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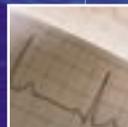
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# Credentiailling and Defining the Scope of Clinical Practice Handbook

May 2005



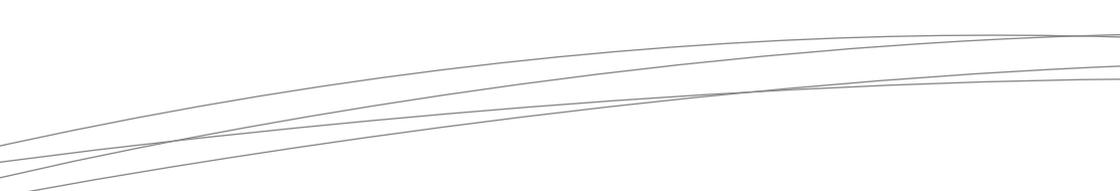
Australian Council for Safety and Quality in Health Care



## **Credentialling and Defining the Scope of Clinical Practice Handbook**

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**May 2005**



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# Preface

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The Australian Council for Safety and Quality in Health Care (the Council) was established in January 2000 by the Australian Government Health Minister with the support of all Australian Health Ministers. The Council aims to reduce harm to patients and improve the delivery of safe and quality health care in Australia. A critical part of the Council's work is assisting health care organisations to ensure that care is provided only by qualified professionals whose performance is maintained at an acceptable level.

The Council's National Standard for Credentialling and Defining the Scope of Clinical Practice (the Standard) was presented to Australian Health Ministers in July 2004 and is available at [www.safetyandquality.org](http://www.safetyandquality.org). The Standard provides the necessary guidance for processes to ensure a mutual commitment to patient safety between medical practitioners and health care organisations. It seeks to promote the:

- shared responsibility for safe service provision in supportive environments;
- importance of the input of medical practitioners in the process of improvement of safety and quality in health care organisations; and
- responsibilities of health care organisations to provide resources to support the services they wish to offer.

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## What is Credentialling?

It is the formal process used to verify the qualifications, experience, and professional standing of medical practitioners for the purpose of forming a view about their competence, performance and professional suitability to provide safe, high quality health care services within specific organisational environments.

## What is Defining the Scope of Clinical Practice?

It follows on from credentialling and involves delineating the extent of an individual medical practitioner’s clinical practice within a particular organisation based on the individual’s credentials, competence, performance and professional suitability, and the needs and capability of the organisation to support the practitioner’s scope of clinical practice.

# 1. Introduction

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This Handbook and accompanying CD-Rom form an educational support package for the National Standard for Credentialling and Defining the Scope of Clinical Practice (the Standard). The Standard was developed by the Australian Council for Safety and Quality in Health Care (the Council) for use by public and private hospitals when verifying and evaluating the qualifications, experience, professional standing and other relevant professional attributes of medical practitioners and defining their scope of clinical practice within specific organisational settings.

The Standard promotes the concept of a strong, mutual relationship between the employing or contracting organisation and each medical practitioner, centred on the delivery of safe and quality health care. Importantly, the relationship is based on mutual rights and obligations between the organisation and the medical practitioner.

This Handbook is designed to provide a quick and easy reference to the key information contained in the Standard. The accompanying CD-Rom provides an introduction to the Standard as well as education modules and sample documentation that can be used by individuals or organisations to familiarise themselves with the information contained in the Standard.

## 2. Key elements and principles

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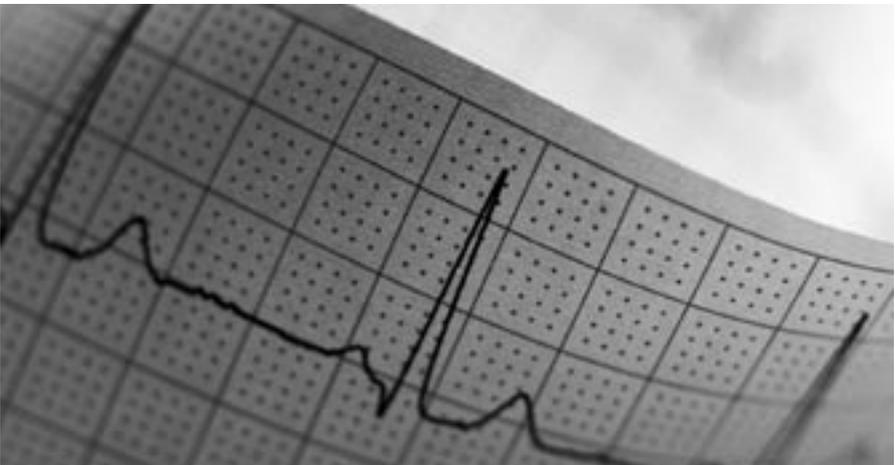
### 2.1 Rationale

The objective is to maintain and improve the safety and quality of the delivery of health care services.

The processes also protect medical practitioners by ensuring that the environments within which they practise support and facilitate safety and quality.

From the viewpoint of the medical practitioner, the Standard recognises that they have a right to be provided with the necessary resources to deliver their approved scope of clinical practice.

From the viewpoint of the health care facility, the Standard recognises the legal responsibility the health care facility has to ensure that services are provided in circumstances where the safety and quality of the delivery of health care has been properly addressed.



## 2.2 The principles for credentialling and defining the scope of clinical practice

1. Organisational governance must maintain and improve the **safety and quality** of health care services.
2. Medical practitioner registration requirements and individual professional responsibilities help to **protect the community**.
3. **Effective processes** benefit patients, communities, health care organisations and medical practitioners.
4. Credentialling and defining the scope of clinical practice are essential components for a system of organisational **management of relationships** with medical practitioners.
5. Reviewing the scope of clinical practice should be a **non-punitive** process.
6. **Strong partnerships** should exist between health care organisations and professional colleges, associations and societies.
7. Processes must be **fair**, transparent and legally robust.



### **2.3 Governance issues**

The governing body should ensure:

- (a) strong leadership in safety and quality;
- (b) comprehensive governance systems;
- (c) clearly defined delegated authority;
- (d) systematic reports on performance;
- (e) independence of processes;
- (f) transparency and accountability; and
- (g) involvement of consumers and communities.

### **2.4 Organisational issues**

The organisation should ensure:

- (a) medical practitioners agree to comply with the policy for credentialling and defining the scope of clinical practice;
- (b) medical staff and management have a clear understanding of the clinical need and capability of the organisation;
- (c) appropriate mentoring and professional support is provided for the medical practitioner's clinical practice;
- (d) compliance with the Standard;
- (e) maintenance of comprehensive records; and
- (f) there exists appropriate indemnity insurance for credentialled practitioners and credentialling committee members.

## 2.5 Committee on credentialling and defining the scope of clinical practice

The committee (however named) should:

- (a) promote efficient processes to ensure that medical practitioners are competent and adequately supported to provide safe, high quality care;
- (b) have a membership of medical practitioners from a range of clinical disciplines and include a member of senior management, and have access to other relevant expertise;
- (c) conduct its processes in accordance with natural justice and confidentiality, without conflicts of interest or bias, and ensure that all decisions are based on equity and merit;
- (d) verify the medical registration status and insurance/indemnity cover of each medical practitioner annually.



### 3. Credentialling of medical practitioners

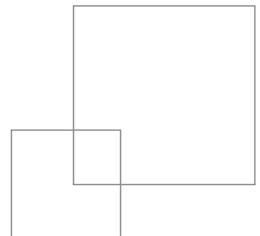
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The process of defining the scope of clinical practice is conducted in the context of the needs and capabilities of the particular organisation.

A medical practitioner's scope of clinical practice will, therefore, always be organisation-specific.

Establishing essential criteria for a position requires the organisation to have adequate policies on:

- verification of credentials;  
Information to provide:
  - Current medical registration and insurance cover
  - Qualifications
  - Employment resume
  - Research or leadership positions
  - Any other relevant training, accreditation or experience
- professional sanctions, disciplinary actions and criminal convictions; and
- indemnity insurance requirements.



### 3.1 Categories of credentialling:

Credentialling is required under various categories:

Category	Application
Initial credentialling	Review of all previous relevant education, employment and existing medical registration and insurance and reference checks.
Re-credentialling	Verification of all changes since previous declaration.
Temporary credentialling	Enables locums and other medical practitioners appointed on a short term basis to provide health care services.
Emergency credentialling	Enables medical practitioners whose credentials have not been formally reviewed and verified to assist in the provision of clinical care at times of disaster or major emergency.



## 4. Defining the scope of clinical practice

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### 4.1 Organisational approach

An organisation may use one of a number of approaches to defining the scope of clinical practice:

Approach	Description
Checklists	Detailed checklists itemising the clinical services, procedures or other interventions.
Categorisation	Well-defined categories identifying major clinical services based on degree of complexity.
Descriptive	Narrative description of areas of clinical competence.
Core	Range of clinical activities within a specialty that any medical practitioner would be expected to be competent to perform.
Combination	A useful approach developed out of any combination of the various features of these methods.

Regardless of the adopted approach, the committee must ensure that the selection for an approach in each clinical area is consistent and transparent.

## **4.2 Defining the scope of clinical practice**

The committee should review both the clinical services being requested by the medical practitioner and the credentials of the medical practitioner, including objective performance data and references. Once the review is complete, the Committee should determine if the services will benefit the patient population and are within the organisation's service needs and capacity before making any recommendations.

## **4.3 Temporary or emergency situations**

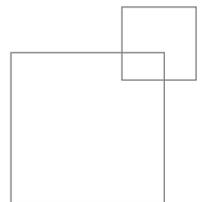
The scope of clinical practice may be defined for temporary or emergency situations with appropriate limitations. Temporary situations include time-limited approvals for locums. Emergency situations should only be available on an exceptional basis in times of disaster or major emergency. Both temporary and emergency situations need to be fully documented.

## **4.4 Suspension of the right to practise**

Organisations may suspend a medical practitioner's right to practise for various reasons such as:

- changes in the organisation's ability to provide support services;
- changes in the service needs of the organisation; or
- concerns about the medical practitioner's performance or competence.

Any suspension may be temporary or permanent and may take effect in part or in whole.

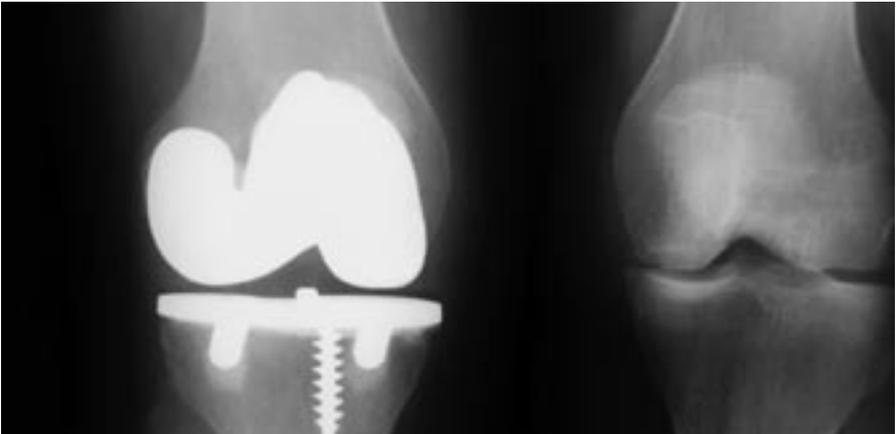


#### **4.5 Establishing a process for suspension of a medical practitioner's right to practise within the organisation**

Authority to suspend may be delegated to an authorised person. The decision must be documented fully and the medical practitioner must be advised in writing including the provision of specific reasons for the decision, reiteration of the right to an immediate review of the decision by the governing body and the provision of any necessary personal or professional support.

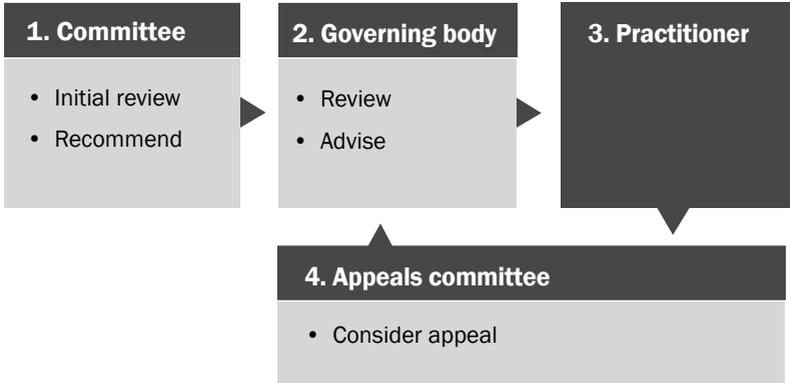
#### **4.6 Role of governing body following a suspension**

The governing body is responsible for reviewing all of the information that led to a decision to suspend a medical practitioner's right to practice within the organisation. The governing body should seek advice from the organisation's credentialling and scope of clinical practice committee and medical practitioners, and have access to legal and human resources management advice. The governing body must make a final and non-reviewable decision regarding the suspension.



## 5. Disciplinary function and appeal process

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### 5.1 Initial review process

The committee responsible for credentialling and defining the scope of clinical practice should consider requests for immediate review of its own recommendations for those practitioners with an existing appointment and who may consider there have been errors of fact in the committee's recommendations.



## 5.2 Appeal process

A medical practitioner with an existing appointment to the organisation may appeal to the governing body to seek the consideration of the appeals committee.

The appeals committee should have independent membership from that of the credentialling and defining the scope of clinical practice committee.

The appeals committee should consist of a majority of medical practitioners.

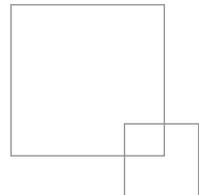
The appeals committee should provide an independent forum for considering an appeal, including reviewing all relevant material and seeking additional submissions, either in writing or in person, from the medical practitioner who is the subject of the appeal.

The recommendations and their reasons are to be documented and provided to the governing body within a defined period of being notified of the appeal.

## 5.3 Final determination

The governing body should consider the recommendations provided by the appeals committee and reach a conclusion about the appeal.

Once a conclusion is reached, the governing body should advise in writing the medical practitioner who was the subject of the appeal of the final decision regarding the appeal.



## 6. New procedures

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### 6.1 Organisational issues

The safety of new clinical services, procedures or other interventions, and their potential to improve patient outcomes, are overriding considerations in determining whether to approve their introduction. In addition, organisations will wish to consider cost, risks and cost benefit by assessing such new procedures in relation to their potential financial and operational implications. The organisation should:

- (a) establish and document a policy defining its requirements for the introduction of new techniques or procedures;
- (b) identify and establish a committee responsible for advising on the safety, efficacy and role of new services; and
- (c) delegate responsibility to an individual or committee to advise on the financial and operational implications of any new service.





## **6.2 Credentialling requirements in relation to new clinical services**

- (a) ensure that the introduction of a proposed new service has been approved according to the agreed organisational policy process;
- (b) review the relevant advice on the safety, efficacy and role of the new clinical service;
- (c) determine the threshold credentials required of medical practitioners to include the new service within their scope of clinical practice;
- (d) ensure that the credentials of applying medical practitioners are formally reviewed; and
- (e) ensure that the medical practitioner's indemnity insurance covers the new services.

## **6.3 Defining the scope of clinical practice requirements in relation to new services**

- (a) ensure that the organisation has suitable facilities and support staff available for the safe provision of the new service; and
- (b) final recommendation to be made in accordance with routine procedures.



## 7. Effectiveness

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### 7.1 Developing key performance indicators

The committee should—

- (a) develop quantitative and qualitative key performance indicators that will assist it to monitor and evaluate its performance; and
- (b) facilitate a comprehensive assessment of the committee’s activity and compliance with the Standard and the organisation’s policies.

### 7.2 Reviewing and reporting on performance

The committee should—

- (a) review its composition;
- (b) develop constructive relationships between medical practitioners and the organisation; and
- (c) report to the governing body on its performance, its assessment of the organisation’s compliance with the Standard and any recommendations for improvement.

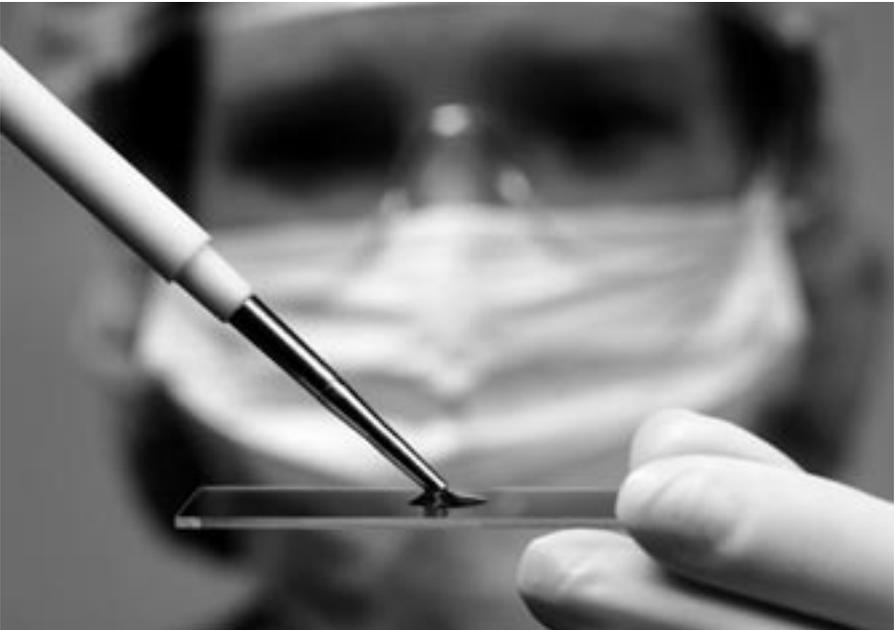
## 8. Quick reference

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Next steps for medical practitioners

### 8.1 What to do?

- (a) Apply as soon as possible.
- (b) Provide details of all the relevant information such as registrations, licences, qualifications and insurance.
- (c) Ensure all required information is clearly and legibly included.
- (d) Accept that these requirements are in the interests of you, your practice and your patients.



## 8.2 Why?

- (a) Health care facilities are not allowed to permit medical practitioners to work without appropriately credentialling and defining their scope of clinical practice.
- (b) All information must be verified.
- (c) Prior to re-appointment, every medical practitioner is subject to re-evaluation.
- (d) Credentialling exists to serve patients by enabling medical staff and hospitals to appoint qualified medical practitioners.
- (e) Defining the scope of clinical practice exists to ensure the delivery by qualified medical practitioners of safe and quality health care.



### 8.3 Further Information

More detailed information is available in the 'National Standard for credentialling and defining the scope of clinical practice of medical practitioners, for use in public and private hospitals' (July 2004).

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