcomes for Aboriginal and Torres Strait Islander people?
   - Indicator: Mentions prevention, education, health checks, building trust and relationships, supporting follow-up, continuity of care, liaising between clients and clinical team, promoting healthy lifestyles, screening

| 1 | 2 | 3 | 4 | 5 |

5. Tell us about your experience in providing primary health care or chronic disease management.
   - *Prompt:* What types of assessments, treatments, or health checks have you carried out?
   - Indicator: Mentions adult/child health checks, chronic disease care, wound care, immunisation support, awareness of clinical scope and when to escalate, works within AHPRA standards, focus on patient-centred, culturally safe care

| 1 | 2 | 3 | 4 | 5 |

[Service Letterhead]

6. How do you maintain accurate clinical records and ensure confidentiality?
   - Indicators: Understands privacy laws, cultural discretion, not discussing client details outside work, maintains confidentiality in small communities.

| 1 | 2 | 3 | 4 | 5 |

7. Describe how you would respond if you noticed a client's health condition worsening.
   - *Prompt:* How do you escalate care and communicate with the GP or RN?
   - Indicator: Recognises clinical risk / red flags, escalates to RN/GP, follows clinical pathways, communicates clearly with team, patient records actions and follow-up

| 1 | 2 | 3 | 4 | 5 |

8. Tell us about a time you worked as part of a multidisciplinary team.
   - *Prompt:* How do you support collaboration between cultural and clinical staff?
   - Indicators: Collaborates with GP, RN, allied health, SEWB, shares client updates appropriately, participates in team meetings or case reviews, balances cultural and clinical perspectives

| 1 | 2 | 3 | 4 | 5 |

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[Service Letterhead]

9. How do you manage conflicts or differences in opinion with colleagues?
   - Indicator: Uses respectful communication, seeks resolution, not conflict, involves supervisor when needed, keeps focus on client care and respect

| 1 | 2 | 3 | 4 | 5 |

10. What is your understanding of CQI in a health service?
    - *Prompt:* Can you share an example where you've contributed to improving a process or service?
    - Indicator: Mentions improving systems or care quality, data-driven improvements, client feedback incorporated, everyone contributes to improvement

| 1 | 2 | 3 | 4 | 5 |

11. Why do you want to work with us?

12. What do you enjoy most about working in Aboriginal health?

13. Where do you see yourself professionally in the next few years?

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Induction Guide

[Service Letterhead]

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[Service Letterhead]

STAFF INDUCTION CHECKLIST

Employee Details

Name:	
Position:	
Employment Type:	
Start Date:	
Probation / Review Date	
	Scheduled: ☐ Yes ☐ No

Contact Details

Residential Address:	
Contact Number:	
Email Address:	
Emergency Contact:	
Relationship:	
Contact Number:	

Employment & Compliance

Employee ID:	
Line Manager:	
Mentor / Buddy:	

Purpose

This induction is designed to ensure that all staff are appropriately oriented, supported, and equipped to perform their roles safely, effectively, and in alignment with best practice standards within an Aboriginal Community Controlled Health Service (ACCHS). It aims to embed a clear understanding of how to deliver safe, high-quality, and culturally appropriate care that respects the needs, values, and priorities of Aboriginal and Torres Strait Islander communities. The induction process supports staff to meet relevant accreditation and legislative requirements. It also introduces staff to the organisation's systems, governance structures, clinical and operational processes, and Continuous Quality Improvement (CQI) framework. Importantly, the induction fosters an understanding of the ACCHS model of care, reinforcing the principles of community control, cultural safety, accountability, and continuous improvement, ensuring staff are able to contribute meaningfully to both service delivery and positive health outcomes for the community.

AH&MRC

[Service Letterhead]

Systems set up

Contract / Employment Agreement Provided:	☐ Yes ☐ No	Working With Children Check (if applicable):	☐ Yes ☐ No
Position Description Provided:	☐ Yes ☐ No	AHPRA Registration (if applicable):	☐ Yes ☐ No #_____
Bank Details Submitted:	☐ Yes ☐ No	Medicare Provider Number (if applicable):	#_____
Qualifications / Certifications Verified:	☐ Yes ☐ No	Professional Indemnity / Insurance Verified (if applicable):	☐ Yes ☐ No
Superannuation Fund Details Submitted:	☐ Yes ☐ No	Email & IT Access Provided:	☐ Yes ☐ No
Tax File Number Declaration Completed:	☐ Yes ☐ No	PRODA / HPOS Access (if applicable):	☐ Yes ☐ No
National Police Check:	☐ Yes ☐ No	PMS Access (Level assigned appropriate to role):	☐ Yes ☐ No
Immunisation Status Reviewed:	☐ Yes ☐ No	My Health Record Access:	☐ Yes ☐ No
Confidentiality Agreement Signed:	☐ Yes ☐ No	Emergency Equipment Orientation Completed:	☐ Yes ☐ No
Code of Conduct Signed:	☐ Yes ☐ No	Community Introduction Completed:	☐ Yes ☐ No
Conflict of Interest Declaration Completed:	☐ Yes ☐ No	Scope of Practice Confirmed:	☐ Yes ☐ No

Comments:

_____

_____

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Induction Guide

[Service Letterhead]

SECTION 7: CLINICAL SYSTEMS & PRACTICE OPERATIONS

Responsible: Clinical Lead / Admin Lead

Item	Employee Signature	Date
Patient identification procedures (3 identifiers)		
Appointment systems and workflow		
Recalls, reminders, and results management		
Referral processes (internal/external)		
After-hours arrangements		
Medication management processes		
Use of clinical guidelines/resources		

SECTION 8: COMMUNICATION & TEAM PROCESSES

Responsible: Line Manager

Item	Employee Signature	Date
Internal communication channels (emails, meetings)		
Handover processes		
Team meetings and expectations		
Escalation pathways for clinical/non-clinical issues		
Use of interpreters (e.g. TIS National)		

SECTION 9: MANDATORY TRAINING & COMPLIANCE

Responsible: CQI / HR

Item	Employee Signature	Date
Basic Life Support (BLS / First Aid)		
Mandatory reporting (child protection)		
Elder abuse awareness		

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Cultural safety training		
Infection control training		
Fire safety / emergency training		
Emergency Response Role Explained (e.g. fire warden, first responder)		
Workplace bullying & harassment		
Code of conduct acknowledgment		

SECTION 10: FACILITIES & SITE ORIENTATION

Responsible: Line Manager

Item	Employee Signature	Date
Site walk-through completed		
Staff facilities (kitchen, lockers, amenities)		
Equipment locations and use		
Emergency exits and assembly points		
Security systems and access		

SECTION 11: COMMUNITY & CLIENT-CENTRED CARE

Responsible: Line Manager / Cultural Lead

Item	Employee Signature	Date
Principles of client-centred care		
Respect, dignity, and culturally safe practice		
Working with families and community		
Feedback and engagement with community		

[Service Letterhead]

SECTION 12: ROLE-SPECIFIC COMPETENCIES

(Customise per role – RN, GP, AHW, Admin, etc.)

Item	Employee Signature	Date
Clinical competencies (if applicable)		
Equipment training		
Program-specific requirements		
Medicare / billing processes (if applicable)		

SIGNATURE & ACKNOWLEDGEMENT

I confirm that I have completed the induction, understand my role and responsibilities, and agree to comply with all organisational policies, procedures, and standards.

Employee Signature: _____

Date: _____

Manager Signature: _____

Date: _____

ACCREDITATION & COMPLIANCE MAPPING (FOR INTERNAL USE)

RACGP: C1.2, C1.3, C3.1, C6.1

NSQHS Standards: Standard 1, Standard 2

Workforce & Legislative Requirements

- Fair Work Ombudsman – Fair Work Act 2009 (employment conditions, workplace rights)
- Safe Work Australia – Work Health and Safety (WHS) Act and Regulations
- Privacy Act 1988 (confidentiality and health information)
- Mandatory reporting legislation (state-based)

Policy and Procedure

[Service Letterhead]

Disclaimer

Please be advised that this resource has been prepared by the Aboriginal Health and Medical Research Council of NSW (AH&MRC) to broadly meet the needs of AH&MRC's Member Organisations. This resource is a general guide and will need to be amended to suit your particular organisation.

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Governance and Implementation

This resource should be reviewed and endorsed in accordance with the organisation's governance and document control processes prior to implementation.

[Service Letterhead]

[Organisation Name]

Clinical Governance – Safe and Effective Patient Care Policy and Procedure

Document Control

Policy Title	Clinical Governance – Safe and Effective Patient Care Policy & Procedure
Policy Number	P-XXX
Approval Date	DD/MM/YYYY
Amended Date	DD/MM/YYYY
Next Review Date	DD/MM/YYYY
Version Number	1.0
Responsible Officer	Executive Manager – Clinical Services / Practice Manager
Accreditation Mapping Code	RACGP – C1.1, C1.2, C1.3A–C, C2.1, C2.2, C2.3, C2.4, C3.1, C3.2, C3.3, C3.4, C3.5, C5.1, C6.1 NSQHS Standard 1 (Clinical Governance), Standard 2 (Partnering with Consumers), Standard 5 (Comprehensive Care), Standard 6 (Communicating for Safety)

1. Purpose

The purpose of this policy is to ensure that all clinical care provided at [Organisation Name] is safe, effective, patient-centred, and delivered in accordance with best practice, legislative requirements, and clinical governance frameworks.

This policy ensures that:

- clinical care is delivered safely and consistently across the organisation
- patient management supports continuity, coordination, and quality of care
- clinical decision-making is evidence-based and practitioner-led
- risks to patient safety are identified, escalated, and managed
- systems are in place to support monitoring, evaluation, and continuous improvement
- services meet accreditation and regulatory requirements

2. Scope

This policy applies to all individuals involved in the delivery and support of clinical care, including:

- General Practitioners
- Nurses and Aboriginal Health Practitioners

[Service Letterhead]

- Allied Health Providers
- Administrative and Reception Staff
- Students, trainees, and volunteers
- Visiting health professionals and contractors

This policy applies to all aspects of patient care and management, including:

- clinical consultations and assessment
- care planning and treatment
- prescribing and medication management
- referrals and coordination of care
- results management and follow-up
- documentation and communication
- clinical risk and escalation

3. Definitions

Clinical Governance – The framework through which the organisation is accountable for continuously improving the quality and safety of clinical care and safeguarding high standards of care.

Safe and Effective Care – Healthcare that minimises risk and harm to patients while achieving optimal health outcomes based on current evidence and best practice.

Clinical Decision-Making – The professional judgement exercised by qualified practitioners based on patient assessment, clinical guidelines, and individual needs.

Continuity of Care – The coordinated delivery of healthcare services over time and across providers to ensure consistent and effective care.

Risk Management – The identification, assessment, and mitigation of risks that may impact patient safety or quality of care.

4. Policy Statement

[Organisation Name] is committed to delivering safe, high-quality, and culturally appropriate healthcare through a robust clinical governance framework.

All patient care must prioritise patient safety, clinical appropriateness, and continuity of care. Clinical decisions must be made by appropriately qualified practitioners and supported by evidence-based guidelines and best practice standards.

The organisation ensures that systems are in place to support safe clinical care, including appropriate triage, documentation, prescribing, referrals, and follow-up.

Care must be delivered in accordance with:

- RACGP Standards for General Practice
- NSQHS Standards
- relevant Commonwealth and NSW legislation

Policy and Procedure

- be reviewed through clinical governance and quality improvement systems

6.4 Referral Management

1. The treating practitioner must:
   - determine whether referral to an external provider or service is clinically required
   - discuss referral options and obtain patient consent
   - complete referral documentation including relevant clinical history, medications, investigation results, and urgency
2. Administrative or clinical staff must:
   - send referrals securely and within required timeframes
   - document referral transmission and outcomes within the patient record
   - assist patients with appointment coordination where required
3. Urgent referrals must:
   - be clearly identified as urgent
   - be escalated where delays may impact patient safety
   - be monitored until confirmed receipt or appointment allocation occurs
4. Incoming specialist correspondence and reports must:
   - be reviewed by the treating practitioner
   - be incorporated into the patient health record
   - have required follow-up actions documented and completed

6.5 Test Results Management

1. All incoming pathology, imaging, and diagnostic results must:
   - be reviewed by the requesting practitioner or delegated authorised practitioner
   - be actioned within clinically appropriate timeframes
   - include documented clinical interpretation and follow-up actions
2. Critical or significantly abnormal results must:
   - be escalated immediately to the treating practitioner
   - prompt urgent patient contact and follow-up
   - be documented within the patient record
3. Clinical staff must:
   - initiate recalls, referrals, repeat testing, or treatment as directed by the practitioner
   - document all patient contact attempts and follow-up actions
4. Administrative staff must:
   - monitor outstanding results systems
   - escalate unreviewed or missing results to clinical staff
   - support recall and reminder processes
5. The organisation must maintain systems for:
   - tracking outstanding results
   - monitoring unacknowledged results
   - identifying delays in follow-up
   - auditing results management processes

[Service Letterhead]

6.6 Clinical Documentation

1. All staff providing clinical care or administrative support relating to patient management must document relevant information within the approved patient management system.
2. Clinical documentation must:
   - be completed as soon as practicable following patient interaction
   - be accurate, objective, legible, and clinically relevant
   - include assessment findings, clinical decisions, treatment, referrals, consent, and follow-up actions
   - identify the practitioner making the entry
3. Staff must:
   - always maintain patient confidentiality and privacy
   - access patient records only where authorised and required for care delivery or operational purposes
   - comply with privacy and health records legislation and organisational policies
4. Amendments or corrections to health records must:
   - remain traceable within the clinical information system
   - not obscure original documentation
   - comply with legal and professional recordkeeping requirements

6.7 Clinical Risk Identification and Escalation

1. All staff must:
   - identify and escalate actual or potential clinical risks impacting patient safety
   - report incidents, near misses, hazards, and patient safety concerns through approved reporting systems
   - participate in investigations and corrective actions where required
2. Clinical incidents requiring escalation may include:
   - patient deterioration
   - medication errors
   - abnormal or missed test results
   - delays in treatment or referral
   - infection prevention and control breaches
   - communication failures
   - documentation errors
   - equipment or environmental risks impacting patient safety
3. The Practice Manager and Executive Management must:
   - review reported incidents and identified risks
   - implement corrective and preventative actions
   - monitor trends and recurring issues
   - escalate significant risks through governance structures where required
4. Clinical governance activities must include:
   - clinical audits
   - incident reviews
   - prescribing audits
   - infection prevention and control monitoring
   - patient feedback review

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[Service Letterhead]

- continuous quality improvement activities
- accreditation monitoring and self-assessment activities

7. Roles and Responsibilities

Role	Responsibilities
All Staff	Follow this policy and procedure and support safe, respectful, and culturally appropriate patient care. Escalate clinical risks, incidents, and patient safety concerns appropriately.
Healthcare Providers	Deliver safe, evidence-based clinical care within scope of practice and maintain accurate clinical documentation. Manage assessment, treatment, referrals, prescribing, and follow-up processes appropriately.
Reception / Administrative Staff	Support patient access, appointments, recalls, referrals, and administrative processes. Escalate urgent presentations or concerns to clinical staff promptly.
Practice Manager	Ensure systems, training, compliance, and clinical governance processes support safe and effective care delivery. Monitor incidents, audits, and quality improvement activities.
Executive Management	Provide oversight of clinical governance, risk management, accreditation, and patient safety systems. Support continuous improvement and organisational compliance.

8. Cultural Considerations

[Organisation Name] is committed to delivering culturally safe, respectful, trauma-informed, and community-centred care that recognises the importance of culture, identity, family, community, and lived experience in achieving positive health outcomes.

All staff must provide care in a manner that:

- respects the cultural identity, values, beliefs, and communication preferences of patients
- supports equitable, accessible, and culturally responsive healthcare services
- promotes patient dignity, trust, safety, and self-determination
- recognises the impacts of trauma, racism, discrimination, and systemic barriers on health and wellbeing
- supports patients to actively participate in decisions regarding their care

Staff must:

- communicate respectfully and ask patients how they would like to be addressed
- provide clear, plain-language explanations regarding care, treatment, medications, referrals, and follow-up requirements
- allow appropriate time for communication, questions, and shared decision-making
- offer access to interpreters, Aboriginal Health Workers/Practitioners, support persons, or family involvement where appropriate and with patient consent

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Policy and Procedure

- maintain patient privacy, confidentiality, and cultural respect at all times

The organisation must support culturally safe access to care by:

- providing flexible and accessible appointment options where practicable
- supporting continuity with preferred practitioners where possible
- facilitating culturally appropriate referral pathways and coordinated care
- recognising and responding to barriers including transport, financial hardship, health literacy, disability, housing instability, and social complexity
- linking patients with internal programs, outreach services, and external support services where appropriate

All staff are expected to contribute to a culturally safe environment through respectful communication, professional conduct, ongoing cultural learning, and participation in continuous quality improvement activities that strengthen equity, patient experience, and community trust.

9. Related Policies & Documents

- Privacy & Confidentiality Policy
- Clinical Documentation Policy
- Clinical Risk Management Policy
- Incident Management Policy
- Open Disclosure Policy
- Medication Management Policy
- Safe Prescribing Policy
- Recall and Reminder Policy
- Test Results Management Policy
- Referral Management Policy
- Informed Consent Policy Infection Prevention and Control Policy
- Feedback and Complaints Management Policy
- Emergency Response Procedure
- Deteriorating Patient Procedure
- Continuous Quality Improvement (CQI) Framework
- Clinical Governance Framework
- Cultural Safety Policy
- Records Management Policy

10. Monitoring & Review

Compliance with this policy and procedure will be monitored through:

- clinical audits
- prescribing and medication reviews
- incident reporting and risk management
- patient feedback and cultural safety feedback
- recall, results, and documentation audits
- continuous quality improvement and accreditation activities

This policy will be reviewed every two years or earlier if:

[Service Letterhead]

- legislative or accreditation requirements change
- significant risks or incidents are identified
- monitoring or audit activities identify the need for review.

11. Breach of Policy

Failure to comply with this policy and procedure may result in:

- risks to patient safety and quality of care
- breaches of legislative, professional, or accreditation requirements
- clinical governance or organisational risk
- disciplinary action in accordance with organisational policies and procedures

All identified breaches, incidents, or concerns must be reported to the Practice Manager and/or Executive Management and managed in accordance with incident management and clinical governance processes.

12. Appendix

Referenced Documents and Resources

The following external and internal resources have informed the development of this policy and procedure:

Document Title	Type	Location / Access
Privacy Act 1988	External	https://www.oaic.gov.au
Health Records and Information Privacy Act 2002 (NSW)	External	NSW Legislation
Work Health and Safety Act 2011 (NSW)	External	NSW Legislation
Poisons and Therapeutic Goods Act 1966 (NSW)	External	NSW Legislation
RACGP Standards for General Practice	External	https://www.racgp.org.au
National Safety and Quality Health Service (NSQHS) Standards	External	https://www.safetyandquality.gov.au
Australian Charter of Healthcare Rights	External	https://www.safetyandquality.gov.au
National Guide to Preventive Healthcare for Aboriginal and Torres Strait Islander People	External	NACCHO / RACGP
AHPRA Codes, Guidelines and Professional Standards	External	https://www.ahpra.gov.au
Therapeutic Guidelines	External	https://www.tg.org.au

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Document Title	Type	Location / Access
Organisation Clinical Governance Framework	Internal	Internal Document
Incident Management Policy	Internal	Internal Document
Medication Management Policy	Internal	Internal Document
Clinical Documentation Policy	Internal	Internal Document
Recall and Reminder Policy	Internal	Internal Document
Infection Prevention and Control Policy	Internal	Internal Document
Cultural Safety Policy	Internal	Internal Document

13. Version History

Version	Date	Author	Change Summary
1.0	DD/MM/YYYY	[Your Name]	Initial draft

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Continuous Quality Improvement & Operational Systems

The Resource Suite includes practical tools to support Continuous Quality Improvement (CQI), operational consistency, monitoring activities, and accreditation readiness across Member Services.

Resources Include

- CQI improvement plans
- Audit and review templates
- Risk and incident management registers
- Accreditation and self-assessment tools
- Operational workflow resources
- Patient Management System (PMS) guidance documents
- Monitoring and compliance tools

Key Focus Areas

- Continuous improvement and accountability
- Governance and risk management
- Operational consistency
- Accreditation and compliance monitoring
- Data integrity and system governance
- Practical implementation across day-to-day operations

Patient Management Systems User Access Guide

Best Practice

User Permissions

A = User Details	**B** = Patient Demographics	**C** = Merge Patients	**D** = Patient Bank Account	**E** = Clinical Record	**F** = Clinical Notes	**G** = Prescriptions	**H** = Past Hx	**I** = Prescribe on behalf of	**J** = Immunisations	**K** = Observations
L = Correspondence Out	**M** = Correspondence In	**N** = Investigation Reports	**O** = Obstetric Data	**P** = Pap Smears	**Q** = EPC items	**R** = Family / Social Hx	**S** = Setup Drug Sheets	**T** = Practice Email	**U** = Daily Msg	**V** = Contacts
W = Send Email on behalf of Practice	**X** = Messages	**Y** = Export Demographic Data	**Z** = Export Clinical Data	**AA** = Import Clinical Data	**BB** = Subpoena tool	**CC** = My Health Record Access	**DD** = My Health Record Registration	**EE** = Search Clinical Data	**FF** = Change Patient Confidential Status	**GG** = Allocate Investigation Reports
HH = Reminder Lists	**II** = Word Processor Templates	**JJ** = Word Processor	**KK** = Configuration	**LL** = Passwords	**MM** = Perform a Backup	**NN** = Restore from a backup	**OO** = Printers	**PP** = Own Preferences	**QQ** = User Preferences	**RR** = Immunisation Batch numbers
SS = Investigation Request List	**TT** = Reference Data Base (MIMS, ETC)	**UU** = Print Stored Scripts	**VV** = Script Lookup	**WW** = Patient Education Material	**XX** = Download Data	**YY** = Health Link	**ZZ** = Bulk Document Import	**AAA** = Double Book Appointments	**BBB** = Override On the Day Appointments	**CCC** = Waiting Room
DDD = Strata SSO	**EEE** = Appointments	**FFF** = Accounts	**GGG** = Payments	**HHH** = Direct Billing	**III** = Send BP Comms Msg	**JJJ** = Reports	**KKK** = Setup Sessions	**LLL** = Setup Fees	**MMM** = Banking	**NNN** = Cheque Details
OOO = Resent Batches	**PPP** = Medicare Refunds	**QQQ** = Best Health Settings	**RRR** = PRODA Setup	**SSS** = BP Browser Access						

Access

No Access / Not Allowed / Deny Access	NA
View Only	VO
Add / Edit	AE
Add / Edit / Delete	X
Allowed Access	AA

Patient Management Systems User Access Guide

Best Practice

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
Guest (VO)																										
Practice Manager	X	X	AA	X	AA	X	VO	X	NA	X	X	X	X	X	X	X	X	X	AA	AA	AA	X	AA	AA	AA	AA
Office Manager	X	X	AA	X	NA	VO	VO	VO	NA	VO	VO	X	X	X	VO	VO	VO	VO	NA	AA	AA	X	AA	AA	NA	NA
Principal Doctor	X	X	NA	X	AA	X	X	X	NA	X	X	X	X	VO	X	X	X	X	AA	AA	AA	X	AA	AA	AA	AA
Employee Doctor	VO	X	NA	VO	AA	AE	X	X	NA	X	X	X	VO	VO	X	X	X	X	AA	AA	AA	X	NA	AA	AA	NA
Practice Nurse	VO	X	NA	VO	AA	X	VO	X	NA	X	X	VO	VO	VO	VO	X	VO	X	NA	NA	AA	VO	NA	AA	NA	NA
Senior Receptionist	VO	X	AA	X	NA	VO	VO	NA	NA	NA	NA	VO	VO	VO	NA	NA	NA	NA	NA	AA	AA	VO	AA	AA	NA	NA
Receptionist	VO	X	NA	VO	NA	VO	NA	NA	NA	NA	NA	VO	VO	VO	NA	AA	NA	NA	NA	AA	AA	VO	NA	AA	NA	NA
Junior Receptionist	VO	X	NA	VO	NA	VO	NA	NA	NA	NA	NA	VO	VO	VO	NA	NA	NA	NA	NA	NA	AA	VO	NA	AA	NA	NA
Midwife	VO	X	NA	VO	AA	X	VO	X	NA	X	X	VO	VO	VO	X	X	VO	X	NA	NA	AA	VO	NA	AA	NA	NA
Psychologist	VO	VO	NA	VO	AA	AE	VO	VO	NA	VO	X	VO	VO	VO	VO	VO	VO	X	NA	NA	AA	VO	NA	AA	NA	NA
Dietitian	VO	VO	NA	NA	AA	AE	VO	VO	NA	VO	X	VO	VO	VO	VO	NA	VO	X	NA	NA	AA	VO	NA	AA	NA	NA
Diabetes Educator	VO	VO	NA	NA	AA	AE	VO	VO	NA	VO	X	VO	VO	VO	VO	NA	VO	X	NA	NA	AA	VO	NA	AA	NA	NA
Physiotherapist	VO	VO	NA	NA	AA	AE	VO	VO	NA	VO	X	VO	VO	VO	VO	NA	VO	X	NA	NA	AA	VO	NA	AA	NA	NA
Podiatrist	VO	VO	NA	NA	AA	AE	VO	VO	NA	VO	X	VO	VO	VO	VO	NA	VO	X	NA	NA	AA	VO	NA	AA	NA	NA
Social Worker	VO	VO	NA	NA	AA	AE	VO	VO	NA	VO	X	VO	VO	VO	VO	NA	VO	X	NA	NA	AA	VO	NA	AA	NA	NA
Speech Pathologist	VO	VO	NA	NA	AA	AE	VO	VO	NA	VO	X	VO	VO	VO	VO	NA	VO	X	NA	NA	AA	VO	NA	AA	NA	NA
Occupational Therapist	VO	VO	NA	NA	AA	AE	VO	VO	NA	VO	X	VO	VO	VO	VO	NA	VO	X	NA	NA	AA	VO	NA	AA	NA	NA
Dentist	VO	VO	NA	NA	AA	AE	VO	X	NA	VO	NA	VO	VO	VO	NA	NA	NA	VO	AA	NA	AA	VO	NA	AA	NA	NA
Medical Student	VO	X	NA	NA	AA	AE	VO	VO	NA	VO	X	VO	VO	VO	VO	VO	VO	X	NA	NA	AA	VO	NA	AA	NA	NA
Aboriginal Health Worker	VO	X	NA	NA	AA	AE	VO	VO	NA	VO	X	VO	VO	VO	VO	VO	VO	X	NA	NA	AA	VO	NA	AA	NA	NA
Exercise Physiologist	VO	VO	NA	NA	AA	AE	VO	VO	NA	VO	X	VO	VO	VO	VO	NA	VO	X	NA	NA	AA	VO	NA	AA	NA	NA
Radiographer	VO	VO	NA	NA	AA	AE	VO	VO	NA	VO	X	VO	VO	VO	VO	NA	VO	X	NA	NA	AA	VO	NA	AA	NA	NA
Chiropractor	VO	VO	NA	NA	AA	AE	VO	VO	NA	VO	X	VO	VO	VO	VO	NA	VO	X	NA	NA	AA	VO	NA	AA	NA	NA
Osteopath	VO	VO	NA	NA	AA	AE	VO	VO	NA	VO	X	VO	VO	VO	VO	NA	VO	X	NA	NA	AA	VO	NA	AA	NA	NA
Massage Therapist	VO	VO	NA	NA	AA	AE	VO	VO	NA	VO	X	VO	VO	VO	VO	NA	VO	X	NA	NA	AA	VO	NA	AA	NA	NA
Orthoptist	VO	VO	NA	NA	AA	AE	VO	VO	NA	VO	X	VO	VO	VO	VO	NA	VO	X	NA	NA	AA	VO	NA	AA	NA	NA
Dental Prosthetist	VO	VO	NA	NA	AA	AE	VO	VO	NA	VO	X	VO	VO	VO	VO	NA	VO	X	NA	NA	AA	VO	NA	AA	NA	NA
Nurse Practitioner	VO	X	NA	VO	AA	AE	X	X	NA	X	X	X	VO	VO	X	X	X	X	AA	AA	AA	X	NA	AA	AA	NA
Audiologist	VO	VO	NA	NA	AA	AE	VO	VO	NA	VO	X	VO	VO	VO	VO	NA	VO	X	NA	NA	AA	VO	NA	AA	NA	NA
Resource																										
Clinical Pharmacist	VO	VO	NA	NA	AA	AE	VO	VO	NA	VO	X	VO	VO	VO	VO	VO	VO	X	NA	NA	AA	VO	NA	AA	NA	NA
Aboriginal and Torres Strait Islander Health Practitioner	VO	X	NA	VO	AA	X	VO	X	NA	X	X	VO	VO	VO	VO	X	VO	X	NA	NA	AA	VO	NA	AA	NA	NA
Drug and Alcohol Worker	VO	VO	NA	VO	AA	AE	VO	VO	NA	VO	X	NA	VO	NA	VO	NA	NA	X	NA	NA	AA	VO	NA	AA	NA	NA
Tobacco Worker	VO	VO	NA	VO	AA	AE	VO	VO	NA	VO	X	NA	NA	NA	VO	NA	NA	X	NA	NA	AA	VO	NA	AA	NA	NA
Sexual Health Worker	VO	VO	NA	VO	AA	AE	VO	VO	NA	VO	X	VO	VO	VO	VO	VO	VO	X	NA	NA	AA	VO	NA	AA	NA	NA
Traditional Healer	VO	VO	NA	VO	AA	AE	VO	VO	NA	VO	X	NA	VO	NA	VO	NA	NA	X	NA	NA	AA	VO	NA	AA	NA	NA
Child and Maternal Nurse	VO	X	NA	VO	AA	X	VO	X	NA	X	X	VO	VO	VO	VO	X	VO	X	NA	NA	AA	VO	NA	AA	NA	NA
Counsellor	VO	VO	NA	VO	AA	AE	VO	VO	NA	VO	X	VO	VO	NA	VO	NA	NA	X	NA	NA	AA	VO	NA	AA	NA	NA
Welfare Worker	VO	VO	NA	VO	AA	AE	VO	VO	NA	VO	X	NA	VO	NA	VO	NA	NA	X	NA	NA	AA	VO	NA	AA	NA	NA
SEWB Staff	VO	VO	NA	VO	AA	AE	VO	VO	NA	VO	X	NA	VO	NA	VO	NA	NA	X	NA	NA	AA	VO	NA	AA	NA	NA
Optometrist	VO	VO	NA	NA	AA	AE	VO	VO	NA	VO	X	VO	VO	VO	VO	NA	VO	X	NA	NA	AA	VO	NA	AA	NA	NA
Contract Doctor	VO	X	NA	VO	AA	AE	X	X	NA	X	X	X	VO	VO	X	X	X	X	AA	AA	AA	X	NA	AA	NA	NA
Registrar	VO	X	NA	VO	AA	AE	X	X	NA	X	X	X	VO	VO	X	X	X	X	AA	AA	AA	X	NA	AA	NA	NA

	AA	BB	CC	DD	EE	FF	GG	HH	II	JJ	KK	LL	MM	NN	OO	PP	QQ	RR	SS	TT	UU	VV	WW	XX	YY	ZZ
Guest (VO)																										
Practice Manager	AA	AA	AA	AA	AA	AA	AA	AA	X	AA	AA	AA	AA	AA	AA	X	X	AA	AA	AA	AA	AA	X	AA	AA	AA
Office Manager	NA	AA	AA	AA	NA	NA	AA	AA	X	AA	AA	NA	NA	NA	AA	NA	X	NA	NA	NA	NA	AA	X	NA	AA	AA
Principal Doctor	AA	AA	AA	AA	AA	AA	AA	AA	X	AA	AA	NA	AA	AA	AA	X	X	AA	AA	AA	AA	AA	X	AA	AA	AA
Employee Doctor	AA	AA	AA	AA	AA	AA	AA	AA	X	AA	NA	NA	NA	NA	AA	NA	NA	AA	AA	AA	AA	AA	X	AA	AA	AA
Practice Nurse	NA	NA	AA	AA	NA	NA	NA	AA	NA	AA	NA	NA	NA	NA	AA	NA	NA	AA	AA	AA	NA	AA	VO	NA	AA	AA
Senior Receptionist	NA	NA	NA	AA	NA	NA	AA	NA	NA	NA	NA	NA	NA	NA	AA	NA	NA	NA	NA	NA	NA	NA	VO	NA	NA	AA
Receptionist	NA	NA	NA	NA	NA	NA	AA	NA	NA	NA	NA	NA	NA	NA	AA	NA	NA	NA	NA	NA	NA	NA	VO	NA	NA	AA
Junior Receptionist	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	AA	NA	NA	NA	NA	NA	NA	NA	VO	NA	NA	NA
Midwife	NA	NA	AA	AA	NA	NA	NA	AA	NA	AA	NA	NA	NA	NA	AA	NA	NA	AA	AA	AA	NA	AA	VO	NA	AA	AA
Psychologist	NA	NA	AA	NA	AA	NA	NA	NA	NA	AA	NA	NA	NA	NA	AA	NA	NA	NA	AA	AA	NA	AA	X	NA	AA	NA
Dietitian	NA	NA	AA	NA	AA	NA	NA	NA	NA	AA	NA	NA	NA	NA	AA	NA	NA	NA	AA	AA	NA	AA	X	NA	NA	NA
Diabetes Educator	NA	NA	AA	NA	AA	NA	NA	NA	NA	AA	NA	NA	NA	NA	AA	NA	NA	NA	AA	AA	NA	AA	X	NA	NA	NA
Physiotherapist	NA	NA	AA	NA	AA	NA	NA	NA	NA	AA	NA	NA	NA	NA	AA	NA	NA	NA	AA	AA	NA	AA	X	NA	NA	NA
Podiatrist	NA	NA	AA	NA	AA	NA	NA	NA	NA	AA	NA	NA	NA	NA	AA	NA	NA	NA	AA	AA	NA	AA	X	NA	NA	NA
Social Worker	NA	NA	AA	NA	AA	NA	NA	NA	NA	AA	NA	NA	NA	NA	AA	NA	NA	NA	AA	AA	NA	AA	X	NA	NA	NA
Speech Pathologist	NA	NA	AA	NA	AA	NA	NA	NA	NA	AA	NA	NA	NA	NA	AA	NA	NA	NA	AA	AA	NA	AA	X	NA	NA	NA
Occupational Therapist	NA	NA	AA	NA	AA	NA	NA	NA	NA	AA	NA	NA	NA	NA	AA	NA	NA	NA	AA	AA	NA	AA	X	NA	NA	NA
Dentist	NA	NA	AA	NA	AA	NA	NA	AA	NA	AA	NA	NA	NA	NA	AA	NA	NA	NA	NA	AA	AA	AA	VO	NA	NA	NA
Medical Student	NA	NA	AA	AA	AA	NA	NA	AA	NA	AA	NA	NA	NA	NA	AA	NA	NA	NA	AA	AA	NA	AA	VO	NA	NA	NA
Aboriginal Health Worker	NA	NA	AA	AA	AA	NA	NA	AA	NA	AA	NA	NA	NA	NA	AA	NA	NA	NA	AA	AA	NA	AA	VO	NA	NA	NA
Exercise Physiologist	NA	NA	AA	NA	AA	NA	NA	NA	NA	AA	NA	NA	NA	NA	AA	NA	NA	NA	AA	AA	NA	AA	X	NA	NA	NA
Radiographer	NA	NA	AA	NA	AA	NA	NA	NA	NA	AA	NA	NA	NA	NA	AA	NA	NA	NA	AA	AA	NA	AA	X	NA	NA	NA
Chiropractor	NA	NA	AA	NA	AA	NA	NA	NA	NA	AA	NA	NA	NA	NA	AA	NA	NA	NA	AA	AA	NA	AA	X	NA	NA	NA
Osteopath	NA	NA	AA	NA	AA	NA	NA	NA	NA	AA	NA	NA	NA	NA	AA	NA	NA	NA	AA	AA	NA	AA	X	NA	NA	NA
Massage Therapist	NA	NA	AA	NA	AA	NA	NA	NA	NA	AA	NA	NA	NA	NA	AA	NA	NA	NA	AA	AA	NA	AA	X	NA	NA	NA
Orthoptist	NA	NA	AA	NA	AA	NA	NA	NA	NA	AA	NA	NA	NA	NA	AA	NA	NA	NA	AA	AA	NA	AA	X	NA	NA	NA
Dental Prosthetist	NA	NA	AA	NA	AA	NA	NA	NA	NA	AA	NA	NA	NA	NA	AA	NA	NA	NA	AA	AA	NA	AA	X	NA	NA	NA
Nurse Practitioner	AA	AA	AA	AA	AA	AA	AA	AA	X	AA	NA	NA	NA	NA	AA	NA	NA	AA	AA	AA	AA	AA	X	AA	AA	AA
Audiologist	NA	NA	AA	NA	AA	NA	NA	NA	NA	AA	NA	NA	NA	NA	AA	NA	NA	NA	AA	AA	NA	AA	X	NA	NA	NA
Resource																										
Clinical Pharmacist	NA	NA	AA	NA	AA	NA	NA	NA	NA	AA	NA	NA	NA	NA	AA	NA	NA	NA	AA	AA	NA	AA	X	NA	NA	NA
Aboriginal and Torres Strait Islander Health Practitioner	NA	NA	AA	AA	NA	NA	NA	AA	NA	AA	NA	NA	NA	NA	AA	NA	NA	AA	AA	AA	NA	AA	VO	NA	AA	AA
Drug and Alcohol Worker	NA	NA	NA	NA	NA	NA	NA	NA	NA	AA	NA	NA	NA	NA	AA	NA	NA	NA	NA	AA	NA	AA	VO	NA	NA	NA
Tobacco Worker	NA	NA	NA	NA	NA	NA	NA	NA	NA	AA	NA	NA	NA	NA	AA	NA	NA	NA	NA	AA	NA	AA	VO	NA	NA	NA
Sexual Health Worker	NA	NA	AA	NA	AA	NA	NA	NA	NA	AA	NA	NA	NA	NA	AA	NA	NA	NA	AA	AA	NA	AA	X	NA	AA	NA
Traditional Healer	NA	NA	AA	NA	AA	NA	NA	NA	NA	AA	NA	NA	NA	NA	AA	NA	NA	NA	AA	AA	NA	AA	X	NA	NA	NA
Child and Maternal Nurse	NA	NA	AA	AA	NA	NA	NA	AA	NA	AA	NA	NA	NA	NA	AA	NA	NA	AA	AA	AA	NA	AA	VO	NA	AA	AA
Counsellor	NA	NA	AA	NA	AA	NA	NA	NA	NA	AA	NA	NA	NA	NA	AA	NA	NA	NA	AA	AA	NA	AA	X	NA	NA	NA
Welfare Worker	NA	NA	AA	NA	AA	NA	NA	NA	NA	AA	NA	NA	NA	NA	AA	NA	NA	NA	AA	AA	NA	AA	X	NA	NA	NA
SEWB Staff	NA	NA	AA	NA	AA	NA	NA	NA	NA	AA	NA	NA	NA	NA	AA	NA	NA	NA	AA	AA	NA	AA	X	NA	NA	NA
Optometrist	NA	NA	AA	NA	AA	NA	NA	NA	NA	AA	NA	NA	NA	NA	AA	NA	NA	NA	AA	AA	NA	AA	X	NA	NA	NA
Contract Doctor	NA	NA	AA	AA	AA	AA	AA	AA	X	AA	NA	NA	NA	NA	AA	NA	NA	AA	AA	AA	AA	AA	X	NA	AA	AA
Registrar	NA	NA	AA	AA	AA	AA	AA	AA	X	AA	NA	NA	NA	NA	AA	NA	NA	AA	AA	AA	AA	AA	X	NA	AA	AA

	AAA	BBB	CCC	DDD	EEE	FFF	GGG	HHH	III	JJJ	KKK	LLL	MMM	NNN	OOO	PPP	QQQ	RRR	SSS
Guest (VO)																			
Practice Manager	AA	AA	AA	AA	X	X	X	X	AA	AA	X	X	AA	AA	AA	AA	X	AA	AA
Office Manager	AA	NA	AA	NA	X	X	X	X	AA	AA	X	X	AA	AA	AA	AA	X	AA	AA
Principal Doctor	AA	AA	AA	AA	X	X	X	X	AA	AA	X	X	AA	AA	AA	NA	X	AA	AA
Employee Doctor	AA	AA	AA	AA	X	AE	AE	X	AA	AA	VO	VO	AA	AA	NA	NA	VO	AA	AA
Practice Nurse	AA	NA	AA	AA	X	NA	NA	NA	AA	NA	NA	NA	NA	NA	NA	NA	NA	NA	AA
Senior Receptionist	AA	AA	AA	NA	X	AE	VO	VO	AA	NA	NA	NA	NA	NA	NA	NA	NA	NA	AA
Receptionist	NA	NA	AA	NA	X	VO	VO	VO	AA	NA	NA	NA	NA	NA	NA	NA	NA	NA	AA
Junior Receptionist	NA	NA	AA	NA	X	VO	VO	VO	AA	NA	NA	NA	NA	NA	NA	NA	NA	NA	AA
Midwife	AA	NA	AA	AA	X	NA	NA	NA	AA	NA	NA	NA	NA	NA	NA	NA	NA	NA	AA
Psychologist	NA	NA	AA	NA	X	NA	NA	NA	AA	NA	NA	NA	NA	NA	NA	NA	NA	NA	AA
Dietitian	NA	NA	AA	NA	VO	NA	NA	NA	AA	NA	NA	NA	NA	NA	NA	NA	NA	NA	AA
Diabetes Educator	NA	NA	AA	NA	VO	NA	NA	NA	AA	NA	NA	NA	NA	NA	NA	NA	NA	NA	AA
Physiotherapist	NA	NA	AA	NA	VO	NA	NA	NA	AA	NA	NA	NA	NA	NA	NA	NA	NA	NA	AA
Podiatrist	NA	NA	AA	NA	VO	NA	NA	NA	AA	NA	NA	NA	NA	NA	NA	NA	NA	NA	AA
Social Worker	NA	NA	AA	NA	VO	NA	NA	NA	AA	NA	NA	NA	NA	NA	NA	NA	NA	NA	AA
Speech Pathologist	NA	NA	AA	NA	VO	NA	NA	NA	AA	NA	NA	NA	NA	NA	NA	NA	NA	NA	AA
Occupational Therapist	NA	NA	AA	NA	VO	NA	NA	NA	AA	NA	NA	NA	NA	NA	NA	NA	NA	NA	AA
Dentist	NA	NA	AA	AA	VO	VO	AE	X	AA	NA	NA	NA	NA	NA	NA	NA	NA	NA	AA
Medical Student	NA	NA	AA	NA	X	NA	NA	NA	AA	NA	NA	NA	NA	NA	NA	NA	NA	NA	AA
Aboriginal Health Worker	NA	NA	AA	NA	X	NA	NA	NA	AA	NA	NA	NA	NA	NA	NA	NA	NA	NA	AA
Exercise Physiologist	NA	NA	AA	NA	VO	NA	NA	NA	AA	NA	NA	NA	NA	NA	NA	NA	NA	NA	AA
Radiographer	NA	NA	AA	NA	VO	NA	NA	NA	AA	NA	NA	NA	NA	NA	NA	NA	NA	NA	AA
Chiropractor	NA	NA	AA	NA	VO	NA	NA	NA	AA	NA	NA	NA	NA	NA	NA	NA	NA	NA	AA
Osteopath	NA	NA	AA	NA	VO	NA	NA	NA	AA	NA	NA	NA	NA	NA	NA	NA	NA	NA	AA
Massage Therapist	NA	NA	AA	NA	VO	NA	NA	NA	AA	NA	NA	NA	NA	NA	NA	NA	NA	NA	AA
Orthoptist	NA	NA	AA	NA	VO	NA	NA	NA	AA	NA	NA	NA	NA	NA	NA	NA	NA	NA	AA
Dental Prosthetist	NA	NA	AA	NA	VO	NA	NA	NA	AA	NA	NA	NA	NA	NA	NA	NA	NA	NA	AA
Nurse Practitioner	AA	AA	AA	AA	X	AE	AE	X	AA	AA	VO	VO	AA	AA	NA	NA	VO	AA	AA
Audiologist	NA	NA	AA	NA	VO	NA	NA	NA	AA	NA	NA	NA	NA	NA	NA	NA	NA	NA	AA
Resource																			
Clinical Pharmacist	NA	NA	AA	NA	VO	NA	NA	NA	AA	NA	NA	NA	NA	NA	NA	NA	NA	NA	AA
Aboriginal and Torres Strait Islander Health Practitioner	AA	NA	AA	AA	VO	NA	NA	NA	AA	NA	NA	NA	NA	NA	NA	NA	NA	NA	AA
Drug and Alcohol Worker	NA	NA	AA	NA	VO	NA	NA	NA	AA	NA	NA	NA	NA	NA	NA	NA	NA	NA	AA
Tobacco Worker	NA	NA	AA	NA	VO	NA	NA	NA	AA	NA	NA	NA	NA	NA	NA	NA	NA	NA	AA
Sexual Health Worker	NA	NA	AA	NA	VO	NA	NA	NA	AA	NA	NA	NA	NA	NA	NA	NA	NA	NA	AA
Traditional Healer	NA	NA	AA	NA	VO	NA	NA	NA	AA	NA	NA	NA	NA	NA	NA	NA	NA	NA	AA
Child and Maternal Nurse	AA	NA	AA	AA	VO	NA	NA	NA	AA	NA	NA	NA	NA	NA	NA	NA	NA	NA	AA
Counsellor	NA	NA	AA	NA	VO	NA	NA	NA	AA	NA	NA	NA	NA	NA	NA	NA	NA	NA	AA
Welfare Worker	NA	NA	AA	NA	VO	NA	NA	NA	AA	NA	NA	NA	NA	NA	NA	NA	NA	NA	AA
SEWB Staff	NA	NA	AA	NA	VO	NA	NA	NA	AA	NA	NA	NA	NA	NA	NA	NA	NA	NA	AA
Optometrist	NA	NA	AA	NA	VO	NA	NA	NA	AA	NA	NA	NA	NA	NA	NA	NA	NA	NA	AA
Contract Doctor	AA	AA	AA	AA	X	AE	AE	X	AA	AA	VO	VO	AA	AA	NA	NA	VO	AA	AA
Registrar	AA	AA	AA	AA	X	AE	AE	X	AA	AA	VO	VO	AA	AA	NA	NA	VO	AA	AA

Patient Management Systems User Access Guide

Communicare

System Rights

A = AIR Patient Integration	**B** = AIR Patient Integration Update	**C** = Address Book Maintenance	**D** = Adverse Reaction Administration	**E** = Appointments	**F** = Appointments Administration	**G** = Billing	**H** = Billing Administration	**I** = Biographics	**J** = Clinical Records	**K** = Clinical Reporting
L = Consolidated Order - Manage	**M** = Data Entry Wizard	**N** = Document Scanning	**O** = Electronic Documents	**P** = Investigations	**Q** = Management Reporting	**R** = Medication History	**S** = Medication View	**T** = My Health Record Access	**U** = My Health Record Assisted Registration	**V** = NCSR Integration
W = Patient Add	**X** = Patient Deletion	**Y** = Patient Edit	**Z** = Patient Status Administration	**AA** = Prescribing	**BB** = Prescribing – Once Off / Short Course	**CC** = Provider Administration	**DD** = Reference Tables	**EE** = Report Administration	**FF** = SMS Messaging	**GG** = Service Recording

Viewing Rights

A = Care Plan	**B** = Common	**C** = Community Services	**D** = Dentist	**E** = Doctors Only	**F** = Highly Sensitive Information	**G** = Home and Community Care
H = Investigations View	**I** = Maternal & Sexual Health	**J** = Other Sensitive Information	**K** = Outside Providers	**L** = Psychological	**M** = Reception Viewing Rights	

User Group	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	BB	CC	DD	EE	FF	GG
Allied Health			X	X	X		X	X	X	X			X	X	X	X		X	X	X					X	X						X	X
Dentist				X	X	X	X	X	X	X			X		X	X		X	X	X					X	X	X					X	X
Dental Assistant				X	X	X			X	X	X		X	X	X	X			X						X	X						X	X
Doctor	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			X		X	X	X		X	X	X
Health Worker	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X		X	X			X		X	X	X
Non-Medical Manager			X		X	X			X	X	X		X	X	X		X								X	X			X		X	X	X
Nurse / AHP	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X		X	X			X		X	X	X
Mental Health / Psychology				X	X		X		X	X	X		X	X	X	X	X	X	X	X					X							X	X
Programs			X	X	X	X		X	X	X	X		X	X	X			X	X						X						X	X	X
Reception / Admin Non Medical			X		X	X			X				X	X									X		X	X						X	
Reception Medical			X		X	X			X				X	X	X								X		X	X			X			X	
Research				X	X				X	X			X	X	X	X															X	X	
SEWB Worker / Counsellor				X	X	X			X	X			X	X	X	X		X	X						X							X	X
System Administrators	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			X	X	X	X	X

User Group	A	B	C	D	E	F	G	H	I	J	K	L	M
Allied Health	X	X	X				X	X	X		X		X
Dentist	X	X		X									X
Dental Assistant	X	X		X									X
Doctor	X	X	X	X	X	X	X	X	X		X	X	X
Health Worker	X	X	X				X	X	X		X		X
Non-Medical Manager	X	X	X				X				X		X
Nurse / AHP	X	X	X				X	X	X		X	X	X
Mental Health / Psychology	X	X	X		X		X	X	X		X	X	X
Programs	X	X	X				X						X
Reception / Admin Non Medical													X
Reception Medical													X
Research	X	X	X				X	X	X		X		X
SEWB Worker / Counsellor	X	X	X				X	X	X		X		X
System Administrators	X	X	X	X	X	X	X	X	X	X	X	X	X

Risk Management Framework & Register

[Service Letterhead]

Disclaimer

Please be advised that this resource has been prepared by the Aboriginal Health and Medical Research Council of NSW (AH&MRC) to broadly meet the needs of AH&MRC's Member Organisations. This resource is a general guide and will need to be amended to suit your particular organisation.

AH&MRC cannot guarantee that this resource will meet all the requirements of your individual organisation and may not be relevant to particular patients or their circumstances. AH&MRC strongly recommends that you undertake your own independent skill or judgement or seek appropriate professional advice relevant to their own particular circumstances when so doing.

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Governance and Implementation

This resource should be reviewed and endorsed in accordance with the organisation's governance and document control processes prior to implementation.

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[Service Letterhead]

[Organisation Name]

Risk Management Framework and Register

Document Control

Title	Risk Management Plan Framework and Register
Approval Date	DD/MM/YYYY
Amended Date	DD/MM/YYYY
Next Review Date	DD/MM/YYYY
Version Number	1.0
Responsible Officer	CEO / CQI Manager / Compliance Coordinator
Accreditation Mapping Code	RACGP 5th Edition: C1.1, C1.2, C1.3, C1.4, C2.1, C3.1, C6.1 NSQHS Standards: Standard 1 – Clinical Governance; Standard 2 – Partnering with Consumers ASES: Standard 6 – Governance and Management; Standard 8 – Service Delivery ISO 9001:2015: Risk-Based Thinking and Continuous Improvement

AH&MRC

[Service Letterhead]

Contents

[Service Letterhead]

1. Purpose

The purpose of this policy is to establish a systematic, proactive, and culturally safe approach to identifying, assessing, managing, and monitoring organisational and clinical risks.
The aim is to ensure the safety, wellbeing, and cultural security of clients, staff, and community, while maintaining compliance with accreditation and legislative requirements.

2. Scope

This policy applies to all programs, staff, contractors, and visiting providers within the organisation. It covers clinical, operational, cultural, financial, and governance risks across all service areas.

3. Definitions

Risk – The chance of something happening that will have an impact on objectives.

Risk Register – A live document recording identified risks, controls and actions.

Residual Risk – The remaining risk after controls have been applied.

CQI – Continuous Quality Improvement – A structured, ongoing process of reflection, review and improvement.

4. Policy Statement

The organisation recognises that risk management is an integral part of good governance and continuous quality improvement (CQI).
Risk management activities will:

- Promote a culture of safety, accountability, and transparency.
- Be informed by Aboriginal ways of knowing, being, and doing.
- Focus on learning and improvement, not blame.
- Be integrated within strategic and operational planning cycles.

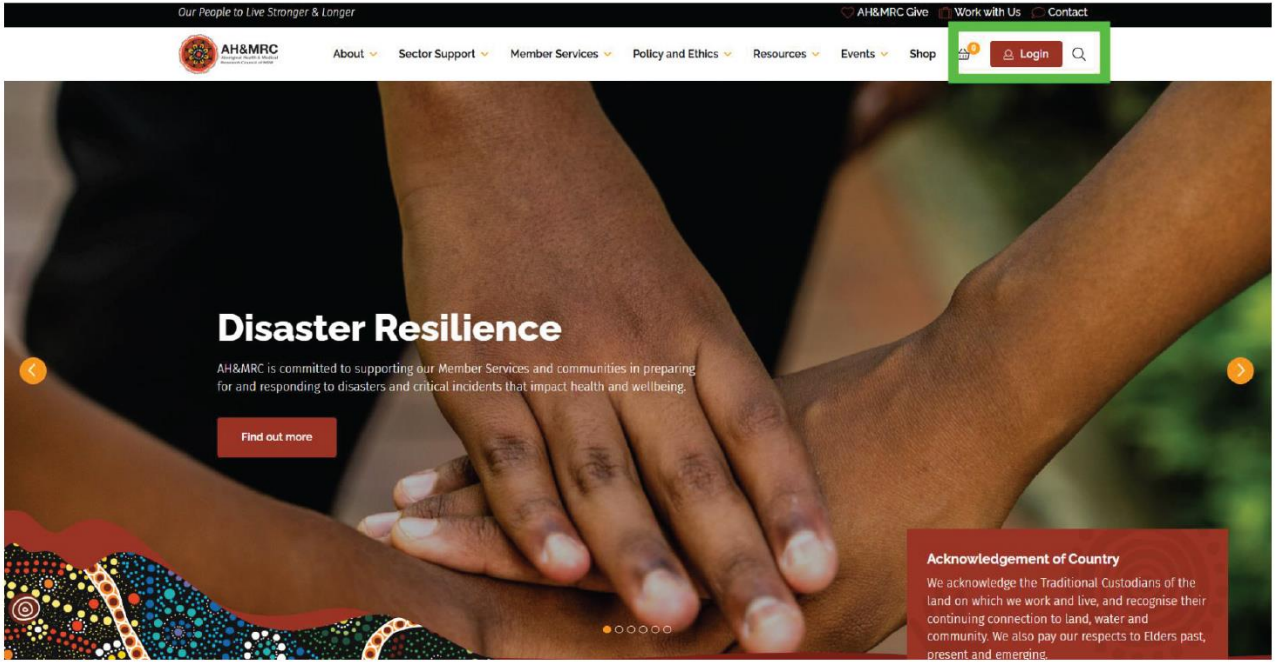
Accessing the Resource Suite

The Resource Suite is being developed as a centralised collection of practical resources available to AH&MRC Member Services through the Member Portal.

1. Visit AH&MRC website

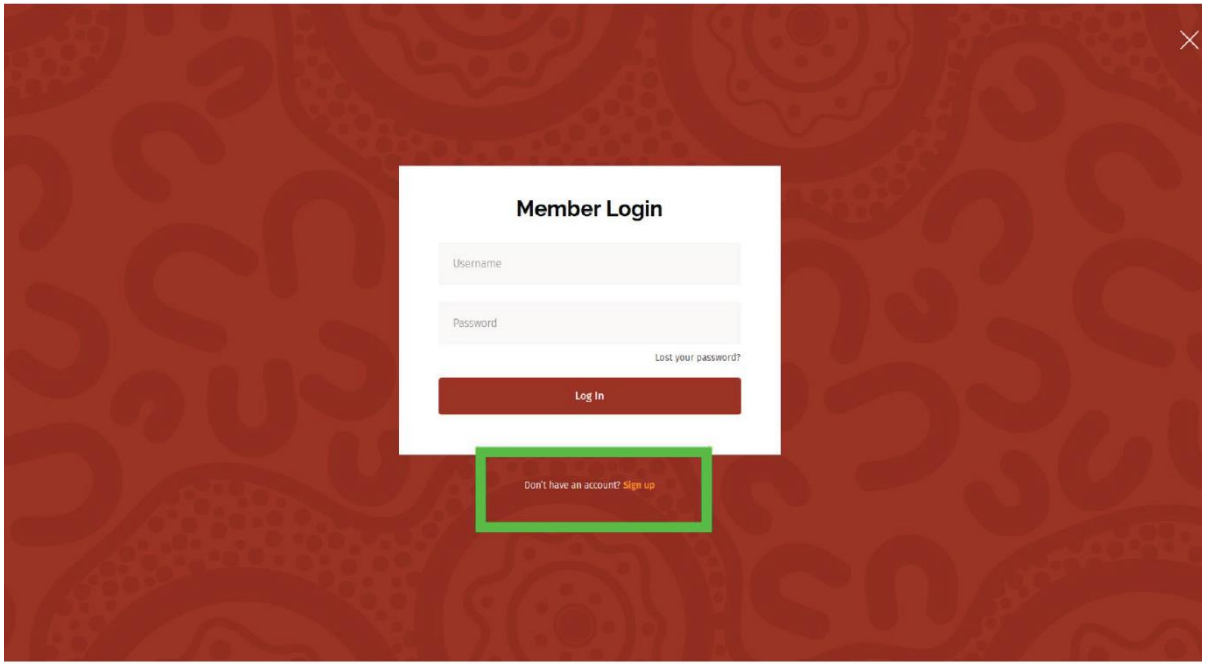
2. Navigate to the top right-hand side of the website, where you will find a maroon ‘Login’ button in the top menu bar.

3. Click ‘**Login**’.



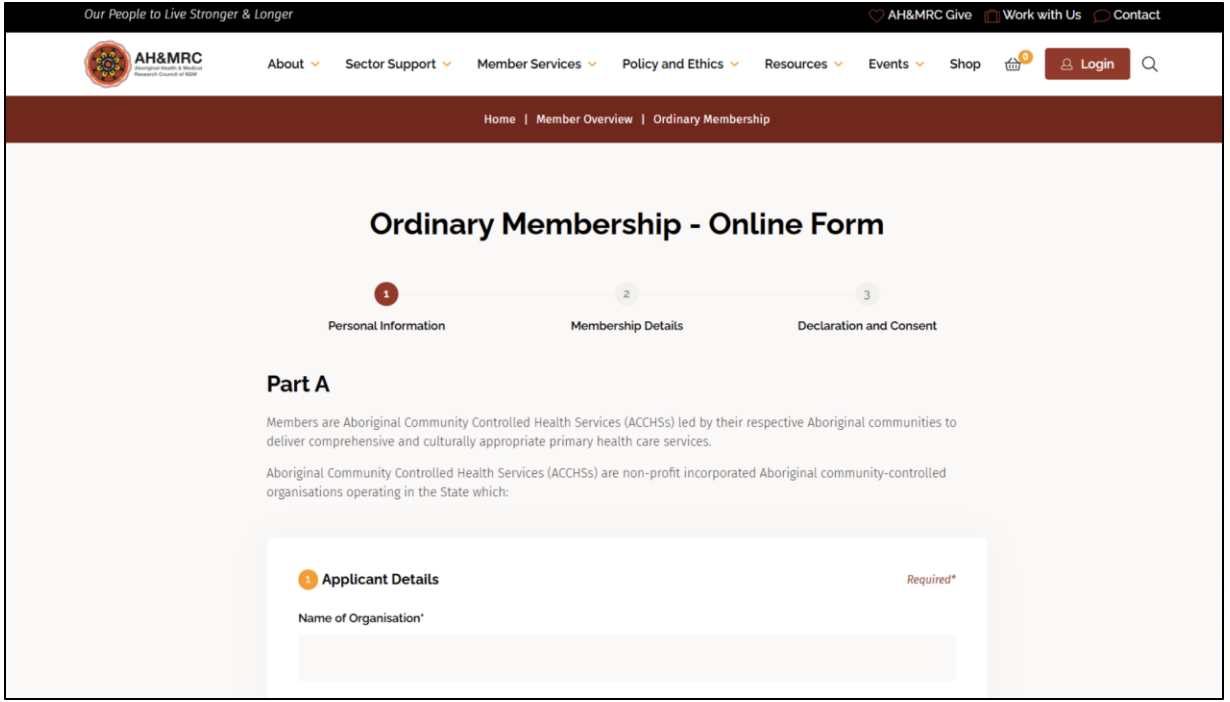
4 It will take you to a log in page. If you know your account details, log in here. If not, select '**Don't have an account? Sign up'** underneath the white log in box.

5 It will present you with 2 membership options. Select '**Ordinary User'** on the left-hand side.



6 Fill out the New Membership Form. You will only need to fill out your name, email address, job title, and organisation.

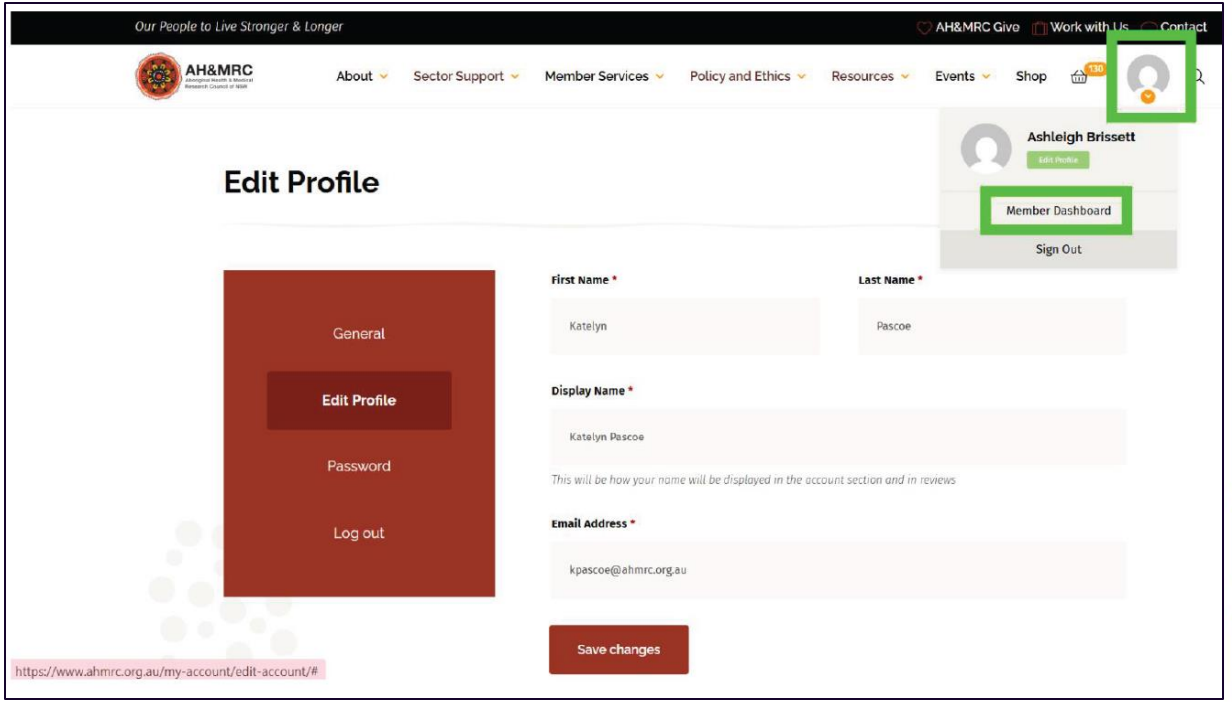
7 Your account will go into a cooling off period until the comms team create your account (within an hour in business hours).

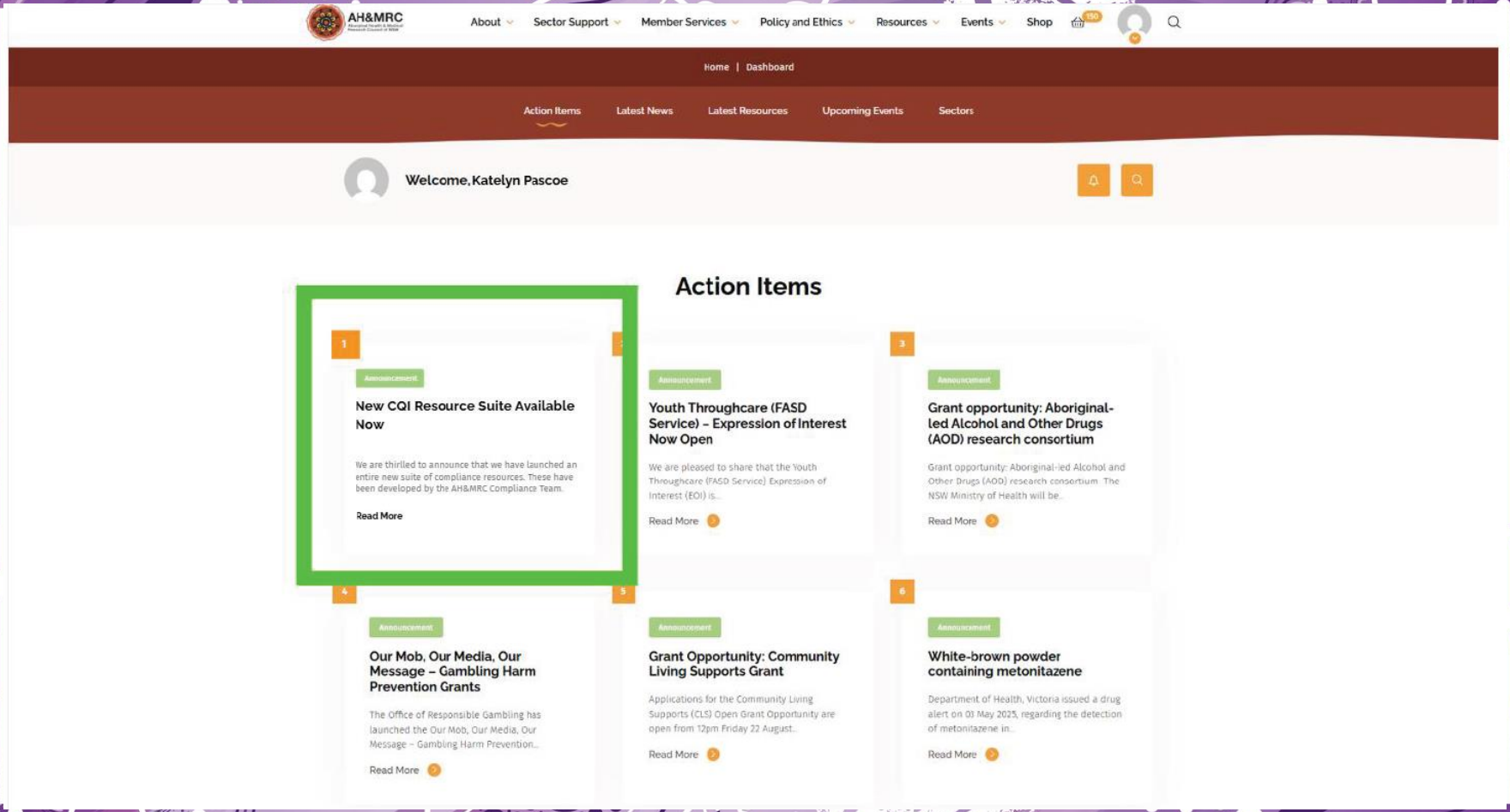


8 This will take you to the Member dashboard. From here, you will see **‘Action Items’**.

9 You will see relevant information for Member Services, upcoming grants, and other news.

10 Select ‘**New CQI Resource Suite Available Now’**.




AH&MRC
About
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Sectors
Welcome, Katelyn Pascoe
Action Items
1
Announcement
New CQI Resource Suite Available Now
We are thrilled to announce that we have launched an entire new suite of compliance resources. These have been developed by the AH&MRC Compliance Team.
Read More
Announcement
Youth Throughcare (FASD Service) – Expression of Interest Now Open
We are pleased to share that the Youth Throughcare (FASD Service) Expression of Interest (EOI) is...
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Announcement
Grant opportunity: Aboriginal-led Alcohol and Other Drugs (AOD) research consortium
Grant opportunity: Aboriginal-led Alcohol and Other Drugs (AOD) research consortium The NSW Ministry of Health will be...
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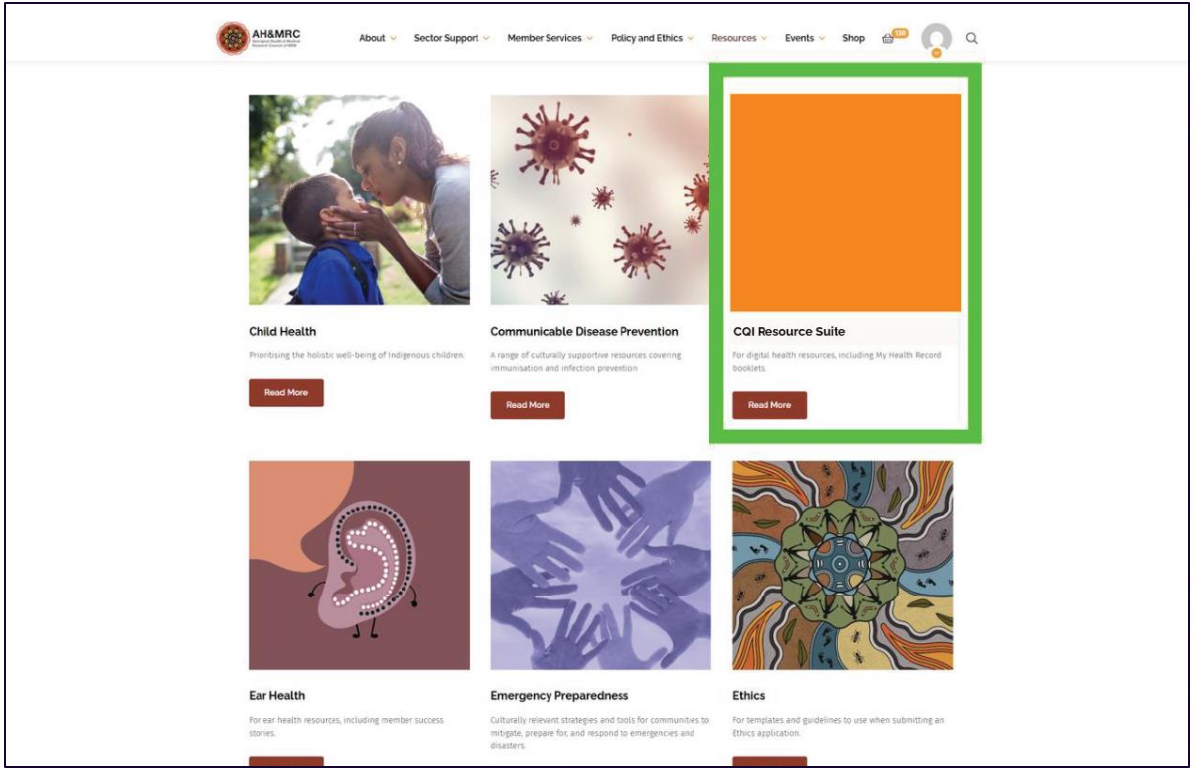
4
Announcement
Our Mob, Our Media, Our Message – Gambling Harm Prevention Grants
The Office of Responsible Gambling has launched the Our Mob, Our Media, Our Message – Gambling Harm Prevention...
Read More
5
Announcement
Grant Opportunity: Community Living Supports Grant
Applications for the Community Living Supports (CLS) Open Grant Opportunity are open from 12pm Friday 22 August...
Read More
6
Announcement
White-brown powder containing metonitazene
Department of Health, Victoria issued a drug alert on 03 May 2025, regarding the detection of metonitazene in...
Read More

11 You will also be able to access the Resource Suite under ‘**Resources’** from our website’s main navigation bar. It will take you to all of our resource categories.

12 Please note that you must be logged in to access the Member-only Resource suite.



Future Development & Next Steps

The Resource Suite will continue to evolve through ongoing collaboration, implementation activities, and engagement with Member Services across the sector.

Current Priorities

- Expanding practical operational resources for ACCHSs
- Strengthening accreditation, CQI, and governance support tools
- Increasing Medicare, digital health, and compliance resources

Planned Activities

- Development of additional workforce and operational templates
- Expansion of accreditation, CQI, and risk management resources
- Ongoing Member Service consultation, feedback, and collaboration

Continued Development Focus

- Supporting consistent and sustainable systems across ACCHSs
- Strengthening statewide collaboration and shared learning
- Maintaining alignment with sector priorities and best practice standards

The Resource Suite will continue developing in response to sector needs, operational challenges, and emerging priorities across Aboriginal Community Controlled Health Services.

Open Discussion & Feedback

Thank you to all Member Services for your ongoing collaboration, engagement, and commitment to strengthening quality improvement, governance, and culturally safe healthcare systems across the sector.

We value:

- Feedback on the Resource Suite
- Suggestions for future resources and tools
- Ideas for CQI collaboration and shared learning
- Discussion around operational challenges and sector priorities
- Ongoing engagement and partnership with Member Services