

# Snapshot of key changes

Use this tool to compare your clinical governance systems with key new content in the National Model for Clinical Governance.

This tool briefly describes key new or strengthened content in the 2026 National Model for Clinical Governance (national model) compared to the 2017 National Model Clinical Governance Framework. The tool covers general shifts in focus and intent and the key new content in each foundation of clinical governance in the 2026 national model.

You can use the tool to establish your initial position in relation to new or significantly strengthened content in the national model. This process will provide a big picture view of your key gaps, strengths and implementation scope before you perform a detailed review.

The table below sets out the differences in the structure and content of the 2017 and 2026 national models.

2017 National Model Framework – Components	2026 National Model – Foundations
Governance, leadership and culture	Leading systems and organisational culture
Patient safety and quality improvement systems	Partnering with patients, carers and consumers
Clinical performance and effectiveness	Building a healthy workforce culture
Safe environment for the delivery of care	Enabling high-quality and integrated clinical practice
Partnering with consumers	Managing and reducing risk
	Using data for better care

## General changes in requirements and intent

### To effectively implement the new national model in your organisation:

- position clinical governance as a way to deliver consistently high-quality care, not as an end in itself
- clearly define high-quality care and position it as a strategic and operational priority
- describe the aim of clinical governance implementation in a way that is clear, tangible and measurable and that makes sense and has meaning for the workforce
- monitor and report to the board on the effectiveness of clinical governance in enabling the workforce to deliver and support high-quality care
- increase the board's focus on the quality of care
- build and maintain a healthy workforce culture
- embed cultural safety into all clinical governance systems to achieve high-quality care for Aboriginal and Torres Strait Islander patients and communities and to create a safe environment for Aboriginal and Torres Strait Islander health service staff.

## Foundation 1: Leading systems and organisational culture

### The national model:

- is primarily aimed at health service boards and executives who are responsible for directing and implementing clinical governance systems essential for high-quality care
- expects the board and executive to develop a strategy for providing high-quality care using the six foundations of clinical governance
- requires leadership at all levels as a primary driver of high-quality care
- clarifies that governance shapes both organisational culture and day-to-day operations to support high-quality care
- emphasises that the board is accountable for cultural safety to improve health outcomes for Aboriginal and Torres Strait Islander patients.

## Foundation 2: Partnering with patients, carers and consumers

### The national model:

- broadens the language to 'patients, carers and consumers' and defines each ('patient' refers to the person receiving care; 'consumer' refers to a consumer advocate or representative involved in clinical governance activities)

- focuses on meaningful and active partnerships with patients, carers and consumers at all levels of the health service, including at board level to ensure the consumer voice informs strategic priorities
- highlights the need for open disclosure processes to be supported and embedded at all levels of the organisation
- calls for partnerships with Aboriginal and Torres Strait Islander people and communities that prioritise self-determination and cultural authority
- emphasises the need for systems that support patients, carers and consumers to speak up for safety and effective ways to escalate concerns about deterioration during clinical care.

### **Foundation 3: Building a healthy workforce culture**

#### **The national model:**

- states that all of members of the workforce have a role in providing or supporting the delivery of high-quality care
- emphasises the importance of an organisational culture in which staff feel respected, valued and safe to speak up for safety and that the board, executive and clinical leaders are responsible for workforce health and wellbeing
- focuses on the interdependence between workforce wellbeing, patient satisfaction and high-quality care
- emphasises strong leadership and mentorship to enable effective team-based care.

### **Foundation 4: Enabling high-quality and integrated clinical practice**

#### **The national model:**

- emphasises the connection between effective clinical governance and consistently high-quality clinical care
- places greater emphasis on clinicians' roles as stewards of system improvement and their participation in peer review and quality improvement activities
- emphasises the patient safety purpose of credentialing and recredentialing, and the requirements for recredentialing, including the need to review patient care and outcomes
- highlights the importance of team-based and coordinated practice in the health service and with external services and providers as key to high-quality patient care
- identifies the need to support clinicians to adopt evidence-based environmentally sustainable models of care that reduce low-value care.

## Foundation 5: Managing and reducing risk

### The national model:

- emphasises the need to systematically assess and act on risks to quality of care across all clinical and business functions
- requires a focus on anticipating potential risks and taking action to manage these risks
- requires the use of trend data and systematic learning to manage and reduce risks.

## Foundation 6: Using data for better care

### The national model:

- highlights the importance of boards understanding and using trend data about care quality and risks
- recommends using and comparing data from multiple sources to paint a rich picture of the quality of care
- expects that clinicians will set priorities for improvement based on timely feedback of information about the quality and outcomes of care they provide
- highlights the importance of robust data governance, including monitoring, validation and security of digitally enabled systems
- emphasises Aboriginal and Torres Strait Islander people's right to data sovereignty and the need for culturally appropriate interpretation
- requires the executive, quality manager/team and the workforce to develop capability in improvement and change methods.

### For more information

For more on the National Model for Clinical Governance, including a range of practical implementation tools, please visit:  
[safetyandquality.gov.au/our-work/clinical-governance#new-national-model](https://safetyandquality.gov.au/our-work/clinical-governance#new-national-model)



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