



# Credentialing health practitioners and defining their scope of clinical practice:

A guide for managers and practitioners

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**AUSTRALIAN COMMISSION**  
ON **SAFETY AND QUALITY** IN HEALTH CARE



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# Contents

Purpose	4
Background	5
Scope	7
Principles	8
Approach	8
<b>Part 1:</b> Evidence of minimum credentials	9
<b>Part 2:</b> Defining the initial scope of clinical practice	13
<b>Part 3:</b> Renewal of scope of clinical practice – at pre-determined time frames	16
<b>Part 4:</b> Scope of clinical practice – clinical supervisors and trainees	18
<b>Part 5:</b> Scope of clinical practice – monitoring compliance	19
<b>Part 6:</b> Changes to scope of clinical practice (if and when required)	20
<b>Part 7:</b> Multi-facility scope of clinical practice and mutual recognition of credentials	23
<b>Part 8:</b> The credentialing committee	24
Additional considerations	26
Definitions and acronyms	26
Scope of clinical practice checklist	28
Resources	34
References	38



## Purpose

Safe health care is a goal of all health practitioners and an expectation of the public. To achieve this, health service organisations need to have a system in place to confirm a health practitioner's credentials and regularly review their scope of clinical practice. This protects both consumers and the treating health practitioners. Health service organisations are required to appoint health practitioners who are suitably experienced, trained and qualified to practise in a competent and ethical manner in accordance with service needs and organisational capability.

The purpose of this document is to provide practical guidance for managers and practitioners responsible for credentialing, and for determining and managing, a health practitioner's scope of clinical practice. This is an ancillary guide only. It **does not** replace or supersede state, territory or organisational policies on credentialing.



# Background

National Safety and Quality Health Service (NSQHS) *Standard 1: Governance for Safety and Quality in Health Service Organisations* requires health service organisations to 'implement a system that determines and regularly reviews the roles, responsibilities, accountabilities and scope of clinical practice for the clinical workforce' (Actions 1.10.1–1.10.5). To meet the requirements of Item 10, organisations need to provide evidence, where it is appropriate, of:

- recruitment processes, which, for all health practitioners, involve matching skills, experience and qualifications to the role and responsibilities of each position
- formal credentialing of health practitioners undertaking unsupervised practice, such as doctors, nurse practitioners, midwives and allied health practitioners
- determining the scope of clinical practice of health practitioners
- reviews of scope of clinical practice as part of re-credentialing processes
- managing changes in scope of clinical practice
- regular clinical supervision
- clinical documentation auditing
- performance reviews
- peer reviews
- performance development.

This guide has been developed to assist managers and practitioners to establish effective processes for the credentialing of health practitioners and determine and manage their scope of clinical practice.

Credentialing and scope of clinical practice processes are key elements in ensuring the safety of consumers

in health service organisations. The objective is to ensure that only health practitioners who are suitably experienced, trained and qualified to practise in a competent and ethical manner can practice in health service organisations. A practitioner's scope of clinical practice is based on the individual practitioner's skills, knowledge, performance and professional suitability in keeping with the needs and service capability of the organisation.

When health practitioners commence work in an organisation, they are usually provided with orientation, support, and where appropriate, mentoring and supervision for a period of time. As health practitioners gain experience, their need for support and supervision decreases and with experience and increased skill levels they exercise independent professional judgement. Similarly, over time, organisational needs and capabilities can change and technologies progress and new services may be proposed. These factors underpin the need to routinely review and renew a health practitioner's scope of clinical practice.

Verifying credentials and defining scope of clinical practice are essential components of the application, recruitment and reappointment processes.

The principles and processes identified in this guide can be applied to any health practitioner where credentialing processes are required by a jurisdiction or health service organisation.

The role of executive managers and organisational leaders is to provide resources and a framework to support those clinical managers and practitioners who coordinate and credential health practitioners and determine their scope of clinical practice.

It is the role of executive clinical managers and organisational leaders to determine and describe the services an organisation is to provide and its capabilities. This information is used as the framework for credentialing processes.



## 1. Document the organisation's service needs and capabilities

Health service organisations provide different types and levels of services in a variety of settings. They manage different levels of consumer need and complexity of care. They have different levels of resourcing and different technology and equipment available. They have different staffing levels and skill-mix and require practitioners to have different qualifications, skills and experience that are matched to the organisation's capability and consumer demand.

Not all services or all levels of care can or should be delivered in all settings or facilities.

Organisational and service needs and capabilities must be known (and appropriately documented) so that health practitioners' skills, knowledge and qualifications can be matched to their scope of clinical practice.

Delineating the level and type of services to be provided within a health service is an essential component of determining scope of clinical practice for a practitioner. Some examples of what an organisation might consider when determining the services it provides and its capabilities include: service planning; licensing requirements; access to technology, equipment, imaging and laboratory services; existing staffing qualifications; and skill-mix.

## 2. Develop a framework for credentialing, determining a health practitioner's scope of clinical practice, and managing issues that may arise in maintaining an agreed scope of clinical practice

This involves the organisation:

- establishing credentialing committees (however named or constituted) with clearly delineated terms of reference, and ensuring that committee members understand their responsibilities and have the required knowledge and skills to fulfil their responsibilities
- providing human resource support for the purposes of undertaking routine appointment and re-appointment processes such as issuing appointment letters (or contracts), developing or reviewing position descriptions, and conducting criminal record and working with children checks as required
- establishing mechanisms for the exchange of information between human resources and those with responsibility for credentialing and determining the scope of clinical practice, particularly when matters of concern with practice are identified
- identifying positions within the organisation that are to be the subject of formal credentialing and scope of clinical practice processes, and informing staff in those roles of their responsibilities
- engaging the highest level of clinical leadership to guide the credentialing processes and informing staff responsible for determining the scope of clinical practice of their responsibilities
- documenting the processes for modifying a health practitioner's scope of clinical practice. This might be necessary if an organisational or individual practitioner's capabilities change or if (for example) practice restrictions are placed on a health practitioner by a registration board or a service is ceased
- informing those responsible for credentialing and determining the scope of clinical practice of the relevant jurisdictional requirements
- establishing an appropriate system to review and validate the processes for credentialing, defining and managing scope of clinical practice and ensuring these are diligent and effective.

States, territories and many private sector providers have implemented policies to support the credentialing and determination of the scope of clinical practice based on the *Standard for credentialing and defining the scope of clinical practice, 2004*<sup>1</sup>. Resources and links are listed on page 38.

# Scope

The principles and processes identified in this guide have been developed to assist health services where:

- health practitioners are employed or provide unsupervised clinical care in an organisation under any contractual, honorary or formal relationship
- there is a jurisdictional or specific policy requirement to credential and determine a scope of clinical practice
- the organisation, itself, has determined that particular roles should be subject to the formal processes of credentialing and defining a scope of clinical practice.

Formal credentialing and scope of clinical practice processes may not be required for health practitioners:

- who are studying or training and under supervision, where
  - their training program clearly identifies their level of responsibility and their authority to make decisions about their practice
  - they have regular supervision and performance review as part of their training program.
- where the organisation considers consumer safety is adequately protected if the organisation relies on its other recruitment and performance management policies and procedures to appoint and manage those practitioners. This may be the case, for example, if the:
  - health practitioner practices in line with their registration requirements
  - health practitioner's role is well defined and documented in a position description
  - health practitioner performs their role primarily as a member of a clinical team and they have limited independence

- health practitioner has regular performance reviews and opportunities for feedback.

These health practitioners' roles and responsibilities and supervision arrangements should be formally documented in their position description and training program. Compliance should be monitored as part of their training program and performance reviews. As trainees gain experience and competency (and, for example, start performing procedures) an organisation may decide that their scope of clinical practice should be extended and documented in accordance with their level in their training program.

Health service organisations should review the relevant state and territory policies on credentialing and defining scope of clinical practice when determining which health practitioner positions are to participate in the formal credentialing processes outlined in this guide.

This guide does not address:

- issues of service provision and organisational capability
- how an organisation should decide which of the other health professions (such as podiatrists, psychologists or social workers) should be subject to these formal processes
- processes for practitioners who wish to appeal any credentialing or scope of clinical practice decisions.

However, these matters should be addressed in other organisational documentation or policies and procedures.

This guide addresses the requirements for assessing and credentialing an individual health practitioner and then determining their scope of clinical practice at either:

- the time they are initially appointed
- re-appointment, renewal of scope of clinical practice or if concerns arise about their scope of clinical practice.



# Principles

This guide recommends the following principles be applied by clinical managers and practitioners determining scope of clinical practice:

- Relationships between practitioners and health service organisations are to be based on a mutual commitment to consumer safety<sup>1</sup>.
- A practitioner's scope of clinical practice is defined by the health service organisation, and is dependent on the practitioner operating within the bounds of their qualifications, education, training, current experience and competence, and within the capability of the facility or service in which they are working.
- Decisions are based on the demonstrated competence of the practitioner – that is, the qualifications obtained as a result of training by a recognised training organisation and relevant to the position, and subsequent experience in the specific areas for which the practitioner seeks to be credentialed to perform work.
- Decisions take into account the capability of the service – that is, the availability of all relevant support services and qualified skilled staff to safely and appropriately provide care, and the service mix (as determined by the health service organisation).
- The health service has a clearly formulated and documented service capability statement as the basis for defining the scope of clinical practice of its practitioners.
- Determining scope of clinical practice is the responsibility of the health service organisation where the practitioner practices, and is informed by the profession and input from peers and multidisciplinary members.
- In credentialing, determining and managing scope of clinical practice, all parties act with transparency, honesty and diligence to support procedural fairness.

- The scope of clinical practice of a practitioner should be known and understood across and within clinical teams in which the practitioner works.
- The processes for credentialing and defining scope of clinical practice do not, by themselves, constitute a performance management system, although information from one process may inform the other.
- There is a documented appeals process that allows practitioners to appeal decisions about scope of clinical practice.
- The credentialing and scope of clinical practice systems should be regularly reviewed to ensure their ongoing effectiveness.

# Approach

This guide describes a suggested approach to credentialing and defining scope of clinical practice.

The process of defining scope of clinical practice requires the submission and review of a range of supporting documents. If the originals are not supplied or previously verified through other processes, health service organisations may require these documents to be certified by a Justice of the Peace or similar recognised certifying agent when they are submitted.



# Part 1: Evidence of minimum credentials

The health service organisation should obtain and review evidence that the practitioner has attained the minimum credentials required for scope of clinical practice of the position to be filled.

Evidence of minimum credentials should be collected as part of any recruitment process and reconsidered when there is a change in circumstances or a change of role for practitioners. Health service organisations should verify the information submitted by or on behalf of a health practitioner for the purposes of determining scope of clinical practice, even when a recruitment agency is used to source applicants and they undertake some verification processes.

Evidence should be collected for each of the following areas.

## 1.1 Education, qualifications and formal training

The minimum required evidence of the level of education attained includes:

- formal qualifications accepted for registration by the relevant national board
- details of recognised postgraduate awards, fellowships and certificates that demonstrate successful completion of training from a relevant college, association or training institution.

For newly graduated practitioners, evidence may also include:

- a description of the competencies and learning objectives of any training programs
- information on the supervised units that were completed from the relevant college, association or training institution.

For recognition as an advanced practitioner, additional evidence may be required – such as higher degrees or diplomas and certificates from accredited training programs in specific clinical skills and/or advanced practices.

For international graduates, additional evidence must be provided. This may include evidence that the qualification or training has been assessed as equivalent or the applicant has been assessed as competent by an appropriate Australian body – for example, a national board, professional college, accreditation authority or other assessing authority.

## 1.2 Evidence of previous experience

The minimum required evidence of previous experience includes:

- evidence of relevant clinical activity and experience in similar settings in which the scope of clinical practice is being sought. The evidence should include information on the clinical workload and clinical complexity in that setting. If information has not been specifically requested, as part of the application, it may be found in the applicant's curriculum vitae, references, log books, or reports on supervised clinical attachments
- evidence of recent practice, at an appropriate level that demonstrates the scope of clinical practice being sought. The evidence of recent practice should be from a recognised facility or a facility deemed relevant by the clinical director or the credentialing committee.

National boards have registration standards, codes and guidelines for each profession, including *Recency of practice standards*<sup>2</sup>, which set requirements for registration and renewal of registration and may provide guidance.

If a practitioner has spent an extended period away from the designated area of practice, for example,



greater than 12 months, then a more rigorous assessment of their current credentials should be undertaken. Before determining if practice has been sufficiently recent, or if an additional support, supervision or retraining is required, consideration should be given to factors such as:

- extent and period of prior practice
- current competencies
- complexity of the tasks now required and skill level needed, along with an assessment of skills that may have been lost during the gap in practice
- new developments in clinical practice during the period away from practice
- any continuing professional development undertaken by the health practitioner during the period away from the designated area of practice.

For international graduates with limited experience of the Australian health system, additional evidence may be required by the credentialing committee. This should provide an understanding of the depth of their experience and the context in which that experience was gained, along with an understanding of the differences to the Australian setting and the possible impact of this on clinical practices and consumer safety. These applicants may be required to comply with a plan to assess and/or attain equivalence of experience in Australia, and compliance with this plan may need to be confirmed.

### 1.3 Practitioner references and referee checks

At least two current references should be obtained. These can be either:

- written references submitted by the health practitioner with their application; however the content and authenticity of these references should be verified. This could be by senior practitioners from the relevant area of specialist practice and provided to the credentialing committee

- verbal references, which allow referees to be questioned about the applicant's competence, skills and other clinical matters. All verbal reference discussions should be documented and signed and dated by a member of the credentialing committee and the person who conducted the reference check (if they are different people).

References should be obtained from people who have observed and therefore have first-hand experience of the applicant's work or people who have assessed clinical data relating to competence of the applicant. As referee checks include discussion of clinical information and performance, they should always be conducted by a clinical practitioner participating in the credentialing and scope of clinical practice processes, who has relevant clinical experience.

At least one reference should be from either a:

- head of the specialty or equivalent at the institution where the applicant most recently practiced
- practitioner within or directly relevant to the field of practice in which the applicant will practice.

Health service organisations may develop templates for reference checking to ensure the referee addresses all relevant areas for the position being filled and the health practitioner's application. This may include a request for the referee to comment on an applicant's scope and recency of practice, teamwork, communication, consumer feedback (if any) and/or any other issues that could affect the applicant's performance.

For practitioners working in solo or limited group practices, identifying appropriate referees may be difficult. In this case, the credentialing committee may need to:

- rely more heavily on documentary evidence of recent practice
- provide an interim determination
- institute processes to provide oversight or supervision of the practitioner until their level of competency is confirmed.

Senior practitioners who head departments, direct programs or are head of a specialty may also have difficulty providing the names of referees who meet the stated criteria. Clinical audit data, performance reports, peer review conference presentations and clinical publications (in reputable journals or by reputable agencies) may be given greater weight when assessing applications from these practitioners. A reference check from a senior administrator in the previous organisation could also be sought.

## 1.4 Continuing education

Evidence of continuing educational requirements includes information on:

- maintaining professional continuing education standards relevant to the applicant's profession set by a national board for national registration and accreditation scheme health professions, or appropriate association for others, which is verified and submitted annually
- continuing education that relates to a role in which the practitioner is engaged, and relevant to the scope of clinical practice being sought by the health practitioner
- participating in mandatory training requirements specified by the health service organisation/jurisdiction.

If the evidence of continuing education is considered by the credentialing committee to be not relevant to the scope of clinical practice being sought by the health practitioner, then it should be given little or no weight when assessing applications.

Any evidence of continuing education, presented by the health practitioner, should be documented and verifiable with corroborating data and/or information.

## 1.5 Registration

A minimum requirement for appointment and continuing appointment is evidence of current registration with the relevant national board. Registered health practitioners must practise in accordance with the National Law,

and registration standards, codes and guidelines set by the relevant national board.

Registration with a national board does not guarantee or specify current competency of all practitioners across all areas of specialised practice for which they were initially qualified. Where the scope of clinical practice is focused in a particular clinical area, the health service organisation may need to undertake additional competency testing and/or seek other evidence that demonstrates the health practitioner's competency and ability to fulfil the scope of clinical practice that it is seeking.

Some national boards require health practitioners to be endorsed by that board before practicing at a certain level – for example, nurse practitioners, midwives or podiatrists with a scheduled medicines endorsement.

Undertakings, conditions or notations imposed by the relevant national board that place limits on the roles and responsibilities of the practitioner may impact on the scope of clinical practice. These undertakings, conditions and notations appear on the public register published on the national board web sites. Organisations should place an obligation on health practitioners to declare (within a set time) any undertakings, conditions or restrictions placed on their practices by their registering national board. Australian Health Practitioner Regulation Agency (AHPRA) has established a Practitioner Information Exchange service that can alert employers to changes in conditions on practitioners.

## 1.6 Professional indemnity insurance

The National Law provides that a registered health practitioner must not practice in their profession without appropriate professional indemnity insurance arrangements in force in relation to their practice. National boards have a professional indemnity insurance arrangements registration standard that will apply.

A health service organisation may also require evidence of current professional indemnity insurance. When professional indemnity insurance is required by the health service organisation, coverage should relate to a health practitioner's scope of clinical practice and be consistent with organisational policy requirements. When required



by the organisation, evidence of coverage should be provided annually.

Health practitioners should be informed of indemnity coverage provided by the health service organisation, if available, and its terms, conditions and limitations – for example, if insurance coverage extends to coronial investigations or notifications under the National Law.

## 1.7 Other documentation and pre-employment checks

The following additional documentation may be required as part of the initial application process:

- a current curriculum vitae
- an applicant's declaration
  - covering matters such as a declaration that the applicant has no registration board restrictions or conditions on their registration, no criminal history, no report of professional misconduct against them, no report of unsatisfactory professional conduct, or no outstanding complaints
  - including permission to contact previous facilities or organisations where the practitioner has been employed
- proof of identity (this should include documentation to complete a 100-point identity check)
- for overseas trained practitioners, passport and copies of relevant visas.

The applicant may need to provide separate corroborating information if unexplained gaps in service are identified in the curriculum vitae.

Where the organisation does not conduct certain checks, applicants may need to provide the following information as part of the credentialing or employment/appointment process:

- a police check (which may include an international police check)
- a working with children check if the practitioner will work with children

For new applicants, a web search of the applicant may identify matters that may impact on their capacity or competence to fulfil the position. The applicant should be informed and afforded procedural fairness if concerns arise.

## 1.8 International graduates

Given the diversity of skills and experience of internationally qualified practitioners, it is important that the references and checks on education, training, competencies and experience are extensive and diligent. The credentialing committee may wish to consider any additional support, supervision and/or training that may be required by international practitioners to ensure their practices are safe.

## 1.9 Peer review

The process for defining scope of clinical practice and credentialing may rely on information generated from peer review processes or confirmation that a practitioner routinely participates in peer review processes.

Peer review may be conducted as part of a routine clinical practice, as a professional activity or as part of a specifically coordinated review activity (such as 360-degree review).

Further information on conducting peer review processes can be found in *Review by peers: a guide for professional, clinical and administrative processes*, July 2010<sup>4</sup>.

## Part 2: Defining the initial scope of clinical practice

The health service organisation has in place a process for defining the initial scope of clinical practice of the health practitioner.

Defining the initial scope of clinical practice will require:

- the practitioner to provide evidence that they have the required credentials and demonstrate competence as outlined in Part 1
- the health service organisation to have in place a framework and delegations to define a health practitioner's scope of clinical practice
  - this will require a credentialing committee (with approved terms of reference), and may include by-laws, employment contracts (with approved terms and conditions covering such matters as indemnity), position descriptions and any other relevant agreement
  - the framework and any documentation will need to reflect the requirements set out in the policies and procedures of the states and territories
- the organisation's capability to be clarified and documented including the staffing levels and skill mix, the clinical services mix and level, and any support services endorsed by the executive management
- a process for formally documenting the scope of clinical practice and for reaching agreement on the scope of clinical practice with the practitioner
  - where there is a need for clarification of relevant matters, the practitioner will be afforded procedural fairness

- any clinical practices that cannot or will not be supported by the organisation must be documented and made known to relevant officers.

A practitioner's defined scope of clinical practice should generally be specified and documented separately for each health service facility in which they practice, and involve the determination by the credentialing committee or equivalent decision-making body for each health service.

Health services may wish to develop templates, check lists and application forms to streamline administrative processes. Applicants should be made aware of the information required and should be asked to provide, in the first instance, all necessary documentation for consideration by the credentialing committee.

To make the credentialing and scope of clinical practice processes efficient, organisations may wish to determine a core scope of clinical practice and then identify clinical practices that require specific credentialing (a specific scope of clinical practice). Organisations may choose not to distinguish between core scope of clinical practice and specialised scope of clinical practice. If this is the case, the organisation would need to assess all points identified in sections 2.1 and 2.2 of this guide when determining a practitioner's scope of clinical practice.

Determining which competencies need special credentialing can be challenging. Guidance may need to be sought from professional colleges, associations and bodies on the core competencies that are associated with a qualification and the additional competencies that need to be credentialed. In some cases the relevant national board or accreditation body may have also developed competencies.



## 2.1 Determining core scope of clinical practice

The 'core scope' of clinical practice refers to those aspects of clinical practice that can reasonably be expected to be undertaken by all practitioners holding a particular qualification, having successfully completed the education and training leading to that qualification.

The credentialing committee reviewing the core scope of clinical practice for a health practitioner should generally assume that the applicant has completed the subjects and demonstrated the competencies required for the award of the qualification. The applicant should submit information on the training program and subjects completed and evidence of the competencies obtained. The relevance of this information as an indicator of current competence will depend on the time since the qualification was completed and the practitioner's subsequent practice experience.

A practitioner may have generic clinical practice responsibilities outlined in their employment (or service) contract, or these may appear in the documentation detailing their scope of clinical practice. Examples of those responsibilities are as follows:

- admitting consumers
- being on-call
- consulting
- conducting pre- and post-admissions
- managing outpatients in either the public or private sector
- operating theatre procedures
- participating in continuous quality improvement and mandatory training activities
- teaching
- researching
- supervising.

The inclusion or exclusion of core clinical practice responsibilities in the documents setting out the scope of clinical practice should be formally agreed, documented and then monitored. If these core responsibilities are not included in the scope of clinical practice then they should be included in other relevant documentation (for example position description) to enable monitoring and performance review.

## 2.2 Scope of clinical practice requiring specific credentialing

Some procedures or practices may require specific credentialing for safe and effective performance. Specific credentialing and determination of a specific scope of clinical practice is required where it cannot be reasonably assumed the practitioner's qualifications include the specific competency. The gaining of the specific competency may involve additional training, experience, or both training and experience in addition to ongoing proficiency.

To be granted a specific scope of clinical practice, applicants may be required to provide evidence of:

- additional training and experience. For example, general practitioners may be able to submit evidence of their competency in providing care in obstetrics, anaesthetics or emergency medicine and a decision made that they have a specific scope of clinical practice
- relevant additional skills and requirements specific to the specialty. For example, a cardiologist who works in a cardiac catheter laboratory must have a current radiation safety licence, or a specialist who normally does non-procedural work who seeks to do interventional procedures must provide evidence of training, competency and experience.

Consideration should be given to the requirements in the national board's recency standard when assessing these applications.

To be granted specific scope of clinical practice in a specific area of clinical practice, a practitioner's training and competence in that procedure should match the requirements for that specific clinical practice, as set out in the policies. These policies should be developed by the organisation's credentialing committee (or the relevant decision maker) and may also include the requirements set out by a relevant college or professional body.

In addition to the documentation required by the credentialing committee to determine core scope of clinical practice, in order to assess applications for specific scope of clinical practice the committee will require one or more of the following:

- evidence of training and supervised practice in the specific area or area of clinical practice to be credentialed – for example, completion of a relevant training program
- evidence of relevant experience
- evidence of recent relevant clinical activity, which may include a log book, consumer lists or clinical audit data
- references from at least two practitioners with direct knowledge of the applicant's clinical abilities in the specific area or procedure to be credentialed. These references must be able to be verified and the referees should be available for the credentialing committee to clarify any issues and/or gaps in information
- membership of a professional group or sub-specialty, societies and registration in the recognised field of speciality practice to be credentialed (if applicable).

All evidence presented by a health practitioner must be verifiable.

The specific scope of clinical practice must be formally agreed, documented and then monitored. The documentation should contain details of inclusions and exclusions. Where procedures require specific credentialing, these should be listed in the practitioner's specific scope of clinical practice documentation. Where the credentialing relates to a specific site or facility, this should be agreed and documented.

## 2.3 Scope of clinical practice – temporary or short-term appointments

An interim scope of clinical practice may be awarded when practitioners are engaged on short-term contracts or for practitioners commencing prior to the credentialing committee convening. In these cases, credentials should still be verified and scope of clinical practice confirmed before the successful applicant commences the position. Safeguards may need to be put in place that include clinical oversight, supervision or review of clinical audit or performance data until the process of determining scope of clinical practice has been finalised. The process of interim scope of clinical practice should be set out in the health service organisation's policies and procedures and overseen by a senior authorised clinical manager.

## Part 3: Renewal of scope of clinical practice – at pre-determined time frames

The health service organisation has in place mechanisms for renewing scope of clinical practice on a routine basis at pre-determined times.

### 3.1 Review and renewal of core scope of clinical practice

Renewing the scope of clinical practice involves assessing any changes in the health practitioner's credentials, considering any practice restrictions (if these have been imposed) and confirming service provision and organisational capabilities. Scope of clinical practice can be renewed (without change) or amended.

Renewing scope of clinical practice will include reviewing evidence of:

- maintenance of training and professional requirements with the relevant professional body, including continuing professional development (CPD) programs and the national board's CPD requirements (see Part 1.4)
- ongoing competent clinical practice, within the delineated scope of clinical practice, demonstrated by clinical audit data, peer review and any related incident reports

- participation in performance reviews where process and outcome of the process is documented and available to the credentialing committee
- regular attendance at relevant clinical meetings as specified by the organisation
- registration and endorsement (if applicable) with the relevant national board without restriction, or with restrictions that will not limit a practitioner meeting the requirements of their scope of clinical practice (see Part 1.5 and 1.7)
- appropriate professional indemnity insurance coverage as required by the national board professional indemnity insurance registration standard (see Part 1.6).

Additional information that may be considered includes:

- complaints and compliments
- peer review and performance reports
- any other information as requested by the health service organisation.



### 3.2 Renewal of specific scope of clinical practice

In addition to core scope of clinical practice requirements, renewal (without change) of specific scope of clinical practice could require evidence of one or more of the following:

- proficiency in performing a specific procedure or current activity in a field of practice – for example, a log book or consumer lists
- successful participation in clinical audit of the practice covered by the specific scope of clinical practice
- ongoing professional development activities in the specific scope of clinical practice – for example, attendance at relevant courses, workshops and conferences
- participation in organisational quality and safety activities that include morbidity and mortality reviews and clinical incident reviews
- satisfactory peer review and performance reports.

If the scope of clinical practice requires specific credentialing (see Part 2.2) from the initial commencement of practice in an organisation, a separate and individual application should be made to the credentialing committee (or other authority in the organisation). However, specific credentialing may be considered with core scope of clinical practice for renewal.

### 3.3 Formal review – time frames

Scope of clinical practice should be formally reviewed by the health service organisation at least every five years, or as required when a health practitioner proposes to change their scope of clinical practice. Specific scope of clinical practice may need to be assessed more frequently, where the initial review could be conducted at one year and then routinely every few years.



## Part 4: Scope of clinical practice – clinical supervisors and trainees

A practitioner supervising a trainee should have a scope of clinical practice appropriate to the procedure being supervised.

### 4.1 Scope of clinical practice – clinical supervisors

Practitioners supervising trainees should:

- have the qualifications and skills necessary to supervise in the nominated area of clinical practice
- have experience at the appropriate level of practice
- have the training and experience necessary to provide supervision
- be located near or sufficiently proximal to the trainee to provide adequate supervision
- have participated in the process of reviewing the trainees' scope of clinical practice.

### 4.2 Trainees' scope of clinical practice as they gain experience and independence

The roles and responsibilities of health practitioners who are in training programs should be formally documented in their position description and training program. Compliance with training requirements should be monitored as part of their training program and performance reviews.

As trainees gain experience they achieve greater independence.

Some health services approve trainees undertaking increasingly higher levels of performance. In such circumstances, it is necessary for the trainee's scope of clinical practice to be defined and regularly reviewed as part of their training program to assess competence and increases in competence. The organisation's policy on scope of clinical practice should define who is responsible for monitoring trainees' performance and confirming they operate within their scope of clinical practice. This information should be readily available to other practitioners working with the trainee. Trainees should regularly receive feedback on their performance.

# Part 5: Scope of clinical practice – monitoring compliance

Monitoring compliance with scope of clinical practice should be part of regular performance reviews and management processes.

## 5.1 Monitoring compliance through performance reviews

Compliance with working within a scope of clinical practice should be discussed and confirmed as part of the professional performance review and performance development processes.

Discussions may identify any changes in:

- service provision or organisational capabilities and supports that the health practitioner considers may create risks to consumer safety
- technologies, equipment or treatments that could require a change in scope of clinical practice
- technologies, equipment or treatments that may mean the health practitioner would benefit from additional training and/or support
- a health practitioner's personal circumstances.

## 5.2 Monitoring compliance through routine governance processes

Concerns about compliance with scope of clinical practice may be identified through routine management processes, for example:

- responding to consumer complaints
- responding to matters raised by any external agencies (such as agencies formally established to receive and investigate complaints about health practitioners or consumer care)
- reviewing data such as incident data, complaints data and medical negligence claims data
- responding to and investigating staff concerns
- listening to issues raised by consumers.

## 5.3 Monitoring compliance where circumstances change

The organisation should consider the need for monitoring compliance with a scope of clinical practice if:

- organisational circumstance changes – for example, if a new service, procedure, technology or treatment is introduced
- a health practitioner's circumstances change – for example, scope of clinical practice is limited (for whatever reason) or there are performance concerns or the scope of clinical practice is expanded to include a new procedure.

Organisations should include guidance, in their policy documents, for clinical managers who identify any concerns about non-compliance with a scope of clinical practice. The documentation should contain information about how and to whom to escalate concerns. In such circumstances, the health practitioners are to be afforded procedural fairness.



## Part 6: Changes to scope of clinical practice (if and when required)

A practitioner should be able to apply for changes to their scope of clinical practice within a given review period. To facilitate consumer safety, an organisation may require changes to scope of clinical practice when organisation or health practitioner circumstances change.

Scope of clinical practice may be amended at any time based on changes or events that come to the notice of the organisation.

### 6.1 Application by a health practitioner to update their scope of clinical practice

Changes to scope of clinical practice may be initiated at the request of a health practitioner who:

- seeks to expand their scope of clinical practice – for example, as a result of the introduction of new procedures, technologies, equipment or treatments or the attainment of additional skills and competencies through additional training. Before the credentialing committee considers expanding scope of clinical practice, the organisation must confirm that it has the capability and the need for the practitioner to expand their scope. If this is not the case, the committee can only confirm a practitioner's credentials

- notifies the organisation of a change in their circumstance that may mean their scope of clinical practice is limited or reduced. Practitioners have a responsibility to notify the health service organisation of any changes that may limit their scope of clinical practice.

Specific review of scope of clinical practice will be required when an individual practitioner seeks to practice outside of the specialty area usually associated with their professional group. This is increasingly common in health services where specialities usually recognised as non-procedural specialities become more interventional.

### 6.2 Organisational review of a practitioner's scope of clinical practice

Changes to scope of clinical practice of an individual practitioner may be initiated by the organisation following:

- a change in organisational circumstances
- the analysis of an adverse event, incident or complaint
- a request from a manager who is concerned about compliance with a scope of clinical practice
- an annual performance review of the health practitioner where performance issues or changed circumstances are identified
- self-notification from a health practitioner.

Changes in organisational capability may trigger an application to reduce or amend the scope of clinical practice – for example when an organisation closes a service. Scope of clinical practice should also be reassessed when there is a significant change to, or introduction of a new clinical practice, procedure, technology or treatment. In these circumstances, the credentialing committee needs to assess individual competencies (such as training and qualifications) and organisational capabilities (such as service mix and staffing) as relevant to the new service, procedure, technology or treatment.

Changes or suspension of a practitioner's scope of clinical practice may be necessary in certain circumstances – for example, as a result of

- practitioner impairment
- breaches in the code of conduct affecting clinical performance or practice
- poor or unacceptable performance
- the practitioner being charged with an offence that is considered to have an impact on clinical performance.

When a credentialing committee is required to review a health practitioner's scope of clinical practice in these types of circumstances, the committee should be provided with relevant information to make an informed determination.

If a health practitioner's scope of clinical practice is limited, consideration should be given to placing the practitioner under specific oversight and monitoring by the credentialing committee or other authorised body for a period. This may involve frequent review by the committee or delegation of this responsibility to an appropriately qualified senior practitioner who reports to the committee. Smaller facilities should also consider seeking the assistance of other health service organisations if they do not have the resources to provide the required supervision.

Reviews or investigations that could lead to suspension, termination or a limitation of scope of clinical practice should be conducted by health practitioners with knowledge and competency in the clinical area of practice. Other people should provide input as deemed appropriate and necessary. Practitioners should at all times be afforded procedural fairness.

In some cases, immediate suspension may be necessary. The grounds on which a practitioner's scope of clinical practice can be suspended, terminated or limited must be detailed in a health service organisation's policy and/or by-laws. The officer who has delegated authority to suspend or terminate a health practitioner's scope of clinical practice should also be documented in the organisation's policy documents. Suspension or termination of scope of clinical practice may trigger mandatory notification to AHPRA in line with the requirements of the National Law or other mandatory reporting to organisations such as the ombudsman or police.

The officers (and/or committees) with delegation for limiting, suspending or terminating a health practitioner's scope of clinical practice must be documented, along with the role of the credentialing committee in such circumstances.



### 6.3 Assessing scope of clinical practice when new clinical procedures, technologies and treatments are introduced

Scope of clinical practice should be reassessed when there is a significant change to or introduction of a new clinical practice, procedure, technology or treatment. This assessment will require a separate and individual application. Consideration of applications for a change in scope of clinical practice in these circumstances should include an assessment of individual competencies (such as skills, training, experience and qualifications) and organisational capabilities (such as service mix and staffing) as relevant to the new service, procedure, technology or treatment. A practitioner should also be subject to specific oversight and monitoring by the credentialing committee or other authorised body for a period after changes to scope of clinical practice are approved.

Decisions about the introduction of new clinical procedures are the responsibility of the health service management, not the credentialing committee. The process for introducing a new procedure into the organisation should be addressed within the policies of the organisation.

The credentialing policy may include information on:

- where a credentialing committee may go for advice, such as specific centres of excellence, when a procedure, technology or treatment is so new that the relevant professional body has not yet defined standards or minimum competency requirements
- what constitutes a competent practitioner with regards to new clinical procedures, technologies or treatments
- the involvement of practitioners from other institutions experienced in the procedure, technology or treatment. This might include practitioners from that organisation supervising or reviewing the practitioner and confirming their competency and in credentialing the practitioner
- ethics and technology appraisal assessments, if and as required.

The credentialing policy may need to be cross-referenced with other policies – for example, new technologies policy.

# Part 7: Multi-facility scope of clinical practice and mutual recognition of credentials

An organisation that has multiple facilities with similar capabilities, and a method to determine facility capability, may implement a system to approve scope of clinical practice across those multiple facilities.

## 7.1 Multi-facility scope of clinical practice

Organisations that have multiple facilities with similar capabilities, and a method to determine that the facility capability is indeed the same, may implement a system to approve scope of clinical practice across multiple facilities.

Credentials can be confirmed centrally and scope of clinical practice applied across different facilities. However, if facilities have different roles and different support systems, scope of clinical practice must be determined specifically for each facility.

## 7.2 Mutual recognition of credentials

In some cases it may be possible for the practitioner's credentials to be recognised in other health services that do not belong to the group of health service organisations where initial credentialing is carried out. This is acceptable if the health service organisation engaging the practitioner has assured itself that the process of assessing credentials was diligent and meets all the criteria of its own credentialing committee – for example, that this guide was used as the basis for credentialing practitioners, or that a review of their credentialing policy demonstrates a high degree of consistency with this guide. This can occur commonly when a small hospital has an affiliation with a larger and more complex health service. It should be noted that while the basic elements of the credentialing process may use mutual recognition processes, the scope of clinical practice must still be determined at the facility where the practitioner will be working.

A jurisdiction-wide credentialing process may be appropriate for services that operate across district or network borders, such as retrieval or state-wide services.



## Part 8: The credentialing committee

The credentialing committee verifies the practitioner's credentials and defines their scope of clinical practice on behalf of the health service organisation, taking into account the capacity of the health service organisation and the health practitioner's qualifications, skills and experience.

### 8.1 Training and support for committee members

A credentialing committee assesses and confirms credentials and then determines a defined scope of clinical practice on behalf of a health service organisation, hospital or individual facility. In a health service organisation with multiple facilities, processes such as credentialing may be carried out centrally and scope of clinical practice defined locally. An organisation may operate multiple committees to conduct its credentialing processes. For example, an organisation may operate separate medical, dental, nursing, podiatric surgeons and allied health professional credentialing committees.

The credentialing committee plays a key role in ensuring consumer safety. Therefore committee members may need training and support to fulfil this role effectively. This induction may include providing information on:

- credentialing policies and process
- the role and responsibility of committee members
- documents to be submitted by the applicant
- the process for assessing the credentials of an applicant
- verifying information submitted by the applicant
- the organisation's capability and agreed service provision.

Executive clinical managers and practitioners in rural areas and small facilities should consider establishing a link with organisations experienced in credentialing for support (for example, access to credentialing and scope of clinical practice forms and documents for appropriate modification to meet their needs, and access to experienced personnel for advice). Executive managers in large facilities should consider all such requests for assistance.



## 8.2 Credentialing committee membership

The chair of the credentialing committee must have extensive experience and skills in credentialing and defining scope of clinical practice processes.

When possible, an experienced practitioner from the college, association or professional body relevant to the application under consideration should be invited to participate on the credentialing committee or in the credentialing process, or provide advice on issues such as training and supervision.

## 8.3 Credentialing committee responsibilities and documentation

The committee must have terms of reference that set out how it operates and its roles and responsibilities for:

- credentialing, determining scope of clinical practice and re-credentialing
- reviewing and monitoring scope of clinical practice when there are organisational changes or changes to health practitioners' circumstances.

The health service organisation's policies and procedures should clearly outline the link between processes and committee structures for:

- the credentialing committee that reviews and renews scope of clinical practice requiring specific credentialing
- those committees responsible for the introduction and oversight of new technology, equipment, procedures and treatments. In such cases, the credentialing committee may require evidence of appropriate clinical supervision to fulfil scope of clinical practice.

Checklists can improve the effectiveness and efficiency of the credentialing process and ensure that all of the required information is obtained and verified. The checklist would need to be completed before scope of clinical practice is confirmed. In exceptional circumstances, the scope of clinical practice could be awarded to a practitioner with a new appointment while the committee waits for final verification of information, if the committee considers this is low risk. This concession should apply for a strictly limited period, with oversight from the authorising officer and as outlined in the credentialing and scope of clinical practice policy. In these circumstances, the reasons for awarding scope of clinical practice should be formally documented.

The credentialing committee should ensure their discussions, deliberations and decisions follow due process and the principles of procedural fairness at all times. Proceedings should always be fair and transparent.

Credentialing committees responsible for nursing and allied health practitioners would not normally undertake the assessment at initial appointment. This would generally be conducted by the relevant organisational manager against a position description. An allied health or nursing credentialing committee is more likely to assess practitioners intending to engage in complex clinical practices as advanced skills practitioners.



## Additional considerations

### Emergency situations

While the subject is outside of the scope of this paper, organisations should consider whether any individual practitioner may perform a therapeutic activity in a life-threatening emergency if risk of delay and/or transfer substantially increases the risk of harm for a consumer. If this is an expectation, it should be included in the organisation's credentialing and scope of clinical practice policy and/or on the practitioner's scope of clinical practice documentation.

The policy should also address the acceptable level of decision making associated with temporary credentials for emergency procedures. Delegation usually resides with a senior clinical administrator.

### Appeals

It is expected that applicants may appeal against the process and decisions of determining scope of clinical practice. It is essential the appeals procedure is clearly documented and follows the principles of natural justice.

## Definitions and acronyms

**AHPRA:** Australian Health Practitioner Regulation Agency.

**credentialing:** the formal process used to verify the qualifications, experience, professional standing and other relevant professional attributes of health practitioners for the purpose of forming a view about their competence, performance and professional suitability to provide safe, high-quality health services within specific organisational environments.

**competence:** the combination of knowledge, skills, abilities and attributes that are required for a person to be successful in a role.

**credentials:** the practical experience, qualifications, professional awards and statements of competency issued by an authorised and recognised body that attest to a practitioner's education, training and competence and relevant practical experience.

**credentialing committee:** the formally constituted committee of practitioners and managers who collectively analyse and verify the information submitted by an applicant, consider credentials and make a determination on the scope of clinical practice for a health practitioner. The membership of the credentialing committee should include, and preferably be led by, representatives from the professional group whose scope of clinical practice is being determined.

### **defining the scope of clinical practice:**

follows on from credentialing and involves delineating the extent (scope) of an individual practitioner's clinical practice within a particular organisation based on:

- the individual's credentials, competence, performance and professional suitability
- the needs of the organisation and its capability to support the practitioner's scope of clinical practice.

A practitioner's scope of clinical practice can be separated into:

- routine scope of clinical practice (core scope of clinical practice) based on qualifications, professional awards and statements of competency from relevant education and training bodies such as a professional college in a speciality or sub-speciality area of practice
- scope of clinical practice requiring specific credentialing (specific scope of clinical practice) based on additional training, the introduction of new clinical procedures, equipment or where any other significant change in practice occurs.

**health practitioner:** a health professional eligible for registration with a national board as well as self-regulated practitioners eligible for registration with their national bodies and associations, including speech pathology, social work, exercise physiologists, audiologists and dieticians.

**health service organisation (organisation):** a separately constituted health service that is responsible for the clinical governance, administration and financial management of a service unit providing health care. It includes all hospitals, day procedure services and public dental services across Australia that need to be accredited to the NSQHS Standards; and all private health service organisations that seek to be accredited to these standards.

**national board:** a board established under the *Health Practitioner Regulation National Law Act* as in force in each state and territory.

**National Law:** the *Health Practitioner Regulation National Law Act* as in force in each state and territory.

**re-credentialing or renewing scope of clinical practice:** is to be conducted by the health service organisations in conjunction with the practitioner. The process involves:

- reviewing, re-credentialing and renewing scope of clinical practice (without change), or
- reviewing and changing scope of clinical practice.

**role delineation:** a framework used to determine the level (including scope and complexity) and mix of health services to be provided by an organisation that are consistent with its capability and capacity.

**practice:** any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. Practice need not be restricted to the provision of direct clinical care. It may also include using professional knowledge in a direct, non-clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles and any other roles that impact on safe, effective delivery of health care in the profession.

**service planning:** the process of reviewing and determining the mix of services and the level at which care will be provided. Planning takes into consideration the health and healthcare needs of a community or part of a community, assessed by such indices as mortality, morbidity, and disability, together with the resources available to meet these needs in terms of human resources and technical resources such as hospital equipment and medicines.



# Scope of clinical practice checklist

Not all items may be relevant or required for the credentialing or scope of clinical practice processes being conducted. Therefore judgement is required to determine which items are applicable.

## Item Documentation / Action

### Part 1: Evidence of the minimum credentials required for the scope of clinical practice

- |   |  |
|---|--|
| 1.1 Education, qualifications and formal training | <ul style="list-style-type: none"><li><input type="checkbox"/> Formal qualification recognised by the relevant national board (and documentation verified)</li><li><input type="checkbox"/> Details of successful completion of high education and advanced training, accredited training programs in relevant skills and advanced practices</li></ul> <p>For new graduates:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Description of competencies and learning objectives of the training program completed relevant for the proposed scope of clinical practice</li><li><input type="checkbox"/> Description of supervised practice that has been completed</li></ul> <p>For international graduates:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Evidence of qualifications, or training that has been assessed as equivalent, by a recognised body</li></ul> |
| 1.2 Required previous experience                  | <ul style="list-style-type: none"><li><input type="checkbox"/> Evidence of relevant clinical activity and experience in similar settings to the scope of clinical practice being proposed</li><li><input type="checkbox"/> Recent practice at a recognised facility or a facility deemed equivalent by the credentialing committee</li></ul> <p>For international graduates:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Evidence of assessment of the equivalence of training and experience by an appropriate training entity or national board</li><li><input type="checkbox"/> Compliance with a plan to assess and/or attain equivalence of experience in Australia</li></ul>  |
| 1.3 References                                    | <ul style="list-style-type: none"><li><input type="checkbox"/> At least two references, one of which must be from either a:<ul style="list-style-type: none"><li>• supervisor of training or director of a program where the applicant completed their final year of training for a new graduate</li><li>• head of the specialty or equivalent at the institution where the applicant most recently practiced</li><li>• practitioner within or directly relevant to the field of practice in which the applicant will practice</li></ul></li><li><input type="checkbox"/> Verbal reference checks conducted by a practitioner with experience in field and discussions documented</li><li><input type="checkbox"/> Content and authenticity of written references verified by senior practitioners from the relevant area of specialist practice</li></ul>   |

1.4 Continuing education	<ul style="list-style-type: none"> <li><input type="checkbox"/> Evidence of compliance with continuing professional development requirements of the relevant national board and if applicable, a relevant college or professional body</li> <li><input type="checkbox"/> Evidence of continuing education related to the role and scope of clinical practice of the practitioner</li> <li><input type="checkbox"/> Participation in mandatory training specified by the health service organisation in line with the NSQHS Standards</li> <li><input type="checkbox"/> Verification of evidence provided on continuing professional education</li> </ul>
1.5 Registration	<ul style="list-style-type: none"> <li><input type="checkbox"/> Evidence of current registration with relevant national board, without or with undertakings, conditions or notations that will not limit a practitioner meeting the requirements of the proposed scope of clinical practice</li> </ul>
1.6 Professional indemnity insurance	<ul style="list-style-type: none"> <li><input type="checkbox"/> Evidence of appropriate professional indemnity insurance</li> </ul>
1.7 Other documentation and pre-employment checks	<ul style="list-style-type: none"> <li><input type="checkbox"/> Curriculum vitae</li> <li><input type="checkbox"/> Applicant declaration (including permission to contact previous facilities or organisations where practitioner has been employed)</li> <li><input type="checkbox"/> Explanation of gaps in employment, if relevant</li> <li><input type="checkbox"/> Proof of identity (in some jurisdictions this may include 100-point identity check)</li> <li><input type="checkbox"/> Police check (which may include an international police check)</li> <li><input type="checkbox"/> Working with children check</li> <li><input type="checkbox"/> Other relevant information as requested by the health service organisation</li> <li><input type="checkbox"/> For new applicants, web search of the applicant</li> <li><input type="checkbox"/> For international applicants, passport and copies of relevant visas</li> </ul>
1.8 Overseas graduates	<ul style="list-style-type: none"> <li><input type="checkbox"/> Reference checks on training, competencies and experience are extensive and diligent</li> <li><input type="checkbox"/> Additional training, support and supervision has been considered</li> </ul>
1.9 Peer-review processes	<ul style="list-style-type: none"> <li><input type="checkbox"/> Report from peer-review activity relevant to the position (for renewal of scope of clinical practice or if change of scope of clinical practice required)</li> </ul>

## Part 2: Defining initial scope of clinical practice

2.1 Core scope of clinical practice	<ul style="list-style-type: none"> <li><input type="checkbox"/> Evidence of the specific knowledge and skills (competencies) that are required for the specialty by the successful completion of a recognised training program</li> <li><input type="checkbox"/> Documentation of additional skills and requirements specific to the specialty</li> <li><input type="checkbox"/> Defining generic clinical practice responsibilities</li> <li><input type="checkbox"/> Formally agree and document the inclusion or exclusion of core clinical practice responsibilities</li> </ul>
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2.2 Specific scope of clinical practice requiring specific credentialing

- ❑ Specific credentialing listed on the practitioner's scope of clinical practice documentation. Where the specific credentialing relates to a specific site or facility, this should be agreed and documented.
- ❑ Training and competence in specific procedures that match the requirements as set out by the relevant body or college and/or policies that have been developed by the health service organisation's credentialing committee
- ❑ Credentials for specific scope of clinical practice include core scope of clinical practice, plus at least one of the following:
  - evidence of training and experience in the specific procedure to be credentialed, e.g. completion of a relevant training program
  - evidence of recent relevant clinical activity, which may include a log book, consumer lists or clinical audit data
  - references from two practitioners with direct knowledge of the applicant's clinical abilities in the specific procedure to be credentialed
  - membership of professional sub-specialty groups or society in the recognised specialty area of clinical practice to be credentialed (if applicable)

2.3 Scope of clinical practice – temporary or short-term appointments

- ❑ Verify credentials
- ❑ Initial scope of clinical practice documented
- ❑ Oversight mechanisms – clinical oversight, supervision or routine review of performance data agreed and documented

Part 3: Review and renewing scope of clinical practice

3.1 Scope of clinical practice

- ❑ Maintenance of relevant national board or professional association requirements, including continuing professional development
- ❑ Ongoing competent clinical practice demonstrated by clinical audit data, peer review, complaints, compliments and incident reports
- ❑ Participation in documented performance reviews
- ❑ Regular attendance at clinical meetings
- ❑ Registration by the relevant national board without restrictions or with restriction that will not limit a practitioner meeting the requirements of their scope of clinical practice
- ❑ Appropriate professional indemnity insurance coverage

3.2 Scope or practice requiring specific credentialing

- Current activity in a specific procedure or current activity in field of practice, which may be recorded in a log book or consumer lists
- Participation in a clinical audit of the practice covered by the specific scope of clinical practice
- Ongoing CPD activities in the specific scope of clinical practice
- Optional membership of relevant sub-specialty societies or groups to the specific scope of clinical practice
- Participation in quality and safety activities, including morbidity, mortality, and clinical incident reviews
- Performance review
- Separate application for each individual who requires specific review, training or increased organisational capability

3.3 Formal review

- Processes of formal review occur every five years, or as required when a health practitioner proposes to change their scope of clinical practice

Part 4: Supervision

4.1 Scope of clinical practice – for clinical supervision of trainees

- Supervising practitioners have a scope of clinical practice appropriate to the procedure being supervised

4.2 Scope of clinical practice – for trainees doing procedures

- Roles and responsibilities of trainees documented as they begin to practice independently (e.g. medical training performing procedures)

Part 5: Scope of clinical practice – monitoring compliance

5.1 Monitoring compliance through performance review

- Compliance and/or changed circumstances to be confirmed regularly at performance review. This is most likely to be annually
- Confirmation that the practitioner's practice has remained substantially similar to the scope of clinical practice agreed and documented at the last formal review

5.2 Monitoring compliance through routine management processes

- Absence of concerns (consumer complaints, incidents)
- Practitioner to be informed and afforded procedural fairness if concerns arise

5.3 Monitoring compliance in changed circumstances

- Absence of concerns (from designated supervisor or credentialing committee)
- Practitioner to be informed and afforded procedural fairness if concerns arise



## Part 6: Changing scope of clinical practice

- |  |  |
|--|--|
| 6.1 Updating of scope of clinical practice at request of health practitioner                     | <input type="checkbox"/> Policy and procedures detail how and when changes to a practitioner's scope of clinical practice can be initiated between routine reviews   |
| 6.2 Changing scope of clinical practice to meet organisational needs and protect consumer safety | <input type="checkbox"/> Policy and procedures detail how and when changes to a practitioner's scope of clinical practice can be initiated between routine reviews   |
| 6.3 New technologies, equipment and treatments   | <input type="checkbox"/> Policy and procedures detail how and when changes to a practitioner's scope of clinical practice can be initiated between routine reviews, including when new technologies, equipment and treatments are introduced |

## Part 7: Multi-facility scope of clinical practice and mutual recognition of credentials

- |   |   |
|---|---|
| 7.1 Multi-facility scope of clinical practice | <input type="checkbox"/> Health service organisations, operating across multiple facilities with similar capabilities, document in policies and procedures how the credentialing committee can assure itself of the capabilities of each facility that it supports and describes the method of awarding scope of clinical practice across those multiple facilities |
| 7.2 Mutual recognition of credentials         | <input type="checkbox"/> Policies and procedures detail how recognition of credentialing across facilities or health service organisations can take place and describes the system for determining and verifying credentials<br><input type="checkbox"/> Approval by committee or other delegate  |

## Part 8: The credentialing committee

- |  |  |
|--|--|
| 8.1 Training and support for committee members                 | <input type="checkbox"/> Credentialing policies and procedures<br><input type="checkbox"/> Role and responsibility of committee members<br><input type="checkbox"/> Documents to be submitted by the applicant<br><input type="checkbox"/> Process for assessing the credentials of an applicant<br><input type="checkbox"/> Process for verifying information submitted by the applicant<br><input type="checkbox"/> The organisation's capability and agreed service provision |
| 8.2 Credentialing committee membership                         | <input type="checkbox"/> Chair of the committee has extensive experience and skill in credentialing and defining the scope of clinical practice processes<br><input type="checkbox"/> Experienced practitioner from the college, association or professional body relevant to the application is invited to participate  |
| 8.3 Credentialing committee responsibilities and documentation | <input type="checkbox"/> Terms of reference documented<br><input type="checkbox"/> Level of authority documented for monitoring compliance with scope of clinical practice and limiting scope of clinical practice   |



### Additional considerations: Emergency situations

Performing a therapeutic activity in a life-threatening emergency	<input type="checkbox"/> Policy and process for credentialing practitioners performing therapeutic activities in a life-threatening emergency if risk of delay and/or transfer substantially increases risk to the consumer
International graduates	<input type="checkbox"/> Reference checks on training, competencies and experience are thorough and robust <input type="checkbox"/> Additional training, support and supervision have been considered
Appeals	<input type="checkbox"/> Appeals procedure is clearly documented and follows the principles of procedural fairness

# Resources

1. *National Standard: Standard for credentialing and defining the scope of clinical practice*, 2004.

2. AHPRA: [www.ahpra.gov.au](http://www.ahpra.gov.au). This site provides links to the following national boards:

- Aboriginal and Torres Strait Islander Health Practice
- Chinese Medicine
- Chiropractic
- Dental
- Medical
- Medical Radiation Practice
- Nursing and Midwifery
- Occupational Therapy
- Optometry
- Osteopathy
- Pharmacy
- Physiotherapy
- Podiatry
- Psychology

### 3. State and territory legislation

[www.austlii.edu.au](http://www.austlii.edu.au)

### 4. State and territory policies and procedures with links to web sites

ACT *Senior Medical and Dental Practitioners – Appointment and Credentialing Policy*, issued October 2012, available at:

[http://www.health.act.gov.au/sites/default/files//Policy\\_and\\_Plan/Senior%20Medical%20and%20Dental%20Practitioners%20-%20Appointment%20and%20Credentialing%20Policy.docx](http://www.health.act.gov.au/sites/default/files//Policy_and_Plan/Senior%20Medical%20and%20Dental%20Practitioners%20-%20Appointment%20and%20Credentialing%20Policy.docx)

*Reviewing the Clinical Competence of a Doctor or Dentist following Receipt of a Complaint or Concern*, issued October 2012, available at:

<http://www.health.act.gov.au/sites/default/files/Reviewing%20Clinical%20Competence%20following%20Receipt%20of%20a%20Complaint%20or%20Concern%20Policy.docx>

Standard Operating Procedure: Credentialing and defining the scope of clinical practice for senior medical and dental practitioners, October 2012

All of the ACT credentialing and scope of clinical practice policies and resources were under review in September 2015.

NSW Policy directive: Visiting practitioners and staff specialists delineation of clinical privileges for policy, February 2005, available at:

[http://search-au.funnelback.com/s/search.html?query=credential&scope=www0.health.nsw.gov.au/policies/pd/,www0.health.nsw.gov.au/policies/gl/&collection=nsw\\_health](http://search-au.funnelback.com/s/search.html?query=credential&scope=www0.health.nsw.gov.au/policies/pd/,www0.health.nsw.gov.au/policies/gl/&collection=nsw_health)

- NT Medical and Dental Staff Appointments, Credentials and Scope of Clinical Practice Policy Handbook for the Northern Territory, March 2013
- Qld Health service directive, policy and guidelines *Credentialing and defining the scope of clinical practice*, August 2014, available at:
- Health service directive: <https://www.health.qld.gov.au/directives/docs/hsd/qh-hsd-034.pdf>
- Policy: <https://www.health.qld.gov.au/system-governance/policies-standards/doh-policy/policy/qh-pol-390.pdf>
- Guideline: <https://www.health.qld.gov.au/publications/employment/work-for-us/cred-best-practice-guid.pdf>
- Guideline for credentialing and defining the scope of clinical practice for allied health*, available on the Queensland Health intranet at <https://www.health.qld.gov.au/directives/docs/gdl/qh-hsdgdl-034-1.pdf>
- This guideline was under review in September 2015.
- SA *Credentialing and defining scope of clinical practice for medical and dental practices*, November 2012
- Authenticating Allied Health Professionals Credentials including Access Appointments Directive
  - Authenticating Nurse Practitioner Credentials Policy
  - Nurse Practitioner Policy Directive
  - Governance Framework for Advanced Scope of clinical practice and Extended Scope of clinical practice Roles in SA Health Policy Directive
- Tas. *Credentialing and defining the scope of clinical practice for healthcare practitioners in Tasmanian Health Services handbook*, July 2010
- Credentialing and scope of clinical practice*, July 2010
- These documents were under review in September 2015.
- WA *The policy for credentialing and defining the scope of clinical practice for medical practitioners* (2nd edition) 2009. This document was under review in September 2015.
- Vic. *Credentialing and defining the scope of clinical practice for medical practitioners*, August 2011
- This document was under review in September 2015.



## 5. Professional colleges and associations

The following colleges had documents relating to scope of clinical practice and/or credentialing on their public websites at the time of production of this guide and the links listed below were active. The Commission does not endorse or recommend the use of these documents and they are provided for the information of readers.

College	Link to scope-of-practice or credentialing documents or similar
Australasian College for Emergency Medicine (ACEM)	<a href="https://www.acem.org.au/Standards-Publications/Policies-Guidelines.aspx?search=credentialing">https://www.acem.org.au/Standards-Publications/Policies-Guidelines.aspx?search=credentialing</a>
Australasian College for Infection Prevention and Control (ACIPC)	<a href="http://www.acipc.org.au/Credentialing/What-is-Credentialing">http://www.acipc.org.au/Credentialing/What-is-Credentialing</a>
Australasian College of Cosmetic Surgery (ACCS)	<a href="http://www.accs.org.au/about/objects-of-the-college">http://www.accs.org.au/about/objects-of-the-college</a>
Australasian College of Dermatologists (ACD)	Specific scope of practice: <a href="https://www.dermcoll.edu.au/learning-and-development/mohs-micrographic-surgery/">https://www.dermcoll.edu.au/learning-and-development/mohs-micrographic-surgery/</a>
Australasian College of Health Service Management (ACHSM)	Not available on public website
Australasian College of Podiatric Surgeons (ACPS)	<a href="http://acps.edu.au/cms_files/Policy%20-%20Credentialing%20of%20Podiatric%20Surgeons.pdf">http://acps.edu.au/cms_files/Policy%20-%20Credentialing%20of%20Podiatric%20Surgeons.pdf</a>
Australian and New Zealand College of Anaesthetists (ANZCA)	<a href="http://www.anzca.edu.au/resources/professional-documents/pdfs/ps02-2006-statement-on-credentialing-and-defining-the-scope-of-clinical-practice-in-anaesthesia.pdf">http://www.anzca.edu.au/resources/professional-documents/pdfs/ps02-2006-statement-on-credentialing-and-defining-the-scope-of-clinical-practice-in-anaesthesia.pdf</a>
	<a href="http://www.anzca.edu.au/resources/professional-documents/pdfs/ps57-2014-statement-on-duties-of-specialist-anaesthetists.pdf">http://www.anzca.edu.au/resources/professional-documents/pdfs/ps57-2014-statement-on-duties-of-specialist-anaesthetists.pdf</a>
	<a href="http://www.anzca.edu.au/resources/professional-documents/pdfs/ps44-2006-guidelines-to-fellows-acting-on-appointments-committees-for-senior-staff-in-anaesthesia.pdf">http://www.anzca.edu.au/resources/professional-documents/pdfs/ps44-2006-guidelines-to-fellows-acting-on-appointments-committees-for-senior-staff-in-anaesthesia.pdf</a>

Australian College of Clinical Psychologists	Membership: <a href="http://www.accp.org.au/constitution.htm#2.3">http://www.accp.org.au/constitution.htm#2.3</a>
Australian College of Mental Health Nurses (ACMHN)	<a href="http://www.acmhn.org/credentialing/what-is-credentialing">http://www.acmhn.org/credentialing/what-is-credentialing</a>
Royal Australasian College of Dental Surgeons (RACDS)	<a href="http://www.racds.org/RACDS2013/Training/Recognition_of_Qualifications/OMS_Credentialing/RACDSNEW_Content/Training/OMS_Credentialing.aspx?hkey=62766271-80e6-42eb-99f6-bd122a1d7c2e">http://www.racds.org/RACDS2013/Training/Recognition_of_Qualifications/OMS_Credentialing/RACDSNEW_Content/Training/OMS_Credentialing.aspx?hkey=62766271-80e6-42eb-99f6-bd122a1d7c2e</a>
Royal Australasian College of Medical Administrators (RACMA)	<a href="http://www.racma.edu.au/index.php?searchword=scope+of+practice&amp;ordering=newest&amp;searchphrase=all&amp;option=com_search">http://www.racma.edu.au/index.php?searchword=scope+of+practice&amp;ordering=newest&amp;searchphrase=all&amp;option=com_search</a>
Royal Australasian College of Physicians (RACP)	<a href="http://www.racp.edu.au/docs/default-source/pdfs/servicereviewdocumentfinaleea34eafbbb261c2b08bff00001c3177.pdf">http://www.racp.edu.au/docs/default-source/pdfs/servicereviewdocumentfinaleea34eafbbb261c2b08bff00001c3177.pdf</a>
Royal Australasian College of Surgeons (RACS)	<a href="http://www.surgeons.org/media/348329/2014_02_25_pos_fes-pst-001_credentialing_and_scope_of_practice_for_surgeons.pdf">http://www.surgeons.org/media/348329/2014_02_25_pos_fes-pst-001_credentialing_and_scope_of_practice_for_surgeons.pdf</a>
Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)	<a href="http://www.ranzcog.edu.au/search.html?searchword=credentialing&amp;ordering=newest&amp;searchphrase=all&amp;areas[0]=docman">http://www.ranzcog.edu.au/search.html?searchword=credentialing&amp;ordering=newest&amp;searchphrase=all&amp;areas[0]=docman</a>
Royal Australian and New Zealand College of Ophthalmologists (RANZCO)	<a href="http://www.ranzco.edu/images/NEW_SITE/Policy_and_Advocacy/Policies/CPD_PolicyExtensionPractice26092014.pdf">http://www.ranzco.edu/images/NEW_SITE/Policy_and_Advocacy/Policies/CPD_PolicyExtensionPractice26092014.pdf</a>
Royal Australian and New Zealand College of Radiologists (RANZCR)	<a href="http://www.irsa.com.au/irsa-credentialing-guidelines/irsa-credentials-guidelines-full-text">http://www.irsa.com.au/irsa-credentialing-guidelines/irsa-credentials-guidelines-full-text</a>
Royal Australian College of General Practitioners (RACGP)	<a href="http://www.racgp.org.au/your-practice/standards/standards4thedition/safety,-quality-improvement-and-education/3-2/qualifications-of-clinical-staff-other-than-medical-practitioners/">http://www.racgp.org.au/your-practice/standards/standards4thedition/safety,-quality-improvement-and-education/3-2/qualifications-of-clinical-staff-other-than-medical-practitioners/</a>
Royal College of Pathologists of Australasia (RCPA)	<a href="https://www.rcpa.edu.au/getattachment/3eb03308-33ee-4772-bcb1-71c6d19752bf/Scope-of-Practice-Recognition.aspx">https://www.rcpa.edu.au/getattachment/3eb03308-33ee-4772-bcb1-71c6d19752bf/Scope-of-Practice-Recognition.aspx</a>





## References

1. Australian Council for Safety and Quality in Health Care, *Standard for credentialing and defining the scope of clinical practice*, 2004
2. *Recency of practice standards*, available at [www.ahpra.gov.au](http://www.ahpra.gov.au) (search by professional standard)
3. National Registration and Accreditation Scheme as operated by the Australian Health Practitioner Registration Agency
4. Australian Commission on Safety and Quality in Health Care *Review by peers: a guide for professional, clinical and administrative processes*. July 2010 [www.safetyandquality.gov.au/publications](http://www.safetyandquality.gov.au/publications)





**Australian Commission on Safety and Quality in Healthy Care**

Level 5, 255 Elizabeth Street, Sydney NSW 2010

GPO Box 5480, Sydney NSW 2001

Phone: (02) 9126 3600 (international +61 2 9126 3600)

Fax: (02) 9126 3613 (international +61 2 9126 3613)

Email: [mail@safetyandquality.gov.au](mailto:mail@safetyandquality.gov.au)

[www.safetyandquality.gov.au](http://www.safetyandquality.gov.au)