From Policy to Practice: Building Safe Systems for Clinicians and Clients Beyond the Therapy Room

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Acknowledgement of Country

I acknowledge and pay respect to the Muwinina people, the traditional owners and original custodians of the land on which we gather here today in Nipaluna (Hobart). I also acknowledge the Whadjuk Noongar people, the traditional custodians of the land on which I work, learn, and live.

I pay my respects to Elders past and present, and extend that respect to all Aboriginal and Torres Strait Islander people and continuing custodians.

I acknowledge and appreciate the deep spiritual and cultural connection Aboriginal and Torres Strait Islander people have to this land, it’s waters, and to community. I honour their enduring presence and wisdom in caring for country and people for thousands of years.

Learning Outcomes

01 Understand how policy contributes to safe, ethical and effective practice in private practice environments.

02 Apply principles from implementation science to design, evaluate, and refine policy, procedure, and operational systems.

03 Discover what is needed to shift from reactive to proactive policy development.

Why this matters now

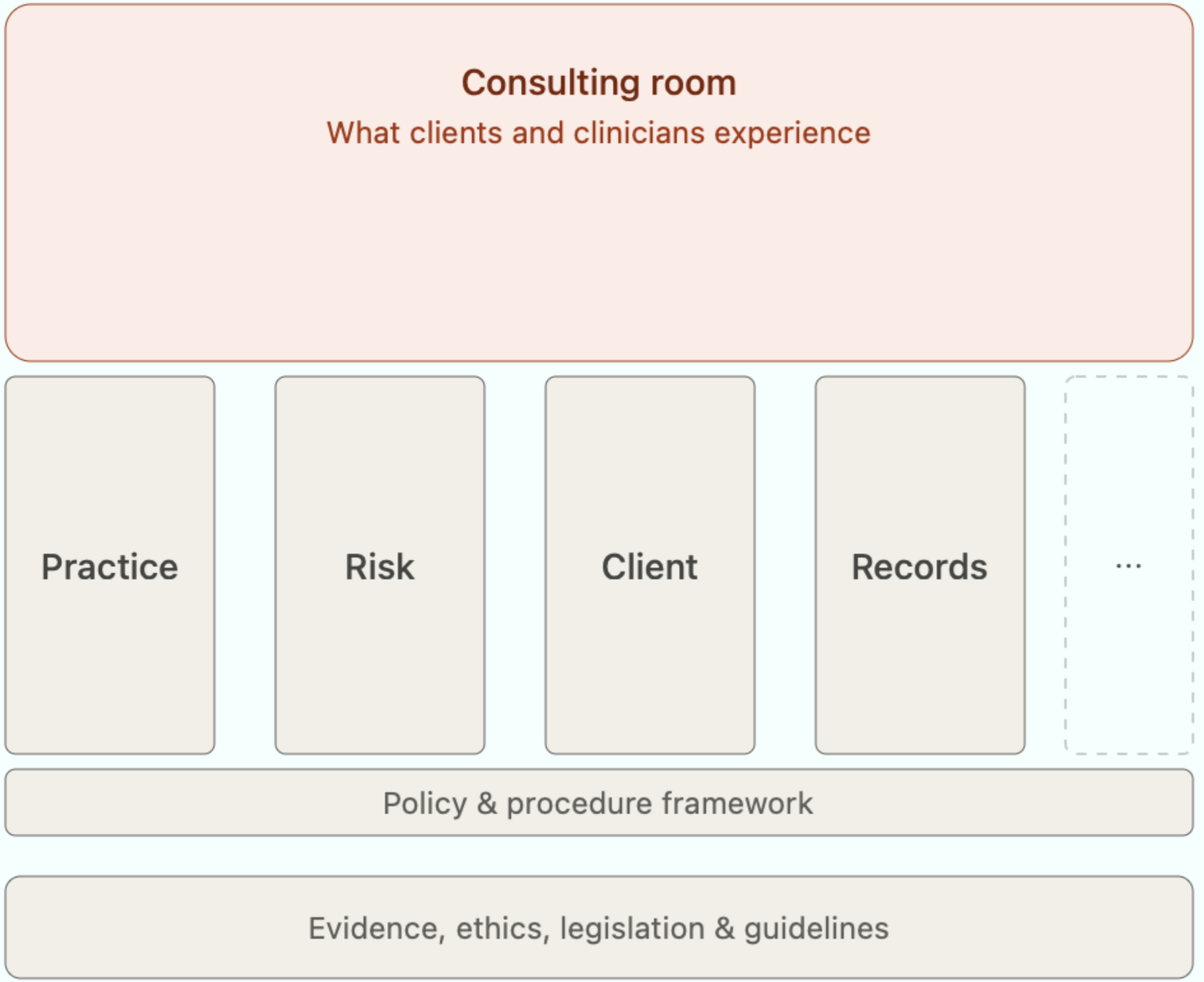
- **Beyond the Therapy Room**: Clinical skill, formulation, and therapeutic alliance are foundational and necessary, but not sufficient, for safe practice.
- **Lived Experience Feedback:** Cites systemic harm occurring within psychological practice (Cobbaert, 2026; Ram, Manjunatha, & Bada Math, 2026)
- **The Systems Context:** The systems surrounding clinicians, including clinical governance, risk management processes, and policy frameworks, are equally essential to providing safe care.
- **Systems-Level Responsibility**: The newly implemented AHPRA Code of Conduct raises the bar on systems-level responsibility, emphasising that safety relies on robust structural frameworks, not just individual practitioner competence.
- **A Competence Itself**: Since 2015, the APA have recommended training psychologists become experienced in governance (American Psychological Association, 2015).

What Good Policy Does

- **Operationalises ethical principles and principles of conduct** into concrete action, aligning directly with the APS Code of Ethics and AHPRA Code of Conduct.
- **Translates legal principles into practice** incorporating legislation and legislative guidelines.
- **Translates research into practice** incorporating best-practice guidelines and peer-reviewed literature.
- **Is respectful of lived experience** by understanding context and impact.
- **Reduces cognitive load**, freeing clinicians to focus entirely on clinical formulation and treatment rather than administrative uncertainty.
- **Strengthens ethical decision-making** during high-pressure situations.
- **Ensures consistency and continuity** of care.

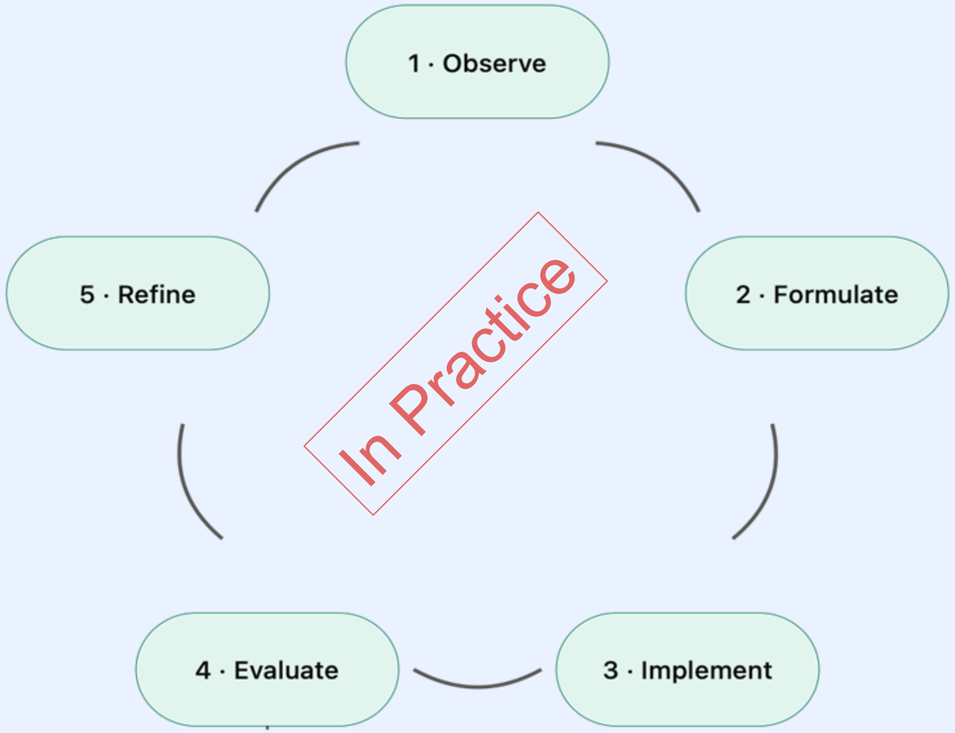
Core Concept

Policy is the quiet architecture of ethical practice.

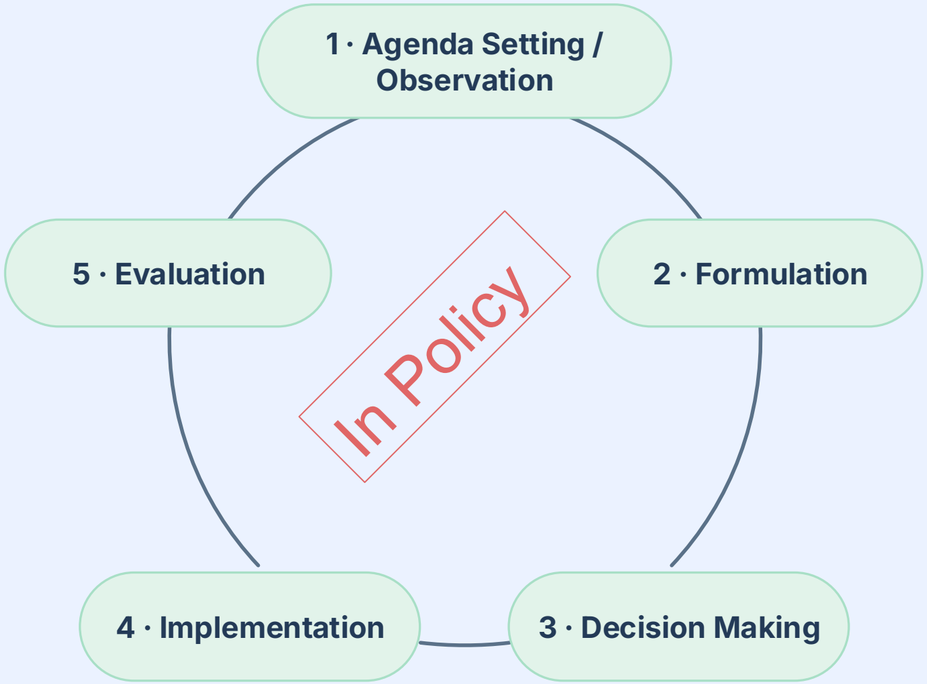

Consulting room
What clients and clinicians experience
Practice
Risk
Client
Records
...
Policy & procedure framework
Evidence, ethics, legislation & guidelines

Policy as an evidence-based, living process

i.e., the Scientist–Practitioner Model in Policy Development



(American Psychological Association, 1950)



(Howlett, 2019)

What robust policy integrates

Empirical and Regulatory Pillars

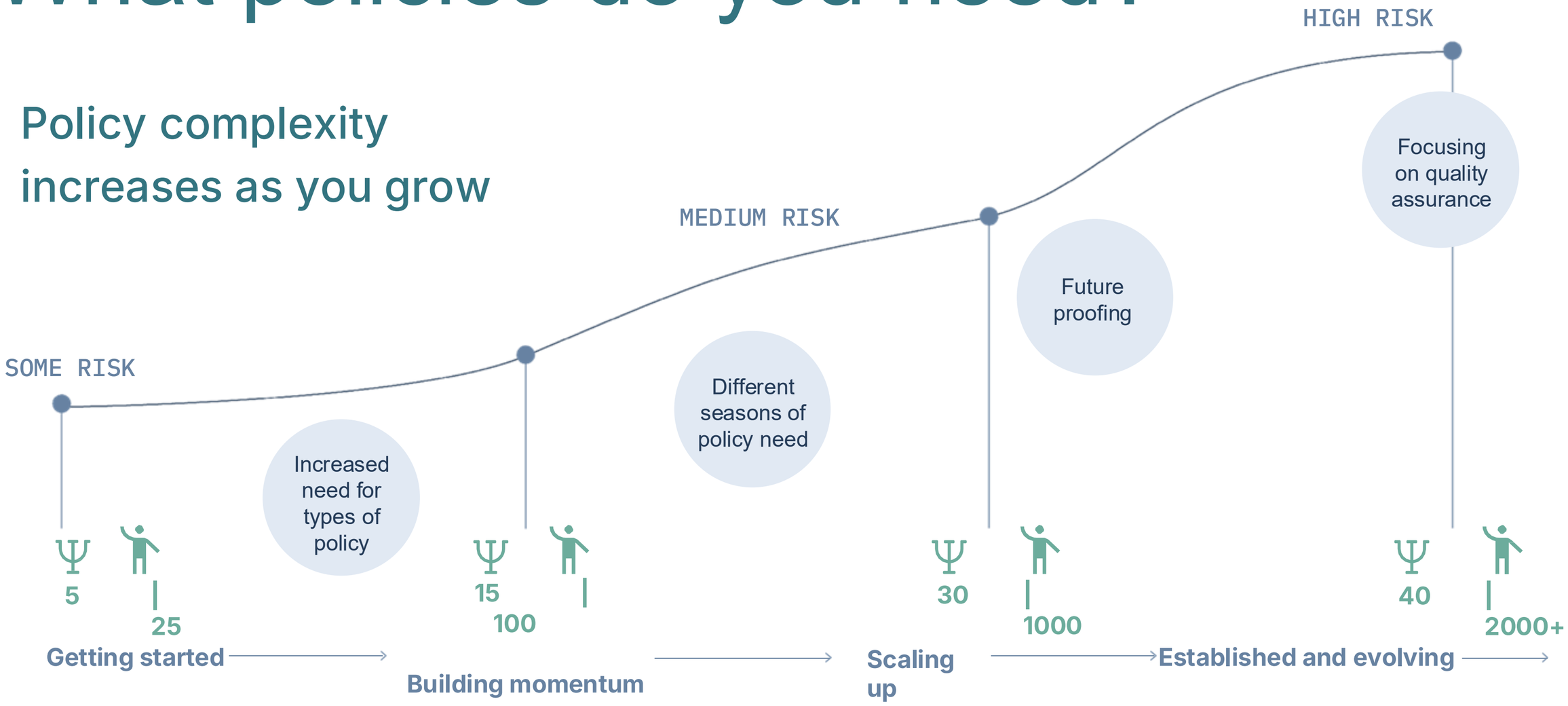
- **Empirical evidence:** Derived from implementation research, clinical risk studies, and evidence-based practice research.
- **Best-practice guidelines:** Fully aligned with key regulatory bodies including APS, AHPRA, etc.
- **Ethical and legal frameworks:** Built on mandatory compliance codes and professional guidelines.

Practice-Based Outcomes

- **Experiential evidence:** Directly incorporating clinician and client insights.
- **Formal feedback:** Utilising feedback systems, including clinical complaints and compliments.
- **Outcome measures:** Tracking critical clinical outcome measures to drive continuous improvement.

What policies do you need?

Policy complexity increases as you grow



Policy is applied implementation science. It acts as the research-to-practice bridge.

Embedding implementation science

Effective policy development is not merely a document-writing exercise; it requires the active integration of implementation science.

Intervention, practice, or policy: the change being introduced
Effectiveness research: asks whether the change produces the intended benefit
Implementation research: asks what supports people or organisations in actually adopting the change
Implementation strategies: the deliberate actions taken to support that adoption
Implementation outcomes: the extent and quality of adoption achieved

The Thing V's The Stuff

(Curran, 2020)

Where policy awareness typically begins

- **Reactive:** Policy awareness often begins reactively and tends to be prompted only after complaints, privacy breaches, or near-misses occur.
- **Proactive:** A mature clinical governance framework requires shifting to a proactive stance that anticipates needs before a crisis emerges.
- **System design:** Transitioning from solving isolated, individual problems to building robust, systemic structures designed to prevent those issues entirely.

(DeLeo, 2017)

Illustrative Scenario 1

The hazard that was not flagged

The Trailing Cord Progression

- **Low-Traffic State:** On a quiet day with only one clinician, the hazard is easily spotted and managed with care.
- **Systemic Risk:** As multiple busy clinicians and clients move through the space, it quickly becomes an incident waiting to happen.

Reactive vs. Proactive Outcomes

- **The Reactive Practice:** Only addresses the danger and removes the cord **after** a physical tripping incident occurs and harm is done.
- **The Proactive Practice:** Uses an embedded hazard and incident-identification policy to catch, flag, and resolve the issue **before** anyone is harmed.

Illustrative Scenario 2

The incapacitated clinician

Without a Policy

Imagine a clinician becomes critically unwell without warning.

Without a contingency management policy, the practice is left scrambling to reallocate numerous clients with no notice and no clear process.

Are clients at risk really on the radar here?

What about the clinicians taking on those clients?

Continuity of care? 🤷

With a Contingency Plan

A pre-emptively established contingency plan ensures seamless operations:

- Clear escalation paths
- Defined reallocation criteria
- Established client communication protocols

The primary focus remains firmly on client safety and continuity of care.

How to Shift Towards a Proactive Position

Regulatory and profession-wide

- APS Private Practice Management Standards
- Psychology Board of Australia — Code of Conduct (effective 1 December 2025)
- Psychology Board of Australia — Professional Competencies for Psychologists
- APS Code of Ethics (2007)

Broader quality and safety frameworks

- National Safety and Quality Health Service (NSQHS) Standards — ACSQHC
- National Safety and Quality Primary and Community Healthcare Standards — ACSQHC (closer fit to private practice settings than NSQHS)

Specific areas of focus

- Working with LGBTIQ+ clients
- Working with Aboriginal and Torres Strait Islander peoples
- NHMRC Guidelines for Ethical Research when working with Aboriginal and Torres Strait Islander Peoples

Common areas of vulnerability

Key focus areas

- Informed consent
- Clinical and general risk management
- Documentation standards
- Information management
- Continuity of care
- Professional boundaries

The role of policy

Critical vulnerabilities often emerge in routine operational areas.

Clinicians should be able to answer fundamental questions instantly by referencing established policy, rather than being forced to make subjective, high-stakes judgment calls during every unique situation.

Consequences of Absent Structure

The absence of structured systems leads to significant vulnerabilities.

01 **Ethical drift:** Resulting in inconsistent decisions under pressure.

02 **Client risk:** Client risk increases regarding safety, confidentiality, and crisis response.

03 **Clinical quality:** Clinical quality suffers through variable documentation and follow-up.

04 **Team impact:** Teams face unclear accountability, leading to moral distress and burnout.

05 **Systemic exposure:** Ultimately, this creates legal and regulatory exposure and a profound loss of trust among clients, referrers, and the profession.

Illustrative Scenario 3

What cancellation policy?

Without a Policy

A clinician very rarely applies the late cancellation fee

When they go on leave, the covering clinician applies the standard late fee. The client feels this sudden charge is punitive, resulting in a therapeutic rupture.

Inevitably, admin staff get pulled into the debate, wasting valuable operational hours trying to resolve client disputes.

This inconsistency ultimately threatens the financial viability and financial predictability of the clinic.

With a Documented Policy

A pre-emptively established equally applied cancellation policy ensures clarity:

- **Clear operational baseline:** Eliminates individual clinician variance.
- **Equally applied standards:** Prevents clients from feeling targeted or penalised.
- **Protects clinic revenue:** Establishes reliable and predictable business practice.

The primary focus remains on clear expectations, professional boundaries, and continuity of care.

Barriers to Implementation and Policy Fatigue

Common Barriers

- Policy volume outpacing team capacity
- Lack of targeted, practical training
- Policy fatigue from over-documentation without visible clinical benefit

(Hudson, Hunter, & Peckham, 2019)

Practical Mitigations

- Co-design systems with the end-users to ensure relevance and support buy-in
- Prioritise policies systematically by clinical and operational risk level
- Build active review cycles into routine operations, moving away from reactive management
- Ensure all documentation utilises clear, accessible language that remains highly usable under pressure

Synthesis

Returning to the concept of quiet architecture, it is clear that policy is not static administration.

Rather, it is an ongoing, evidence-based clinical tool essential for safe practice.

By implementing structured systems, practices can significantly reduce ethical drift, actively support clinician wellbeing, and ultimately create the predictable, trustworthy, and safe environments that clients require and deserve.

Learning Outcomes Recap

01 Explored how policy contributes to safe, ethical and effective practice in private practice environments.

02 Explored how principles from implementation science to design, evaluate, and refine policy, procedure, and operational systems.

03 Demonstrated how to shift from reactive to proactive policy development.

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Thank You / Questions

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