
PROCEDURE C26.3-P26.3

CLINIC MANAGEMENT

1.0 INTRODUCTION

1.1 Related Policy

Clinics Policy

1.2 Purpose

The Purpose of this procedure is to outline the ACHW and Third-Party Partner (TPP) responsibilities and processes involved in approving a new Internal or External clinic, monitoring and auditing a clinic to ensure standards are maintained, inducting students to a clinic, and ensuring the safety and wellbeing of students and staff in the clinic.

1.3 Scope

This procedure applies to all ACHW and TPP staff and students who are involved in any way with clinics. This includes, but is not limited to, senior staff with overall responsibility for ACHW's activities and services, staff coordinating, teaching and supervising students in clinics, students being taught in clinics, staff and committees conducting due diligence and approving a new clinic, staff developing agreements with clinics, and staff and committees conducting quality assurance of clinic facilities.

This procedure applies to all clinics, including those whose facilities are hired by ACHW for the purposes of teaching clinical skills to students, and where the clinic is part of a TPP.

1.4 Scope Exceptions

This procedure does not apply to staff who have no involvement in processes related to external clinics.

2.0 RESPONSIBILITIES

1. All ACHW and TPP staff and students involved in clinics are responsible for adhering to this procedure, other relevant ACHW and Scentia Group policies and procedures, clinic procedures provided to them by Facilitators, and all relevant legislation.
2. All ACHW and TPP staff and students are responsible for adhering to their responsibilities under the Work Health and Safety Act (2011) and State Acts and Codes.

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3. The Head of School, ACHW and the National Clinic Manager are responsible to liaise with and communicate with External and Internal Clinics.
 4. The Head of School, ACHW and the National Clinic Manager are responsible for the due diligence and audit of a prospective External Clinic.
 5. The Head of School, ACHW is responsible for the due diligence of a prospective Internal Clinic prior to entering a lease agreement.
 6. The Head of School, ACHW and the National Clinic Manager are responsible for ensuring that Internal Clinics are appropriately fitted, equipped and meet all WHS, operating and licensing requirements prior to approval for commencing operation.
 7. The Work Health and Safety (WHS) Committee is responsible for ensuring the completion of annual audit of Internal and External Clinics and monitor clinic quality assurance. The Head of School, ACHW and the National Clinic Supervisor action the audit, using a specific Clinic Audit Checklist which includes criteria for:
 - currency of required accreditation and registration.
 - general condition of the site and continued suitability for use as a clinical teaching facility.
 - the appropriateness and size of teaching areas for the number of ACHW or TPP students who will attend the clinic.
 - the processes involved in obtaining feedback from ACHW and TPP staff and students and acting on the feedback.
 - processes for clients to lodge complaints.
 - the availability of required equipment and equipment procedures; and
 - whether maintenance logs are current for equipment where a maintenance log is required by the manufacturer or council and regulatory bodies.
 8. The Head of School, ACHW and the National Clinic Manager are delegated by the WHS Committee to action the annual audit.
 9. The WHS Committee is responsible for recommending to the Chief Education Officer Higher Education the contracting of new External clinics and the cancellation of External clinics not meeting standards.
 10. The ACHW TLC endorses proposals for new clinics, following due diligence and audit of facilities, and endorses cancellation of the use of a clinic where standards are not met. The ACHW TLC advises, for noting, the ACHW Academic Board of new or terminated clinic agreements.
 11. The ACHW Corporate Board is responsible for approving new Internal Clinics and the closure of existing Internal Clinics.
 12. The National Clinic Manager is responsible for coordinating Clinics across the country on behalf of ACHW, record evidence of students' Hepatitis B immunisation and provide ACHW Clinic Facilitators with a list of students who have registered to attend clinics.

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13. The National Clinic Manager, with support from the Head of School, is also responsible for the onboarding of all Clinic Facilitators which includes organising relevant training as well as ensuring WHS compliance onboarding.
 14. ACHW Clinic Facilitators are responsible for providing health and safety and equipment demonstrations, clinical teaching, supervise students and model good and safe practice in clinics.
 15. ACHW Facilitators must report issues relating to WHS and equipment in Clinic spaces to the National Clinic Manager.

3.0 PROCEDURE

3.1 Due Diligence, approval and contracting an External clinic

1. Due diligence of a proposed new External Clinic is conducted by the Head of School and National Clinic Manager, and includes:
 - a. the viability of the clinic - to ensure ACHW that the clinic is not trading while insolvent.
 - b. the facilities are suitable, including:
 - the condition of the building, that it is a safe and pleasant environment for staff and students, that it is reasonably close to transportation, and it can accommodate the student numbers.
 - the clinic has the required industry/professional accreditation and registration.
 - the clinic has approved room capacity notices for each room.
 - health and safety requirements are met, and comply with council and/or regulatory bodies, including adequate evacuation plans, fire extinguishers, first aid facilities and links to emergency services; and
 - the required equipment is available and in good working order.
2. If the External Clinic is found to be unsuitable, the National Clinic Manager will write to the clinic notifying them that ACHW will not be using the clinic.
3. The Head of School will update relevant committees including the Teaching and Learning Committee and the Academic Board of any new external clinics. The Head of School and National Clinic Manager will liaise with the External Clinic to develop a room hire agreement, which must include:
 - quality assurance.
 - health and safety.
 - approval of entry by ACHW to audit.
 - exit clauses; and
 - that the clinic must inform ACHW if it has been notified/found that it is in breach of any regulatory requirements.
4. Signed copies of the agreement are kept by ACHW and the External Clinic.

3.2 Preparation and approval of an Internal Clinic

The Head of School, ACHW identifies sites suitable to be established as an ACHW Internal Clinic and conducts appropriate due diligence prior to ACHW entering a lease agreement for the site. A proposal is prepared with input from the ACHW management and Teaching and Learning Committee (TLC).

1. The Corporate Board reviews the proposal and must provide approval in order for ACHW to enter a lease agreement for the site. Signed copies of the lease agreement are maintained by the CFO.
2. The National Clinic Manager and Head of School coordinate the fit-out of the site, ensure that all requisite equipment is available and that all safety requirements and licensing are met prior to commencing operation of the clinic.
3. The Head of School will report matters relating to Internal Clinics to management, the WHS Committee, the TLC, the Academic Board and Corporate Board as relevant.

3.3 Quality Assurance of Clinics

1. Clinics are audited on-site annually by the WHS Committee, with the audit addressing similar aspects to those listed in 3.1.1. The Head of School, and the National Clinic Supervisor action the audit.
2. An audit is also carried out should a complaint from a staff member, student or client raise a serious concern.
3. The Chief Education Officer Higher Education provides a report on the outcomes of the audit to the WHS Committee.
4. If the report indicates there is a Health and Safety quality issue, the clinic will not be used until the issue has been addressed, and the Chief Executive Officer Higher Education notifies the clinic and WHS Committee of this.
5. If there is an issue which is not related to health and safety, the WHS Committee notifies the ACHW TLC, which decides if the Clinic can be used, or not. In the case of Internal Clinics, the TLC provides recommendations on the remedial actions required. The Head of School and National Clinic Manager liaise with the External Clinic to discuss the quality issue and whether it can be rectified.
 - a. If a health and safety issue cannot be rectified, the Chief Education Officer Higher Education notifies the WHS Committee, which provides a recommendation.
 - b. If the issue is not a health and safety one, and cannot be rectified, the Head of School notifies the ACHW TLC, and the process of cancellation follows the process noted in 3.3.6.a.
6. If the Head of School and the External Clinic believe the quality issue can be rectified, a Quality Improvement Action Plan ('the action plan') is developed

and agreed by both parties. In the case of Internal Clinics, the Head of School develops the action plan.

- a. The Chief Education Officer Higher Education provides a report on the quality issues, along with the action plan, to the WHS Committee or ACHW TLC, depending on the type of issue. Further reports are provided as indicated in the action plan and in Committee/Board terms of reference.
 - b. The Head of School and National Clinic Manager liaise with and monitor the actions to address the issue, in accordance with the action plan, and report progress to the WHS Committee or ACHW TLC. The WHS Committee is responsible to provide updates and recommendations to the ACHW TLC if the issue involves health and safety.
 - c. If the quality issue is not addressed in the time frame indicated in the action plan, the process to cancel the room hire agreement - clause 3.3.6.a is implemented. In the case of Internal Clinics, if the quality issues relate to the site itself, ACHW may proceed with exiting the lease agreement.
7. If a clinic is notified or found to be in breach of any regulatory requirements:
- a. the External Clinic representative, must notify Head of School of the regulatory authority's communication. In the case of Internal Clinics, Head of School receives direct communication from regulatory authorities. The Head of School will notify the WHS Committee (for WHS related breaches) or ACHW TLC (for non WHS related breaches);
 - b. the Head of School contacts the regulatory authority regarding the extent of the breach and the authority's plans in regard to how this breach will be handled.
 - c. the Chief Education Officer Higher Education notifies the WHS Committee or the ACHW TLC, depending on the type of breach, and the WHS notifies the TLC if the breach involves health and safety.
 - d. if External Clinic compliance with regulations does not occur in the timeframe required by the regulatory authority, the agreement with the External Clinic is cancelled.
8. Whenever an External Clinic agreement is cancelled or is not used while a quality issue is being addressed, the National Clinic Manager ensures that students are not negatively impacted, by arranging an alternative venue or rescheduling the timing of the clinical workshop.
9. The Clinic coordinator must ensure that students are kept informed of changes and that all efforts are made to deal with student concerns.

3.4 Student attendance in clinics

1. As part of the application process to the course, students are notified they must produce evidence that they have had Hepatitis B immunisation before they can attend clinics. This requirement is also notified to students via the Student Handbook and in the Registration Form for Attending Clinical Workshops.

2. Students must provide the evidence of Hepatitis B immunisation to the National Clinical Coordinator at least 1 week prior to the commencing date for the clinical workshop. Students will not be allowed to attend clinics if this evidence is not provided.
3. Students must complete the Registration Form for Attending Clinical Workshops and provide this at least 3-4 weeks prior to the commencing date for the clinical workshop. This form provides the information needed to ensure the number of students attending the workshop matches with the capacity requirements of facilities. If this form is not completed and provided, the student will not be included on the list of students authorised to attend the clinical workshop, even if they have complied with the immunisation requirement, and may be turned away if the facilities are full.
4. The National Clinic Coordinator provides confirmation of the student's immunisation and registration to the Facilitator supervising the clinical workshop.
5. Students who have not met the requirements for attending a clinical workshop - refer to 3.4.2 and 3.4.3 will have the option to attend in the future provided they meet the requirements.
6. Students who are not able to attend the clinic dates provided have 3 months on completion of the study period in which to complete all outstanding clinics. Non-attendance within this period will result in an "Absent Fail" grade for the clinic component for the applicable unit. Students may apply for special consideration per the ACHW Assessment and Examination (including Reassessment) Policy and Procedure. The National Clinics Coordinator will inform ACHW facilitators where an "Absent Fail" grade should be applied.

3.5 Inducting students and staff to a clinic

1. ACHW's dedicated Clinic Information webpage provides links to the Student Handbook, the Clinic Work Health and Safety Manual and the Clinical Quality Assurance Framework.
2. Students are provided with the dates, times and location of the clinical workshops online.
3. Clinic Facilitators conduct a clinic induction at the beginning of the clinical workshop that includes a tour of the location and facilities, and a brief on health, safety and emergency procedures.
4. A detailed staff and student induction checklist is set out in the Clinic Quality Assurance Framework and must be signed off, in both cases, by the National Clinical Coordinator. It includes:
 - a. discussion of the Clinic Work Health and Safety Manual
 - b. information about infection control.
 - c. management of sharps injury.
 - d. hand washing and hand hygiene.
 - e. implementing standard and additional precautions; and

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- f. information about how to prevent disease through serology and immunisation.

3.6 Privacy in clinics

1. The rights of every client are to be respected. All information collected by ACHW and TPPs in providing a service is deemed to be private and confidential.
2. ACHW complies with Federal and State privacy regulations including the Privacy Act 1998 and the Privacy Amendment (Private Sector) Act 2000.
3. Under no circumstances are ACHW and TPP staff or students to discuss or in any way reveal client conditions or documentation to unauthorised staff, colleagues, other clients, family or friends, whether at the clinic or outside it, such as in the home or at social occasions.
4. All ACHW and TPP staff and students are aware of confidentiality requirements for all client encounters and recognise that significant breaches of confidentiality may provide grounds for disciplinary action which may result in dismissal or exclusion from study.

3.7 Clinic clients and informed consent

1. The National Clinic Manager promotes the clinics, and clients book in using the secure square booking site, which sends out a contract containing all relevant information along with pre- and post-care to the clients for signing. The information is then accessed by the facilitator via a locked and secure iPad.
2. All ACHW staff and students must inform their clients of the purpose, importance, benefits, and risks of all treatments. Clients need to receive sufficient information to allow them to make informed decisions about their care.
3. When communicating to clients the risks, benefits, importance and purpose of proposed treatments or investigations, the following factors are taken into consideration:
 - a. language barriers including written material in languages other than English.
 - b. the client's ability to provide comprehensive understanding and informed consent; and
 - c. issues of personality, personal fears and expectations, beliefs and values.
4. Where ACHW staff and students use written material including diagrammatic representations to assist the client to understand the proposed treatments/investigations, records are made in the client's health file.
5. Clients must also be advised of possible costs involved, including additional out-of-pocket costs, for procedures, investigations and treatments conducted on site prior to them being conducted.

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6. Clear communication must be provided about the potential for out-of-pocket costs including any unexpected developments and the possible costs of additional treatments or procedures before proceeding.
 7. All advice relating to the proposed clinical care of a client must be provided by ACHW staff and students who have adequate training to supply such information.
 8. Consent to a procedure must be provided by the client in order for the procedure to go ahead.

3.8 Health, Safety and Infection Control in Clinics

1. A detailed Clinic Work Health and Safety Manual is available to staff and students.
2. Students in clinics are supervised by ACHW Clinic Facilitators at all times.
3. All pieces of equipment have operating procedures and are tested for electrical safety.
4. Risks and hazards are managed in accordance with the Clinic Work Health and Safety Manual.
5. Students and staff must report any incidents in accordance with the process outlined in the Scentia Group's Health, Safety and First Aid in the Workplace Policy and Procedure. External clinics may also provide protocols.
6. Client incidents must be managed according to the Client Incidents and Injury and Adverse Client Events Procedure in the Clinic Quality Assurance Framework.
7. Students and staff must manage infection risks in accordance with the Infectious Diseases and Infection Prevention and Control Policy and the infection control procedures within the Clinic Work Health and Safety Manual.
8. Critical incidents are managed in accordance with the Critical Incidents Policy and Procedure.
9. Clinic Facilitators must open and close clinics daily in accordance with the Clinic Opening Checklist which requires checking of health and safety compliance at the beginning and end of a day.

3.9 Clinic equipment

1. Before the commencement of each clinical workshop, ACHW facilitators assesses whether the clinic has the required equipment at the standard required. If the clinic does not have this, the ACHW National Clinic Manager is notified and sources the equipment.
2. All equipment in clinics contain specific hazards. Each piece of equipment has an operating manual which must be complied with. Students are always supervised when using equipment.

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3. Procedures for each piece of equipment are provided in the Equipment Procedures which is standardised across all clinics and complies with Australian standards as required. In addition, clinics provide other information as required.

4.0 DEFINITIONS

- **External Clinics** - clinics not owned by ACHW, which ACHW has an agreement with to use the clinic's facilities for teaching specific clinical skills.
- **Internal Clinic** - clinics owned by ACHW.
- **Informed Consent** - agreement or permission to do something from an adult who has been given full information about the possible effects or results of what is being asked, for example, consent for a medical procedure.
- **Third-Party Partner (TPP)** - an organisation, other than ACHW, providing education services to students on behalf of ACHW, such as delivering an ACHW unit or course.

5.0 REFERENCES AND ASSOCIATED INFORMATION

- ACHW documents specifically for clinics
 - Australian Standard on Laser Safety
 - Clinic Opening Check List
 - Clinical Quality Assurance Manual
 - Clinic WHS Manual
 - Equipment Procedures
 - Registration Form for Attending Clinics
- Australian Privacy Principles (2014)
- Critical Incidents Policy
- Clinics Policy
- Health, Safety and First Aid in the Workplace Policy
- Higher Education Standards Framework (2021)
- Infectious Diseases and Infection Prevention and Control Policy
- Privacy Act (1998)
- Staff Code of Conduct
- [State-based Work, Health and Safety Acts and Codes](#)
- Student Code of Conduct
- Work Health and Safety Act (2011) (Commonwealth) and Regulations

6.0 POLICY/PROCEDURE OWNERSHIP

Policy Owner	Chief Education Officer Higher Education
Status	Revised in April 2026
Approval Authority	ACHW Academic Board
Date of Approval	11/09/2025
Effective Date	15/09/2025
Implementation Owner	Head of School, ACHW
Maintenance Owner	Senior Compliance Manager Higher Education
Review Due	December 2028

7.0 AMENDMENTS

Version	Amendment Approval	Amendment Made By (Position)	Amendment Details
C26.0-P26.0	14/09/2021	ACHW Academic Board	New Procedure
C26.1-P26.1	18/09/2024	ACHW Academic Board	Inclusion of requirements for Internal Clinics. Procedure renamed to “Clinics Procedure” from “External Clinics Procedure”.
C26.2-P26.2	13/01/2025	Executive Director	Changes to staffing
C26.3 - P26.3	11/09/2025	Senior Compliance Manager Higher Education	Minor administrative changes <ul style="list-style-type: none"> • Update to staff titles • Template slightly revised following benchmarking • Name change from Clinics to Clinic Management