Policy Directive: compliance is mandatory

Governance Framework for Advanced Scope of Practice Roles And Extended Scope of Practice Roles in SA Health Policy Directive

Document classification: For Official Use Only -I2-A2
Document developed by: Office for Professional Leadership, System Performance & Service Delivery
Approved at Portfolio Executive on: 7 March 2013
Next review due: 30 September 2021

Summary
The purpose of the Governance Framework for Advanced Scope of Practice Roles And Extended Scope of Practice Roles in SA Health Policy Directive is to ensure a consistent approach to determining the need, planning, implementation and evaluation of non-medical advanced scope of practice or extended scope of practice roles with focus on the Allied Health, Nursing and Midwifery professions.

Keywords
Scope of Practice, Advanced, Extended, Nurse Practitioner, Governance, Framework, Endorsement, Practice Roles, Prescribing, Credentialling, Governance Framework for Advanced Scope of Practice Roles And Extended Scope of Practice Roles, Policy Directive

Policy history
Is this a new policy? N
Does this policy amend or update an existing policy? Y
Does this policy replace an existing policy? N
If so, which policies?

Applies to All Health Networks
Staff impacted Other – All Nursing, Midwifery and Allied Health
EPAS compatible NA
Registered with Divisional Policy No
Contact Officer
Policy doc reference no. D0318

Version control and change history

<table>
<thead>
<tr>
<th>Version</th>
<th>Date from</th>
<th>Date to</th>
<th>Amendment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>07/03/2013</td>
<td>30/07/2014</td>
<td>Original version</td>
</tr>
<tr>
<td>1.1</td>
<td>31/07/2014</td>
<td>17/05/2016</td>
<td>Amended to include reference to new regulations and updated to new template.</td>
</tr>
<tr>
<td>V1.2</td>
<td>18/05/2016</td>
<td>24/08/2016</td>
<td>Amended hyperlinks to old Nursing and Midwifery Office domain website</td>
</tr>
<tr>
<td>V1.3</td>
<td>26/08/2016</td>
<td>current</td>
<td>Amended language describing Nurse Practitioners to match NMBA.</td>
</tr>
</tbody>
</table>
The Governance Framework for Advanced Scope of Practice Roles And Extended Scope of Practice Roles in SA Health

Policy Directive
### Document control information

<table>
<thead>
<tr>
<th>Document owner</th>
<th>Chief Nurse and Midwifery Officer, Nursing and Midwifery Office, Office for Professional Leadership, System Performance and Service Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributors</td>
<td>Nursing and Midwifery Office, Office for Professional Leadership, System Performance and Service Delivery</td>
</tr>
<tr>
<td></td>
<td>Allied and Scientific Health Office, Office for Professional Leadership, System Performance and Service Delivery</td>
</tr>
<tr>
<td>Document Classification</td>
<td>For Official Use Only-I2-A1</td>
</tr>
<tr>
<td>Document location</td>
<td>SA Health internet – ‘policies page’</td>
</tr>
<tr>
<td></td>
<td>SA Health Intranet – Policy Distribution System</td>
</tr>
<tr>
<td>Reference</td>
<td>D0318</td>
</tr>
<tr>
<td>Valid from</td>
<td>Sept 2016</td>
</tr>
<tr>
<td>Anticipated Date of Review</td>
<td>Sept 2021</td>
</tr>
</tbody>
</table>

### Document history

<table>
<thead>
<tr>
<th>Date</th>
<th>Version</th>
<th>Who approved New/Revised Version</th>
<th>Reason for Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>25/08/2016</td>
<td>V1.3</td>
<td>Chief Nurse and Midwifery Officer, Nursing and Midwifery Office, Office for Professional Leadership, System Performance and Service Delivery</td>
<td>Amended language describing Nurse Practitioners to match NMBA.</td>
</tr>
<tr>
<td>18/05/16</td>
<td>V1.2</td>
<td>Chief Nurse and Midwifery Officer, Nursing and Midwifery Office, Office for Professional Leadership, System Performance and Service Delivery</td>
<td>Amended hyperlinks to old Nursing and Midwifery Office domain website.</td>
</tr>
<tr>
<td>31/07/14</td>
<td>V1.1</td>
<td>Chief Nurse and Midwifery Officer, Nursing and Midwifery Office, System Performance and Service Delivery</td>
<td>Amended to include reference to new regulations and updated to new template.</td>
</tr>
<tr>
<td>07/03/13</td>
<td>V1</td>
<td>PE Approved</td>
<td>PE Approved version.</td>
</tr>
</tbody>
</table>
1. Objective .............................................................................................................................. 4
2. Scope ................................................................................................................................... 5
3. Principles .............................................................................................................................. 5
4. Detail .................................................................................................................................... 8
5. Roles and Responsibilities ................................................................................................. 16
6. Reporting ............................................................................................................................ 17
7. EPAS .................................................................................................................................. 17
8. Exemption .......................................................................................................................... 18
9. National Safety and Quality Health Service Standards ..................................................... 18
10. Risk Management ............................................................................................................. 18
11. Evaluation ........................................................................................................................ 20
12. Definitions ......................................................................................................................... 20
13. Associated Policy Directives / Policy Guidelines ............................................................... 24
14. References, Resources and Related Documents .............................................................. 24
1. Objective

This Policy Directive is established by the Chief Executive of the Department for Health and Ageing pursuant to regulation 29 of the Health Care Regulations 2008 (SA). The Health Care Variation Regulations 2014 made under the Health Care Act 2008 provide the legal authority for the Chief Executive, SA Health to establish policies or protocols and committees for credentialling and scope of practice.

The purpose of this Policy Directive is to provide the governance framework to ensure there is a consistent approach to determining the need, planning, implementation and evaluation of non-medical advanced scope of practice or extended scope of practice roles within SA Health. This Policy Directive has a focus on the Allied Health, Nursing and Midwifery professions. It is has been developed consistent with Medicine, which has a clearly defined governance framework for the extension of practice.

The Policy Directive will provide the required governance framework, articulating the roles and responsibilities of SA Health executive leaders in relation to advanced and extended scope of practice role by:

- facilitating a clear understanding of the purpose and principle considerations for such roles in models of care for service delivery which meet the needs of the consumer and protects patient safety;
- supporting the application of a clear process to facilitate the development and integration of these roles; and
- ensuring there is effectiveness, efficiency and sustainability of these roles through monitoring, review and evaluation in a clearly defined process to support safe delivery of care, the required level of competency and ongoing compliance to legislation and regulation.

This Policy Directive through the governance framework aims to optimise our workforce to provide best practice models of care to the full scope of the practitioner’s regulatory requirements, knowledge, skills and abilities. New service delivery models require the exploration of the efficiencies and effectiveness to be gained by expanding levels of autonomy, skill and clinical judgement and decision-making in advanced or extended scope of practice roles. The governance framework will protect patient safety and improve health outcomes in the delivery of consumer care in any new service delivery model by articulating the minimum requirements in determining the need, planning, implementing, evaluating and the ongoing monitoring of an advanced or extended scope of practice role.

Advanced or extended scope of practice governance varies across the professions, but the principles remain the same. To ensure successful implementation and integration of
advanced or extended scope of practice roles, Local Health Network’s (L.H.N.s) must apply consistent principles that include a focus on health reform to ensure that:

- skills of the current workforce are fully utilised;
- the workforce reflects the skill set diversity required within the broader community and across the State;
- the workforce is responsive to the health needs of consumers across the full continuum of the health journey;
- the workforce delivers quality, effective and efficient clinical patient/client outcomes; and
- the associated effects on the interdisciplinary team approach to patient/client care is determined when extending or advancing a practitioners scope of practice.

Implementation of advanced or extended roles should be consistent with the principles of Transforming Health. The change needs to be patient-centred, clinician-led and evidence-based with the aim of providing Best Care, First Time, Every Time.

Governance influences how strategic directions are set and achieved, safety is maintained, and risks are monitored, assessed and mitigated to allow optimal performance to be attained. A system of governance for advanced or extended scope of practice roles must operate within the broader SA Health system context, which includes consideration of corporate, financial and clinical accountability.

2. Scope

The Policy Directive applies across SA Health outlining the systems and processes required for good governance and successful establishment, planning, implementation and evaluation, review and ongoing monitoring for a health practitioners’ advanced or extended scope of practice roles.

3. Principles

Advanced and extended scope of practice roles contribute to the achievement of a flexible, sustainable, responsive and adaptable workforce that delivers quality clinical and safe patient outcomes. Contemporary directions in health services emphasise the importance of collaborative multi-disciplinary, inter-disciplinary and inter-professional practice team approaches to care and recognise that no single health care provider or service model can adequately meet the complex requirements of today’s health care consumers. Health services must consider the impact of advanced or extended scope of practice roles on the professional boundaries across disciplines in conjunction with any potential disinvestment in components of existing roles including where efficiencies will be achieved.

Professions that have defined “specialist” roles as part of their registration continuum may choose to include these roles in this scope of practice discussion, at a site and L.H.N. level; however this governance framework does not address specialist roles specifically.
3.1 **Advanced Scope of Practice - Nursing and Midwifery**

Advanced scope of practice is a level of practice characterised by an increase in clinical skills, reasoning, critical thinking, knowledge and experience so that the practitioner is an expert working within the scope of established contemporary practice.

The ‘advanced’ scope of practice roles are increasingly seen as key to the development and delivery of efficient and effective health services.

Good governance of advanced scope of practice role development and implementation must be based upon consistent expectations of the level of the advanced scope of practice required to deliver a service. There is no additional statutory regulation by the N.M.B.A. for advanced scope of practice roles. There is a perceived degree of ‘risk’ associated with the higher levels of autonomy, role complexity and decision-making involved in advanced scope of practice roles. Therefore, the application of the governance framework as described in this Policy Directive is required to ensure public protection with consistent application of the advanced nursing and midwifery roles as described in work level definitions, job profiles, role descriptors, competency and capability outlines supported by an education processes across SA Health.

3.2 **Scope of Practice with Endorsement - Nursing and Midwifery**

Endorsement for a nurse or midwife is verified via the National Register of Practitioners. An endorsement of registration identifies nurses and midwives with additional qualifications and specific expertise which allows them to practice beyond the established, contemporary scope of practice.

Current examples of scope of practice with endorsement include:

- Nurse Practitioner
- Midwife with endorsement for scheduled medicines.

For nursing and midwifery, the N.M.B.A. verifies and approves the endorsement and subsequent notation against the defined registration standard which includes measurement criteria for:

- Registration status
- Experience
- Education
- Demonstration of skills and competence
- Continuous Professional Development.

The endorsed nurses and midwives will utilise extended and advanced skills, experience and knowledge in assessment, planning, implementation, diagnosis and evaluation of care delivered. This could incorporate endorsement for scheduled medicines, the capacity to provide associated services, refer and order diagnostic investigations. The maintenance of competency and registration status at the level of endorsement is reviewed upon engagement and annually.

3.3 **Advanced Scope of Practice - Allied Health Professionals**

This policy for the allied health professions relates to the extended scope of practice component only. Allied health professions commence graduation with full scope of
practice inclusive of advanced scope (sometimes referred to as novice to expert competencies). The state-wide allied health credentialing policy and database refers only to extended scope for self-regulated professions and extended scope or endorsed practice for registered professions. For this reason the advanced practice component of this policy does not apply to allied health professions.

3.4 Extended Scope of Practice - Allied Health Professionals

Extended scope of practice is a level of practice which incorporates practice beyond the established, contemporary scope of practice. Competencies and training pathways for extended scope roles, for registered and self-regulating allied health professional groups, continue to be refined in South Australia. The attainment of extended scope of practice may be recorded by the:

- registering body (i.e. respective National Board via AHPRA); and/or
- the relevant Professional Association (including professional self-regulation programs); and/or
- SA Health credentialling and defining the scope of practice processes.

Good governance of advanced or extended scope of practice role development and implementation must be based upon consistent expectations of the level of the scope of practice required to deliver a service. Therefore, the application of the governance framework as described in this Policy Directive is required to ensure public protection with consistent application of the relevant Enterprise Agreement Work Level Definitions.

3.5 Advanced and Extended Scope of Practice Roles

The governance framework for advanced and extended scope of practice roles will apply the following principles. These principles are applicable across the professional boundaries of health practitioners, including but not limited to nursing and midwifery and allied health professional groups.

3.5.1 The following four stages contribute to the successful introduction of the advanced or extended scope of practice roles:

- initiation – ‘review current and establish future need’;
- strategic service planning;
- implementation; and
- evaluation, review and ongoing monitoring.

3.5.2 The advanced or extended scope of practice roles must be:

- aligned to service need and models of care that reflects the strategic, national and state priorities, and support new workforce and health reform innovation in response to consumer need;
- consistent with legislative and regulatory requirements that enhance existing aspects of professional practice;
- consistent with financial improvement targets within the health care system; and
3.5.3 Undertaken in the presence of a clearly articulated Governance Framework to enable support for implementation.

3.5.4 Business Case proposal is required where additional full time equivalents (F.T.E.s), reallocation of existing F.T.E., new service model, operational innovation or funding is sought for an advanced or extended scope of practice role.

3.5.4 Systems for verifying the credentials of all health practitioners within SA Health must comply with: the Australian Commission on Safety and Quality in Health Care,

- the Credentialling and Scope of Clinical Practice System (C.S.C.P.S.) for Health Practitioners (to be replaced by eCredential in late 2016)
- as the repository for verified credentials; the SA Health Credentialling and Defining the Scope of Clinical Practice for Medical and Dental Practitioners Policy Directive
- Authenticating SA Health Allied Health Professionals Credentials Including Access Appointments Policy Directive
- Registration of Health Practitioners - Recording and Monitoring Policy Directive

3.5.5 SA Health executive leaders are responsible for ongoing review of the advanced or extended scope of practice of all health practitioners annually.

- Clinicians with an advanced or extended scope of practice recorded with AHPRA should have their credentials reviewed upon engagement, and annually upon registration renewal with AHPRA.
- Clinicians with an advanced or extended scope practice recorded with their Professional Association should have their credentials reviewed upon engagement and annually noting the endorsement requirements for extended scope of practice when recording the required information within the C.S.C.P.S. for self-regulating professions.

3.5.6 SA Health executive leaders are responsible for adhering to the principles of clinical governance, professional governance and corporate governance related to advanced or extended scope of practice roles.

3.5.7 Advanced or extended scope of practice roles should be primarily considered when there is a gap in service provision or an identified service need. This may be due to existing disciplines inability to meet the requirements through recruitment or through demonstrated efficiencies and improved patient/client outcomes gained when advanced or extended scope of practice roles exist in alternative disciplines.

4. Detail

The Governance Framework comprises of the following four stages which contribute to the successful implementation of the advanced or extended scope of practice roles.
4.1 Initiation – ‘Review Current and Establish Future Need for Advanced or Extended Scope of Practice Roles’

4.1.1 SA Health executive leaders are responsible for ensuring there are governance structures at a local level with delegations of authority to explore existing positions and future opportunities for advanced or extended scope of practice roles within the organisation in response to consumer need.

4.1.2 The advanced or extended scope of practice roles must:

4.1.2.1 align to the service need and/or model of care that reflects the strategic national and state priorities as well as supporting new workforce and health reform models for healthcare service development.

4.1.2.2 only be considered where:
- a gap in service provision or a service need has been identified by the health service/unit;
- the position will contribute to the efficiency and effectiveness of service delivery;
- the health needs and new work roles will improve health outcomes of relevant population.

4.1.2.3 be consistent with standards of practice acceptable to the relevant professions/organisations, including but not limited to:
- meeting regulatory and industrial requirements;
- having benefit to the professional group; and
- enhancing existing aspects of professional practice.

4.1.2.4 consider the:
- impact on the professional boundaries for other health practitioner professions; and
- potential disinvestment of components of existing roles including where efficiencies will be achieved across sites, services or L.H.N.’s.

4.2 Strategic Service Planning

4.2.1 SA Health executive leaders with delegated authority are responsible for aligning service planning to the strategic direction of the organisation.

4.2.2 Strategic service planning ensures the identification, creation and appointment of the advanced or extended scope of practice role. As a minimum, service planning will include the:

- identification of organisational aims, objectives, strategic direction and service delivery priorities;
- alignment of professional and competency guidelines and standards relevant to the advanced or extended scope of practice role for that professional group;
- consideration of all vacancies as providing an opportunity to consider the advanced or extended scope of practice role in staffing models and mix;
- achievement of skill mix requirements, agreed staffing standards or service agreements for that professional group;
• SA Health Human Resources (H.R.) and management practices; and development of agreed timelines for implementation of the new role.

4.2.3 SA Health executive leaders are responsible for the approval control within appropriate finance, human resources and procurement delegations.

4.2.4 A business change proposal/template is required in the following circumstances where:
• there is a new model of care in service delivery; individual scope of practice is as a result of innovative change in either contemporary practice or the service delivery model;
• where additional F.T.E. or funding is sought for advanced or extended scope of practice roles.

4.2.5 A full business change proposal may not be required in all circumstances. However, L.H.N. Chief Executive Officer approval is paramount in circumstances where there are changes to an advanced or extended scope of practice role within the service unit. The relevant Business Change Template must be completed as per L.H.N. procedures.

4.2.6 SA Health executive leaders will ensure the advanced or extended scope of practice role is determined by the context in which the health practitioner is authorised to practice to an agreed and defined scope. This will be clearly identified in the advanced or extended scope of practice prior to implementation through the:
• development of a Role Description specific to the advanced or extended scope of practice role;
• identification of work descriptors for the role;
• facilitation of practice and patient safety standards;
• creation or updating of policies and procedures where required to support the advanced or extended scope of practice role in the organisation that reflects changes in legislation, contemporary practice or funding structures;
• identification of performance indicators to evaluate the safety, effectiveness and impact of advanced or extended scope of practice role; and
• ongoing evaluation of the advanced or extended scope of practice role (see section 4.4).

4.2.7 The Role Description associated for the advanced or extended scope of practice role will be submitted for classification or re-classification in line with SA Health processes as defined in the Human Resources Manual, part 5-1-3 Classification Review Process\(^5\). Nursing and Midwifery classifications at Level 4 and above are assessed centrally by the SA Health Nursing and Midwifery Classification Assessment Panel. Allied Health Professional classifications at Level 5 and above are assessed centrally and linked to the SA Health Allied and Scientific Health Office. All other applications are processed within L.H.N. classification processes.

4.3 Implementation
Implementing new service delivery models requires more than simply adding new and/or additional resources. As health practitioners develop expertise, their skills will escalate along their continuum of practice. This escalation will involve higher levels of clinical
skills, knowledge and experience, which allows practice at advanced levels. In some instances, this may include medication prescribing within the health practitioners’ endorsed extended scope of practice.

For the purpose of this governance framework the nominated Credentialling Committee is required to review the credentialling and defined scope of practice for advanced with endorsement scope of practice roles and extended scope of practice roles that are regulated through the practitioners National Board.

4.3.1 SA Health executive leaders when reviewing the service plan will ensure staff who are advancing or extending their scope of practice:

- have the appropriate and ongoing education, skills and knowledge consistent with their level of practice;
- meet the relevant professional competency standards and are assessed as competent as per the recognised credentialling/training standards and processes implemented by the relevant L.H.N., and/or Board or Professional Association;
- have the relevant endorsement/notation for the extended scope of practice or advanced scope of practice with the relevant National Board or professional association;
- understand their degree of accountability in relation to their advanced or extended scope of practice role. For example, the accountability as outlined in the N.M.B.A. *A national framework for the development of decision-making tools for nursing and midwifery practice*;
- have appropriate levels of support and service design to enable the advancement or extension of an individual’s scope of practice, including policies, procedures and access to services to support the scope of practice of the role; and
- are utilising an ongoing evaluation cycle.

4.3.2 SA Health executive leaders are responsible for ensuring that all relevant health practitioner groups have a clear understanding of the advanced or extended scope of practice role and the impact of role introduction on the broader workforce.

4.3.3 SA Health executive leaders are responsible for the development of education and communication strategies for the existing workforce and relevant stakeholders, in relation to implementing the advanced or extended scope of practice role in an organisation.

4.3.4 SA Health executive leaders are responsible for ensuring systems are in place to facilitate credentialling and defining the scope of practice of advanced and extended scope of practice roles.

4.3.5 SA Health executive leaders must establish consistent processes to assess and progress credentialling and defining the health practitioners’ scope of advanced or extended practice through Credentialling Committees.

4.3.6 The Credentialling Committee will either be an established or new committee; a sub-committee of the Clinical Governance Committee or a multi-disciplinary Credentialling Committee.

4.3.7 SA Health executive leaders are responsible for determining the membership of the Credentialling Committee. There will be representation from the
relevant health practitioner profession as a minimum requirement and should include representation from those professions primarily impacted by the introduction of this new role within the organisation, site or service.

4.3.8 Where the health practitioner is credentialled and scope of practice is defined in another SA Health L.H.N., this information can inform the process for credentialling and defining the scope of practice for an advanced or extended role, but does not supersede the Credentialling Committees responsibilities as detailed in this Policy Directive.

4.3.9 The Credentialling Committee must include a Pharmacist if prescribing is within the extended scope of practice of the role being reviewed. The decisions and communications relating to prescribing must align to SA Health Medicines Policies and Formularies for all prescribers as detailed in this Policy in Section 4.5 - Associated Tools. A relevant medical practitioner representative with experience in the scope area (e.g. prescribing similar medicines) will be co-opted to the Credentialling Committee when reviewing the extended scope of practice role which includes prescribing.

4.3.10 The Credentialling Committee must ensure that the private health practitioner holds Professional Indemnity and Public Liability Insurance commensurate with the level of extended practice and the relevant client group (e.g. Department of Veteran Affairs).

4.3.11 The relevant Credentialling Committee is delegated responsibility for recommending the approval, by the SA Health executive leader, for those extended scope of practice roles that may include the endorsed rights to prescribing.

Prescribing Considerations:

4.3.12 The Credentialling Committee must consider the following when reviewing the advanced with endorsement scope of practice role or extended scope of practice role which includes prescribing:

- Is prescribing important to the model of care to be provided by the advanced or extended scope of practice role?
- Does the Role Description for the advanced or extended scope of practice role include:
  - the relevant health practitioner professions regulatory requirement related to endorsement for prescribing as a minimum criteria for the position;
  - reference to all relevant national and state policies and standards in relation to prescribing to provide the context for prescribing including; the National Prescribing Service Competencies Required To Prescribe Medicines; the National Medicines Policy; and the National Strategy on the Quality Use of Medicines;
  - reference to the prescribing requirement for health practitioners under both National and State legislation; with specific reference to the South Australian Controlled Substances Act 1984 and the South Australia Controlled Substances (Poisons) Regulations 2011;
  - the requirement for non-medical health practitioners to maintain a personal or preferred drugs list (P- drugs list), as recommended by the
World Health Organisation, in their *Guide to Good Prescribing*. (This list is for personal use and would not need specific approval.)

- Do the outcome measures identify, evaluate and monitor the safety and effectiveness of the prescribing practices for the role?

4.3.13 Systems for verifying the credentials of all health practitioners within SA Health must comply with the Australian Council for Safety and Quality in Health Care: *Standard for Credentialling and Defining the Scope of Clinical Practice* and referenced in the Australian Council for Safety and Quality in Health Care: *Credentialling and Defining the Scope of Clinical Practice Handbook* as detailed in this Policy in Section 4.5 - Associated Tools.

4.3.14 SA Health executive leaders are required to implement robust systems to record the advanced with endorsement or extended scope of practice for health practitioners on the SA Health *Credentialling and Scope of Clinical Practice System for Health Practitioners*. For Allied Health Professionals, this function sits with the designated Credentialling and Scope of Clinical Practice System Head of Unit role.

4.4 Evaluation, Review and Monitoring.

4.4.1 SA Health executive leaders are responsible for the evaluation, review and the ongoing monitoring of all advanced and extended scope of practice roles. This will focus on:

- achievement of the advanced or extended scope of practice roles which support the service plan, including client focussed outcomes, quality measures and changes in practice that benefit the client;
- achievement of timeframes for implementation of the role;
- cost effectiveness and efficiencies demonstrated by the role including service provision and sustainability;
- impact evaluation, clinical effectiveness and acceptance of the new role and as the role develops;
- performance of the advanced or extended scope of practice role against criteria of the Role Description at the annual performance review and development opportunity; and
- ongoing workforce planning and review in relation to advanced and extended practice roles.

4.4.2 SA Health executive leaders are responsible for establishing mechanisms that ensure advanced with endorsement and extended scope practitioners work within their agreed scope of practice.

4.4.3 SA Health executive leaders are responsible for reviewing the advanced or extended scope of practice of all health practitioners upon engagement and annually upon registration renewal with the AHPRA. This review may include an audit of prescribing, where prescribing is part of the extended scope of practice.

4.4.4 The health practitioner must provide evidence of continual competence at the advanced or extended scope of practice level and adherence to practice standards relevant to the professional group.
4.4.5 SA Health executive leaders have a duty of care to patients/clients and must be able to review health practitioners’ defined scope of advanced or extended practice when required. An unplanned review of a health practitioners’ defined advanced or extended scope of practice must occur when:

- the practitioner seeks to deliver a health service outside of his or her existing scope of practice;
- the practitioner is introducing an established technique or clinical intervention into the particular L.H.N. for the first time;
- performance review indicates the practitioner’s potential lack of competence;
- it is indicated by higher than expected adverse outcomes on referral from the relevant clinical governance committee;
- the outcome of an investigation following a complaint to the Health and Community Services Complaints Commissioner, or the relevant practitioners regulatory board indicates a review is appropriate;
- concern has been raised by other staff members regarding the introduction of an advanced or extended scope of practice role; or
- responding to a recommendation of the State Coroner.

4.4.6 An unplanned review of an advanced or extended scope of practice can be undertaken at the request of the Chair of the Credentialling Committee or by the practitioner to whom the advanced or extended scope practice applies. In the instance where other staff members have concerns about a practitioner’s advanced or extended scope of practice, this will be brought to the attention of the direct line manager and referred to the Chair of the Credentialling Committee.

4.4.7 The health practitioner’s advanced or extended scope of practice can be modified if:

- the health care facility does not have or elects not to have the facilities and/or clinical supports to deliver the requested health service procedure, or
- the scope of advanced or extended practice required by the health service is redefined.

4.4.8 The health practitioner’s advanced or extended scope of practice can be reduced, suspended or terminated if he or she:

- ceases to be registered with the relevant regulatory Board through AHPRA; is restricted in practice or suspended by the relevant regulatory Board through AHPRA;
- ceases to be eligible for Professional Association membership for self-regulating professions;
- ceases to have appropriate and adequate professional indemnity and public liability insurance;
- is found to have made a false declaration through omission or false information which justifies such action;
- engages in serious or wilful misconduct;
• presents a risk to the safety and well-being of patients/clients and/or staff
• otherwise departs from generally accepted standards of clinical practice in his/her conduct;
• is subject to criminal investigation or has been convicted of a serious crime which could affect his/her ability to provide the defined clinical scope safely and competently;
• has his or her employment contract expire or the contract is terminated by the health care facility; or
• does not comply with legislation and/or regulation supporting the role.

4.4.9 Where the Credentialling Committee may be contemplating the reduction, suspension or termination of a health practitioner’s advanced or extended scope of practice, the Credentialling Committee must make a recommendation to the CEO to notify the practitioner in writing of the same. Such notification must inform the practitioner of the reasons for any such proposed reduction, suspension or termination being contemplated and provide the practitioner with an opportunity to respond in writing within 14 days.

4.4.10 The right to recommend reduction, suspension or termination of the advanced or extended scope of practice of a practitioner to the L.H.N. CEO will be held by the Chair of the Credentialling Committee after deliberation by the Credentialling Committee. The decision to recommend reduction, suspension or termination of the health practitioner’s advanced or extended scope of practice must be documented fully and the practitioner concerned advised in writing of the specific reasons for the decision. The practitioner will also be advised of his or her right to an immediate review of the decision by the particular L.H.N. and the provision of any necessary personal or professional support.

4.4.11 The CEO or nominated delegate will communicate the outcome of such decision in writing, within a timely manner, to relevant areas within the L.H.N. (e.g. theatres, wards etc) impacted by a decision as well as other L.H.N.’s via the CEO and Chair of each L.H.N.’s Credentialling Committee.

4.4.12 If the nature of the matter results in the suspension or termination of the practitioner, and the CEO believes, in good faith, that the safety and quality of health care in another institution which is not part of a L.H.N., is subsequently at risk, the matter may be referred to the relevant regulatory board to ensure compliance with existing mandatory reporting requirements.

4.5 Associated Tools

Current examples of advanced scope of practice in SA Health include Advanced Skills Enrolled Nurses and Advanced Practice Palliative Care Pharmacists and. Current examples of extended scope of practice in SA Health include Nurse Practitioners (advanced scope with endorsement), Midwives with an Endorsement for Scheduled Medicines and within Allied Health include Podiatric Surgeons.

The following infrastructure tools can be used to facilitate the integration of advanced or extended scope of practice roles:

• The Nursing and Midwifery Board of Australia provide Scope of Practice Decision Making Tools relevant to the professional groups, for example:
  • Midwifery practice decision flowchart

\*INFORMAL COPY WHEN PRINTED\* The Governance Framework for Advanced Scope of Practice Roles and Extended Scope of Practice Roles in SA Health Policy Directive

Scope of Practice Roles in SA Health Policy Directive

Page 15 of 25

For Official Use Only -I2-A1
5. Roles and Responsibilities

The conceptual representation for the governance framework for advanced and extended scope of practice roles in SA Health is detailed in Appendix 1 of this Policy Directive.

Chief Executive, SA Health is responsible for:

- ensuring a consistent approach to the identification, planning, implementation and evaluation of advanced and extended scope of practice roles.

Chief Executive Officers (CEO), Local Health Networks (L.H.N.) will:

collaborate with the Department for Health and Ageing to implement strategic responses to this Directive;

as far as is reasonably practicable, the CEO of the L.H.N. must ensure that:

- All L.H.N. Executive are aware of their responsibilities in relation to this Policy Directive.
  - All levels of management are aware of their responsibilities in relation to this Policy Directive.
  - All employees are aware of their responsibilities in relation to this Policy Directive.
  - Adequate resources are made available to implement this Policy Directive.
- ensure health service models of care and staffing requirements support and align with this Directive;
- assumes responsibility for approval of the advanced or extended scope of practice role;
- when required, report to the Department for Health and Ageing, service evaluation of advanced or extended scope of practice initiatives and outcomes.
Executive Directors, Directors and other senior managers/clinicians will:

- provide leadership and support to ensure the development, implementation and monitoring of advanced and extended scope of practice roles;
- in addition to the requirements of this Policy Directive, have direct responsibilities for implementing the Policy Directive’s strategies including:
  - providing advice that will inform the process for determining advanced and extended scope within their sphere of responsibility;
  - monitoring and editing the information on the relevant database;
  - assessing the requirement for resources and staff support;
  - informing staff about the Policy Directive and the consequences of non-compliance; and
  - creating a culture which is supportive of advanced or extended scope of practice that enable optimal workforce capacity.

All SA Health employees will:

- adhere to the principles and details within this Directive and ensure they operate in accordance with them;
- comply with this policy and local procedures that relate to advanced or extended scope of practice roles; and
- comply with professional regulatory requirements relevant to the professional group.

6. Reporting

Systems for verifying the credentials of all health practitioners within SA Health must comply with the Australian Commission for Safety and Quality in Health Care: *Standard for Credentialling and Defining the Scope of Clinical Practice* and referenced in the Australian Commission for Safety and Quality in Health Care: *Credentialling and Defining the Scope of Clinical Practice Handbook* as detailed in this Policy in Section 4.5 - Associated Tools.

SA Health executive leaders are required to record the advanced or extended scope of practice for health practitioners on the SA Health *Credentialling and Scope of Clinical Practice System for Health Practitioners*. For Allied Health Professionals, this function sits with the designated Credentialling and Scope of Clinical Practice System Head of Unit role.

7. EPAS

As Health Professionals employed in advanced and extended endorsement scope of practice roles will be providing direct clinical services within an L.H.N., this Policy Directive will have applicability within the operational clinical and related business environment. The main implications will be:

- providing security access to EPAS for health professionals in advanced and extended scope of practice roles
• providing health professionals in advanced and extended scope of practice roles with the training required to operate EPAS.

8. Exemption

There are no exemptions to this Policy Directive

9. National Safety and Quality Health Service Standards

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Governance for Safety and Quality in Health Care</td>
<td>Partnering with Consumers</td>
<td>Preventing &amp; Controlling Healthcare associated infections</td>
<td>Medication Safety</td>
<td>Patient Identification &amp; Procedure Matching</td>
<td>Clinical Handover</td>
<td>Blood and Blood Products</td>
<td>Preventing &amp; Managing Pressure Injuries</td>
<td>Recognising &amp; Responding to Clinical Deterioration</td>
<td>Preventing Falls &amp; Harm from Falls</td>
</tr>
</tbody>
</table>

☒ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

10. Risk Management

Professional
There is a professional requirement for the registered health practitioner to comply with all legislative, professional regulatory requirements, standards, codes, guidelines and position statements relevant to the profession and articulated in this Policy. Processes are in place across SA Health sites for incident and risk management in relation to professional practice. The risks associated with advanced or extended scope of practice roles can include:

• practitioners exceeding their limitations, which can compromise quality and safety;
• lack of clearly defined guidelines/principles for advanced or extended scope of practice roles with the associated credentialling requirements;
• lack of sustainability of the advanced or extended scope of practice roles; and
• under-developed or under-resourced education/professional development programs to support clinical practice.

Financial
Strategic service planning for advanced or extended scope of practice roles in SA Health is essential to demonstrate viability, sustainability, cost efficient and effective care is delivered to our community. A lack of governance to support decision making for advanced and extended scope of practice roles has the potential to create financial risks for SA Health. The provision of this Policy Directive ensures financial accountability within a governance framework.
Political
The provision of this Policy Directive meets the Transforming Health initiative by ensuring that:

- Processes are in place that enable staff to work to their full scope of practice;
- the workforce will be provided with opportunities to broaden their skill sets and develop their potential as leaders;
- the workforce is responsive to the needs of the population across the full continuum of the health journey;
- the workforce delivers quality, effective and efficient clinical patient outcomes;
- the associated effects on the interdisciplinary team and approach to client care is determined when or advancing a practitioners scope of practice; and
- the workforce will be enabled to deliver best quality care, first time, every time.

The provision of this Policy Directive meets the [Department for Health and Ageing Strategic Direction 2016 – 2018](#) by:

- Engaging our community to inform good policy and practice
- Using evidence to guide policies and practices
- Monitoring to ensure services comply

The provision of this Policy Directive meets the needs of the professions in regards to supporting advanced and advanced and endorsed scope of practice models of care throughout SA Health public health services.

The provision of this Policy Directive addresses the requirements for legislative compliance in relation to advanced and advanced and endorsed scope of practice roles.

The provision of this Policy Directive addresses the accreditation requirements for credentialling non-medical health practitioners.

Legal
The provision of this Policy Directive meets SA Health’s legal responsibility to protect the public’s safety through the provision for appropriately educated, trained, qualified and credentialled health practitioner workforce.
11. Evaluation

In order to demonstrate the effectiveness and efficiency of any new advanced or advanced with endorsed scope of practice roles, the following indicators and outcomes must be demonstrated:

- ensures safe practice;
- improves access to care e.g. rural and remote areas;
- improves patient outcomes for targeted population groups;
- considers role sustainability;
- allows for transferability of role across the health system;
- integrates the role within the wider health community;
- enables job satisfaction; and
- ensures capacity for competency measurement.

11.1 SA Health executive leaders will be able to demonstrate there are clear processes in place to assess and progress applications from health practitioners for the purpose of determining advanced or advanced with endorsement scope of practice roles in SA Health L.H.N. facilities.

11.2 SA Health executive leaders will evidence that processes are in place to record and report the number of advanced or advanced with endorsement scope of practice roles across the L.H.N.

11.3 SA Health executive leaders will be able to review the documentary evidence of advanced or extended scope of practice of health practitioners in SA Health facilities through the SA Health Credentialling and Scope of Clinical Practice System for Health Practitioners.

11.4 The effectiveness of this policy directive will be evaluated through the policy review process every 5 years unless changes are required prior to the scheduled review date.

12. Definitions

In the context of this document the following definitions will apply:

**Advanced scope of practice**: an increase in clinical skills, reasoning, critical thinking, knowledge and experience so that the practitioner is an expert working within the scope of established contemporary practice. Health professionals may advance their practice through continuing education, experience, and ongoing competence development. It is characterised by greater and increasing complexity; more effective integration of theory, practice and experience; and increasing degrees of autonomy in clinical decision making and interventions. Nurses practising at an advanced level incorporate professional leadership, education and research into their clinically based practice. Their practice is effective and safe. They work within a generalist or specialist context and they are responsible and accountable in managing people who have complex health care requirements.

**Scope of practice with endorsement**: the endorsement by N.M.B.A. identifies nurses and midwives with additional qualifications to practice beyond the established,
contemporary scope of practice. The endorsed nurses and midwives will utilise extended and expanded skills, experience and knowledge in assessment, planning, implementation, diagnosis and evaluation of care delivered. The role may include, but is not limited to, the direct referral of patients to other healthcare professionals, prescribing medications and ordering diagnostic investigations. Nurse practitioners are endorsed with qualitatively different level of advanced nursing practice to that of the registered nurse due to the additional legislative functions and the regulatory requirements. The requirements include a prescribed educational level, a specified advanced nursing practice experience, and continuing professional development.

**Competence**: the combination of knowledge, skills, attitudes, values and abilities necessary for health professionals to practice at an acceptable standard when compared to others in the professions with similar background and experience. It emphasises confidence and capability. The assessment of competence may occur through structured educational programs or an approved peer review process. Evidence of a person’s competence may include:

- written transcripts of the skills/knowledge they have obtained in a formal course;
- their in-service education session records;
- direct observation of their skill;
- questioning of their knowledge base;
- assessment from the consumer’s perspective using agreed criteria; and
- self-assessment through reflection on performance in comparison with professional standards.

**Credentialling**: the credentialling for the purpose of this governance framework requires the review of an individual’s credentials and scope of practice as determined by the health practitioners respective Board, under the auspices of the Australian Health Practitioners Registration Agency (AHPRA). It is not intended to replicate the Credentialling process of the respective Board, but will inform the Credentialling Committee when determining extended scope of practice roles within the L.H.N..

**Endorsement**: Endorsement of registration identifies practitioners with additional qualifications and specific expertise noted as separate and discrete on the National Register of Practitioners. The endorsements for nursing and midwifery are:

- scheduled medicines;
- supply scheduled medicines (rural and isolated practice);
- scheduled medicines for midwives; and
- nurse practitioner

**Experience**: the point along the continuum of practice determined by years and area of practice rather than expertise.

**Extended Scope of Practice**: includes expertise beyond the currently recognised scope of practice of the health profession. Health practitioners who are able to demonstrate expertise and are practising at an advanced level may extend their practice beyond what is viewed as the established, contemporary scope of practice through additional training and development beyond that required for established contemporary practice. This extended scope may require legislative/regulatory change and additional qualifications to meet endorsed areas of practise.
inter-disciplinary practice: where there is an increased degree of collaboration among team members. It implies an integration of the knowledge and expertise of several disciplines to develop solutions to complex problems in a flexible and open-minded way.

inter-professional practice: occurs when all members of the health service delivery team participate in the team's activities and rely on one another to accomplish common goals and improve health care delivery, thus improving patient's quality experience.¹⁰

notation: AHPRA defines notation as follows:

‘Records a limitation on the practice of a registrant. Used by National Boards to describe and explain the scope of a practitioner’s practice by noting the limitations on that practice. The notation does not change the practitioner’s scope of practice but may reflect the requirements of a registration standard.

Midwives that meet the Nursing and Midwifery Board of Australia Eligible midwife registration standard requirements may apply for a notation that reflects an expanded scope of practice. This notation states: An eligible midwife competent to provide pregnancy, labour, birth and postnatal care and qualified to provide the associated services and order diagnostic investigations required for midwifery practice, in accordance with relevant state or territory legislation. Eligible midwife, but NOT qualified to obtain endorsement under section 94 to prescribe Schedule 2, 3, 4 & 8 medicines required for midwifery practice in accordance with state and territory legislation.¹¹

personal or preferred drugs list (P-list): the Australian Medicine Handbook (A.M.H.) recommends that prescribers develop a list of personal or P-drugs. The P-drug list comprises of a comprehensive list of medications that the prescriber uses regularly in their practice. ‘A P-drug list is essential for good prescribing. Prescribers need to be confident in their ability to evaluate information about drugs and to determine their therapeutic value. Confidence is enhanced by having a personal list of preferred drugs and becoming thoroughly familiar with their use.’¹²

principles of clinical governance: The same level of accountability in the provision of safe and quality clinical care, as is required for financial and business accountability. This may include:

• competence and education;
• clinical audit;
• clinical effectiveness, benchmarking, credentialling, and improvement;
• research and development;
• openness; and
• risk management.

principles of professional governance: professional governance recognises the need for balance between the responsibility of individual clinicians to maintain a safe level of competency and practice (e.g. meeting credentialling requirements), and that of the employer to safeguard the public by ensuring the individual clinician is competent to perform the role they are employed to undertake. Care needs to be taken that professional governance models should not include only single professions. Such models can become exclusionary and ineffectual, since their focus is often only on the goals of the individual profession, without consideration of the organisation as a whole. Rather, shared models are preferred. This works to enable the organisation to ensure that the right clinician is performing the right service to the right client at the right time in the right place.
Professional governance is the system that:

- supports professions to work within their scope of practice;
- ensures the maintenance of professional accountability to the respective professions and encompasses regulatory authorities, and/or professional bodies, and professional practice frameworks;
- ensures operational components of the organisation support clinicians to undertake and professionally develop in their role, in-line with the organisational objectives; and
- ensures disparate systems are not developed, in the absence of professional oversight and/or interdisciplinary models of care.

**principles of corporate governance:** corporate governance calls attention to the role that governance can and must play in ensuring the appropriate governance policies are actually followed through on, from an operational perspective. Policies are only truly effective if they are applied consistently and continually across the organisation and the goal of operational governance is to ensure that this process happens.

Corporate governance is concerned with managing and directing the physical and/or practical functions of an organisation and typically includes:

- principles of general management;
- production systems;
- equipment maintenance;
- industrial labour relations management/supervision;
- strategic policy implementation;
- systems analysis;
- productivity analysis and cost control; and
- materials planning.

**scope of practice:** the activities that an individual health care practitioner is competent and authorised to perform within a specific profession, and is uniquely defined by the congruence between law and appropriate practice. The extent of a nurse or midwife’s scope of practice is determined by the individual’s education, training and competence. The extent of an individual’s scope of practice is then authorised in the practice setting by the employer’s organisational policies and requirements.\(^\text{13}\)
13. Associated Policy Directives / Policy Guidelines

- Authenticating SA Health Allied Health Professionals Credentials Including Access Appointments Policy Directive
- Directive Credentialling and Defining the Scope of Clinical Practice for Medical and Dental Practitioners Policy
- Nurse Practitioner in SA – A Toolkit for the Implementation of the Role
- Advanced Skills Enrolled Nurse - Toolkit for the Implementation of the ASEN role in SA 2011
- Nurse Practitioner Toolkit
- Policy Directive: Registration of Health Practitioners - Recording and Monitoring Policy Directive
- Credentialing health practitioners and defining their scope of clinical practice: A guide for managers and practitioners

14. References, Resources and Related Documents

1. Health Care Regulations 2008
3. eCredential will be accessed via the SA Health website, with users directed to the eCredential profile log-in which can also be found at www.myclinicalprofile.com.au
4. Authenticating SA Health Allied Health Professionals Credentials Including Access Appointments Policy Directive
5. Human Resources Manual
9. Services for Australian Rural and Remote Allied Health
10. Australian Interprofessional Practice and Education Network
11. Australian Health Practitioner Regulation Agency
13. Nursing and Midwifery Board of Australia 2015, Fact Sheet: Context of practice for registered nurses and midwives
Appendix 1: The Conceptual Representation of the Governance Framework for Advanced Scope of Practice Roles or Extended Scope of Practice Roles (AESOPR) in SA Health

- Accountable and responsible for consistent approach to the identification, planning, implementation and evaluation of AESOPR across the health professions within SA Health
- Accountable and responsible for the approval, initiation, planning, implementation, evaluation, review and monitoring of AESOPR in line with service model.
- Accountable and responsible for adherence to the Policy Directive.
- Accountable and responsible for assessing and reviewing AESOPR roles as delegated by the CEO LHN.
- Accountable and responsible for Credentialling and Defining the Scope of Practice of all health practitioners as delegated by the CEO LHN.
- Accountable and responsible for development of the Business Change Framework as per LHN Procedures for the AESOPR.
- Accountable and responsible for ensuring the alignment of policies, procedures and practice standards for the implementation of the AESOPR.
- Accountable and responsible for monitoring, reviewing and recommending changes to Credentialling Committee and the CEO of the LHN for the AESOPR within delegated authority.
- Accountable and responsible for providing evidence of continual competence at the AESOPR level and against performance outcome measures identified in the Role Descriptors (previously known as J&PS).