

Credentialling and Defining the Scope of Clinical Practice for Medical and Dental Practitioners Policy Guideline

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Credentiailling and Defining the Scope of Clinical Practice for Medical and Dental Practitioners Policy Guideline

1. Policy Guideline Statement

1.1 Purpose

This Policy Guideline is to be read in conjunction with the 'Credentiailling and Defining the Scope of Clinical Practice for Medical and Dental Practitioners Policy Directive'.

The purpose of this Policy Guideline is to assist the process for Credentiailling and Defining the Scope of Clinical Practice for Medical Practitioners and Dental Practitioners (collectively referred to as 'Practitioners') working in a South Australian public Health Care Facility. This Policy is established under regulation 29 of the Health Care Regulations 2008.

2. Roles and Responsibilities

2.1 Scope

This Policy Guideline applies to all Practitioners who are undertaking or planning to undertake clinical practice in a public Health Care Facility in South Australia, as defined in the 'Credentiailling and Defining the Scope of Clinical Practice for Medical and Dental Practitioners Policy Directive'.

(insert link)

2.2 LHNs and Statewide Services

This Policy Guideline will ensure that the recruitment process and the Contract of Employment or Contract for Service or Agreement for Admitting Privileges at Public Health Services with each Practitioner is consistent across all LHNs.

3. Policy Requirements

3.1 Generic Terms of Reference for a SA Health Credentiailling and Scope of Clinical Practice Committee

NB - Sections in square brackets and italics to be completed as appropriate.

1. Name

The Committee shall be known as the Credentiailling and Scope of Clinical Practice Committee of the [*Name of LHN or statewide service*].

2. Purpose

The purpose of the Committee is to support the delivery of high quality health care and ultimately better patient outcomes by providing the [*Name of LHN or statewide service*] with a rigorous peer review process for Credentialling and Defining the Scope of Clinical Practice of Practitioners employed/engaged by the [*LHN or statewide service*].

3. Accountability

The Committee is accountable to the CEO or CEO equivalent.

4. Conduct of the Committee

The Committee will conduct itself at all times in good faith, according to the rules of natural justice, without conflicts of interest or bias, and in a manner which does not breach relevant legislation.

The principles of equity, merit and probity shall form the basis of all phases of Credentialling and Defining the Scope of Clinical Practice processes.

5. Function and responsibilities

The Committee will:

- i) review and verify training and qualifications to ensure every Practitioner's experience and skills support the Credentialling and/or Scope of Clinical Practice required for the relevant position
- ii) review the clinical services being requested with regard to the role delineation, needs and capability of the health service and the degree of available supervision at the Health Care Facility where the Practitioner is to deliver health services
- iii) recommend whether the Practitioner is to be Credentialed and, if so, an appropriate Scope of Clinical Practice for each Practitioner
- iv) review the Credentials and Scope of Clinical Practice of all appointed Practitioners at intervals consistent with the duration of his/her Appointment or at least every 3 years. An unplanned review of a Practitioner's Credentials and Scope of Clinical Practice must occur as stipulated in the SA Health Policy for Credentialling and Defining the Scope of Clinical Practice for Medical and Dental Practitioners. Where the Committee may be contemplating the reduction, suspension or termination of a Practitioner's Credentialling or Scope of Clinical Practice, the Committee must notify the Practitioner in writing of same. Such notification must inform the Practitioner of the reasons for any such reduction, suspension or termination being contemplated and provide the Practitioner with an opportunity to respond in writing within 14 days.
- v) recommend a Scope of Clinical Practice following the regular review period or requested review

- vi) notify each Practitioner and the relevant Head of Unit/Department and Human Resources Department of the decision concerning the Practitioner's Credentialling and Scope of Clinical Practice
- vii) develop and uniformly apply agreed criteria/guidelines on the verification and evaluation of Credentials and define the Scope of Clinical Practice
- viii) implement this Policy on the type and level of information required for initial Credentialling of existing Practitioners
- ix) undertake an initial review of its own recommendations if so requested by the Practitioner to whom the Credentials and Scope of Clinical Practice apply or at the request of the Chair of the Committee
- x) maintain and periodically review the CSCPS, which records essential information regarding Practitioners' Credentials and Scope of Clinical Practice
- xi) ensure Practitioners understand and consent to the retention of information gathered as a part of the Credentialling and Scope of Clinical Practice process
- xii) fully document and keep confidential all Committee proceedings unless directed otherwise by the Chair of the Committee, this Policy, or by law, and
- xiii) conduct itself in good faith, according to the rules of natural justice, without conflicts of interest or bias, and in a manner that does not breach relevant legislation.

6. Membership

The Committee needs to be constituted to ensure that there is sufficient clinical expertise for the required decisions. For example:

- the Chair, who is the appointee of the relevant CEO or equivalent
- the LHN Executive Director of Medical Services or equivalent
- at least three Practitioners appointed by the CEO or equivalent, reflecting the mix of clinical services provided
- appropriate administrative support
- a Human Resources officer
- and may include:
 - at least one Practitioner from the medical or dental specialty of the applicant under consideration, and
 - other relevant experts as deemed appropriate, for example, a nominee of the relevant medical/dental college, and/or other nominees of the Health Care Facility.

7. Appointment

Nominations for membership shall be called every three years by the relevant CEO/CEO equivalent. Appointments of the members will be for a period of three years with an ability to extend this for further three year appointments if necessary.

8. Chair of the Committee

The Chair of the Committee will be the appointee of the CEO/CEO equivalent but would usually be the LHN Executive Director of Medical Services or equivalent.

In the absence of the Chair, another core member of the Committee, who has been elected by the Committee as Deputy Chair, shall act as Chair. The Deputy Chair shall also perform other functions of the Chair when the Chair is unavailable or unable to perform his or her functions.

The Chair shall be the authorised channel of communication of all decisions of the Committee.

9. Proxies

Core members of the Committee may nominate another Practitioner as a proxy to attend meetings when any of them are unable to attend. The Chair shall be advised of the proxy prior to the meeting.

10. Conflict of Interest

A member of the Committee, who has duties or interests in conflict with his or her duties or interests on the Committee, whether direct, indirect, financial, material or otherwise, must withdraw or declare a possible conflict of interest to the Chair.

The member shall withdraw from the Committee for the duration of the deliberation in question, prior to any discussions or decisions on the matter being taken unless the Committee determines the conflict is trivial or unlikely.

Where the Chair has excused a person from the Committee for that matter it may co-opt an alternative person to sit on the Committee for the purpose and duration of the period during which such matter is under consideration.

11. Confidentiality

The proceedings of the Committee are to be confidential, unless decided otherwise by the Chair of the Committee, relevant CEO/CEO equivalent or statewide service equivalent or the law.

12. Frequency of meetings

The Committee shall meet every month according to date and time agreed by Committee members or as according to the workload. The Chair may cancel a meeting if there is insufficient business to warrant holding a meeting. Additional meetings may be held at the determination of the Chair.

13. Notice of meetings

As far as possible, notices of meetings and supporting papers shall be despatched five working days in advance of the meeting date.

14. Quorum

A quorum shall comprise a majority of the members (or proxies) of the Committee.

15. Absences

Any member who misses three consecutive meetings of the Committee without good cause being shown shall be deemed to have resigned.

16. Decisions

Decisions of the Committee shall be by the majority. The Chair shall have the casting vote.

17. Secretary

A Secretary shall be appointed and shall issue agendas and supporting material at least five working days in advance of each meeting. The Secretary shall prepare minutes of each meeting, to be formally adopted at the subsequent meeting of the Committee. The Secretary shall keep separate files of at least the following and forward them to the succeeding Secretary:

- > agendas, minutes and supporting documents
- > correspondence prepared by and on behalf of the Committee
- > a database that records essential information relating to Practitioners' Credentials and Scope of Clinical Practice
- > other material kept to support the decisions and/or processes of the Committee

The Secretary's files must be preserved in accordance with the [State Records Act 1997](#).

18. Recommendations

The Committee recommendations are to be forwarded to the relevant Head of Unit/Department and other Heads of Unit/Department or other section of the service relevant to the Practitioner's Scope of Clinical Practice (eg operating theatre management). The recommendation/s shall specify whether the application for Credentialling was granted and, if so, the Scope of Clinical Practice recommended. Any conditions attached thereto and the reasons for any limitations on the duration or Scope of Clinical Practice will be agreed in writing by the Practitioner and relevant Head of Unit/Department. A copy of the recommendation will be retained on the Practitioner's personnel file.

19. Adoption, review and amendment of terms of reference

The Terms of Reference shall be endorsed by the Committee and reviewed every 3 years.

These Terms of Reference must remain consistent with the Credentialling and Defining Scope of Clinical Practice for Medical and Dental Practitioners Policy Directive.

Revision dates: [INSERT REVISION DATES]

3.2 Data Elements

The following data elements must be assessed and verified:

- Full name
- Previous name, if applicable (including evidence of name change)
- Day, month and year of birth
- Place of birth
- Registration number
- Registration expiry date
- Qualifications
- Notice of conditions on registration
- Detail of current conditions on registration
- Detail of previous conditions on registration
- That criminal and relevant history screening reports have been completed according to the SA Health Criminal & Relevant History Screening Policy and are found to be acceptable
- Areas of clinical practice and expertise
- Reported:
 - > Participation in continuing professional development
 - > Recency of clinical practice

3.3 Checklist - Application/Information Package

An application/information package should contain the following information:

- The position description
- Advice about the need to nominate at least two referees
- Advice that written confidential referee reports will be obtained
- Advice that reference checks will be conducted
- Advice about the type of professional sanction, disciplinary action or criminal conviction or investigation which may preclude the processing of an application for Credentialling and Defining the Scope of Clinical Practice
- Advice that a criminal or other relevant history report will be required as per the SA Health Criminal & Relevant History Screening Policy Directive

- Advice that the following documentation is to be submitted for consideration by the Committee:
 - > A comprehensive Curriculum Vitae
 - > A statement addressing the selection criteria
 - > Advice about the applicant's residency status, including supporting documentation (if required)
 - > A copy of the applicant's registration with the Medical Board or Dental Board of Australia and whether there are any conditions attached to the registration which would limit the applicant's ability to fulfil the requirements of the position
 - > Certified copies of the applicant's undergraduate and postgraduate qualifications
 - > A statement setting out the applicant's Appointments and Scope of Clinical Practice held at other Health Care Facilities, and whether any restrictions have been placed on their Scope of Clinical Practice
 - > A statement regarding prior or current notifications, disciplinary actions, professional sanctions, criminal investigations or convictions, or any other matters reportable under the *Health Practitioner Regulation National Law (South Australia) Act 2010*
 - > A statement setting out the Scope of Clinical Practice sought by the applicant
 - > Evidence of the type and scope of current professional indemnity insurance
 - > A signed authorisation permitting the LHN to obtain relevant information from a professional registration organisation that relates to any conditions placed on practice, and the nature of any unresolved complaints
 - > A signed authorisation for the Committee to obtain information about the applicant's past performance, which may include information on the following: referee reports, evidence of participation in clinical governance activities, undertaking continuing medical education, participation in teaching and research, notifications to, or action taken by, AHPRA or the Medical Board or Dental Board or any responsible tribunal under the Health Practitioner Regulation National Law in any jurisdiction or other similar bodies in any jurisdiction, or other evidence deemed appropriate by the LHN to demonstrate the provision of clinical care
 - > Declaration that the Practitioner has no physical or mental condition or substance abuse problem that could affect his or her ability to be Credentialed or perform the Scope of Clinical Practice sought
 - > Declaration confirming that all information provided is accurate at the time of Appointment
 - > Closing date for applications to be received
 - > Address at which applications are to be lodged
 - > Contact person for inquiries

The application/information package should include any other forms or documentation required by the LHN to support recruitment, selection, Appointment and Engagement. This should be confirmed with the LHN's Human Resources Manager.

3.4 Checklist - Information/factors that should be included as part of determining Initial Credentialling

In order for a Practitioner to be classified as Credentialed, the LHN must be able to demonstrate completion of the following criteria:

- Verification of registration with the Medical Board or Dental Board of Australia, and whether there are any conditions attached to the registration which would limit the applicant's ability to fulfil the requirements of the position
- Confirmation that the Practitioner's undergraduate qualifications have been reviewed by relevant internal or external agencies (for example the Medical Board or Dental Board of Australia)
- Verification of the Practitioner's postgraduate qualifications
- Review of the considered opinion of at least two professional referees who are able to advise on the Practitioner's clinical skills, competency and suitability for the Scope of Clinical Practice being sought. The referee's opinion must be obtained directly from the referee, not via the applicant
- Criminal and relevant history report as per the SA Health Criminal & Relevant History Screening Policy Directive
- Review of the applicant's curriculum vitae, with details of all clinical positions held by the applicant (including location, nature and duration)
- Verification of accreditation or endorsement of medical/dental colleges for the provision of specific clinical services, procedures or other interventions
- Review of evidence of the applicant's compliance with the Continuing Professional Development (CPD) Registration Standard as set by AHPRA (for example demonstrated participation in a continuing practice development or maintenance of professional standards program through a relevant Medical/Dental College's Fellowship CPD program). CPD evidence is not required if the Fellowship degree has been completed within the previous 12 months

The Committee should also consider the following:

- The Practitioner's current Scope of Clinical Practice at any health service, including previous compliance with conditions attached to his or her Clinical Practice
- Details of the Scope of Clinical Practice sought
- Education, training and experience to support Scope of Clinical Practice sought
- Summary of clinical activity, for at least the past 12 months, which may include a logbook
- Any prior or current notifications to, or disciplinary action taken by, AHPRA or the Medical Board or Dental Board or any responsible tribunal under the

Health Practitioner Regulation National Law in any jurisdiction or other similar bodies in any jurisdiction, professional sanctions, criminal investigations or convictions, or any other matters reportable under the *Health Practitioner Regulation National Law (South Australia) Act 2010*

- Any physical or mental conditions or substance abuse problem that could affect the Practitioner's ability to be Credentialed or perform the Scope of Clinical Practice sought
- Evidence of the type and scope of current professional indemnity insurance
- Any other matter considered relevant to the clinical competence of the Practitioner, for example, statements against the selection criteria (Job Description Form), participation in teaching and research, participation in performance review processes, etc

The level of information/factors to be considered will differ based on the seniority of the position.

3.5 Checklist - Determining the Scope of Clinical Practice

The following information/evidence must be reviewed prior to making a decision on the Scope of Clinical Practice:

- Outcomes of the Credentialement process, including referee reports and feedback from other/past employers
- Role and responsibilities of the position
- Benefit of the particular treatment, procedure or intervention to patients
- Whether the particular treatment, procedure or intervention is new or new to the Health Care Facility and whether it has been approved by the appropriate authority/committee (eg ethics committee)
- Practitioner's particular expertise and the recency of that experience
- Consider the volume of clinical activity undertaken over the past 12 months
- Standards, guidelines or policies published by the speciality medical/dental college, society or association
- Relevant SA Health clinical practice guidelines/standards
- Evidence-based information in credible publications regarding required competence and performance in requested Scope of Clinical Practice
- Scope of services provided by the Health Care Facility including availability of support, personnel, facilities and equipment
- Endorsement by signature of the Scope of Clinical Practice by clinical director, unit head, line manager or other appropriate individual.

3.6 Checklist - Re-credentialing and Review of Scope of Clinical Practice

The following information/evidence should be reviewed prior to making a decision on whether or not the Practitioner will be Re-credentialed or whether there should be a change in the Scope of Clinical Practice:

- Roles and responsibilities of the position
- Current or changes to the capabilities of the Health Care Facility
- Changes to clinical requirements or minimal level of clinical competency (as informed by relevant SA Health clinical practice guidelines/standards) for a particular situation or procedure
- Evidence of current registration, including any conditions of registration
- Education, training and experience gained since the last review, including medical/dental college or specialist society endorsement or accreditation
- Summary of clinical activity since last review or at least for the past twelve months, which includes changes in health-related employment and practice, and also may include volume and outcomes (eg log book, if applicable)
- Review of evidence of the applicant's compliance with the Continuing Professional Development (CPD) Registration Standard as set by AHPRA (for example participation in a maintenance of professional standards program through a relevant Medical/Dental College's Fellowship CPD program) which comprehensively covers the period since last review
- Current Scope of Clinical Practice at Health Care Facility
- Scope of Clinical Practice sought
- Education, training, experience and outcome information if new Scope of Clinical Practice is being sought
- Evidence of appropriate professional indemnity insurance (type and scope)
- Declaration that the Practitioner's Scope of Clinical Practice has not been suspended, terminated or reduced at another Health Care Facility
- Declaration that the Practitioner does not have any relevant current or past matters or reviews, current or past litigation, unresolved disputes, notifications to, or action taken by, AHPRA or the Medical Board or Dental Board or any responsible tribunal under the *Health Practitioner Regulation National Law* in any jurisdiction or other similar bodies in any jurisdiction, or any other matters reportable under the *Health Practitioner Regulation National Law (South Australia) Act 2010* that have not been previously disclosed to the Committee.
- Declaration that the Practitioner has no physical or mental conditions or substance abuse problem that could affect his or her ability to perform the Scope of Clinical Practice sought
- Endorsement by signature of the Scope of Clinical Practice by clinical director, unit head, line manager or other appropriate individual.

3.7 Checklist - Documentation the Committee for Credentialling and Scope of Clinical Practice must retain as part of its records

- Name of Practitioner whose Credentials were examined
- Specific registration documents and Credentials that were examined, and in what format
- Specific registration documents and Credentials that were verified, and how they were verified
- Any concerns about the Practitioner's competence or performance
- Evidence reviewed regarding the Practitioner's competence or performance in the position or Scope of Clinical Practice under consideration
- Conclusions about the Practitioner's competence and performance in the position or Scope of Clinical Practice under consideration, and in particular his or her ability to provide health care services at the expected level of safety and quality
- The organisation's ability to provide the necessary facilities and clinical and non-clinical support services
- The Committee's recommendations or decisions regarding the Practitioner's Scope of Clinical Practice
- A copy of the letter sent to the Practitioner which needs to draw attention to the fact that the Practitioner has 14 days to ask for a review of the determination of the Scope of Clinical Practice

4. Implementation and Monitoring

Performance against this Policy Guideline will be measured as a part of the Clinical Governance reporting. The following target is to be reported:











Performance Measure	Annually
The SA Health Safety and Quality Unit undertakes annual reporting of compliance using data stored in the credentialling system. This will include the percentage of Practitioners who are currently Credentialed.	100%

The Credentialling and Defining the Scope of Clinical Practice for Medical and Dental Practitioners Policy Directive provides more detail. ([insert link](#))









5. National Safety and Quality Health Service Standards

The Standards provide a nationally consistent and uniform set of measures of safety and quality for application across a wide variety of health care services. They propose evidence-based improvement strategies to deal with gaps between current and best practice outcomes that affect a large number of patients.

This policy guideline contributes to the following standards until 31 December 2018:

									
National Standard 1	National Standard 2	National Standard 3	National Standard 4	National Standard 5	National Standard 6	National Standard 7	National Standard 8	National Standard 9	National Standard 10
Governance for Safety and Quality in Health Care	Partnering with Consumers	Preventing & Controlling Healthcare associated infections	Medication Safety	Patient Identification & Procedure Matching	Clinical Handover	Blood and Blood Products	Preventing & Managing Pressure Injuries	Recognising & Responding to Clinical Deterioration	Preventing Falls & Harm from Falls
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This policy directive contributes to the following standards from the 1 January 2019:

							
National Standard 1	National Standard 2	National Standard 3	National Standard 4	National Standard 5	National Standard 6	National Standard 7	National Standard 8
Clinical Governance	Partnering with Consumers	Preventing & Controlling Healthcare-Associated Infection	Medication Safety	Comprehensive Care	Communicating for Safety	Blood Management	Recognising & Responding to Acute Deterioration
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Definitions

In the context of this document, all definitions are as per the Credentiaing and Defining the Scope of Clinical Practice for Medical and Dental Practitioners Policy Directive.
(insert link)

7. Associated Policy Directives / Policy Guidelines & Resources

Credentiaing and Defining the Scope of Clinical Practice for Medical and Dental Practitioners Policy Directive.
(insert link)

8. Document Ownership & History

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