

# Consultation on the draft Credentialing and Defining Scope of Clinical Practice: A guide for managers and clinicians

The Australian Commission on Safety and Quality in Health Care (the Commission) is seeking feedback on the draft ***Credentialing and Defining Scope of Clinical Practice: A guide for managers and clinicians*** (the guide).

The guide supports implementation of the NSQHS Standards and is a resource to assist health service organisations to establish effective processes for the credentialing of clinicians, and determine and manage their scope of clinical practice. The guide includes processes for credentialing and defining scope of clinical practice, and discusses requirements for obtaining and reviewing submitted evidence.

## ***Target audience and purpose***

This resource is for health service organisations with responsibility for credentialing, and for determining and managing a clinician's scope of clinical practice.

Feedback is welcomed from health service organisation managers and clinicians, safety and quality officers, health departments, technical experts, accrediting agencies and consumers.

## ***Consultation dates***

Consultation on this resource will run until Friday 30 April 2021.

## ***Consultation questions***

You are invited to provide feedback on the whole resource, or alternatively, specific components of the resource that are important to you.

Included below are some questions that may help guide your feedback. You can answer all, some or none of the questions in your feedback. There is no word limit for your responses.

1. **Language:** How could we improve the language, terminology and glossary used in the resource so that they are more appropriate and applicable to the context of your organisation?
2. **Usability:** How could we make the content in this resource more applicable and easier to use to implement the NSQHS Standards MPS Aged Care Module? For example, changes to the length, layout, and level of detail of the content.
3. **Clarification:** Does any of the content in this resource require further clarification or rewording? Please provide suggestions for these changes.
4. **Gaps and duplication:** Are there any gaps in the content and how should they be addressed? Is there any unnecessarily duplicated content that could be removed?
5. **Additional functionality:** What additional functionality would be helpful in an interactive online resource or as separate resources? For example: do the HSO and clinician checklist

reflect the guide? Could they be improved using links to other resources; the ability to search and filter content based on topics and the user's role; one-page factsheets; or infographics

6. **Other feedback:** Please provide any other feedback you have on this resource.

### **Submitting your feedback**

Our preferred method for receiving your feedback is by online survey:

<https://www.surveymonkey.com/r/VNB9KFG>

Alternatively, feedback can be provided by email at

[NSQHSstandards@safetyandquality.gov.au](mailto:NSQHSstandards@safetyandquality.gov.au)

When providing feedback, please reference the specific section, item and/or page number.

Please do not submit your feedback as tracked changes in a copy of the resource, due to difficulties in analysing feedback provided in this way.

### **Our contact details**

If you have any questions in relation to this consultation process please contact the Commission via email at [NSQHSstandards@safetyandquality.gov.au](mailto:NSQHSstandards@safetyandquality.gov.au)

AUSTRALIAN COMMISSION  
ON SAFETY AND QUALITY IN HEALTH CARE



# Credentialing and defining scope of clinical practice for clinicians:

A guide for managers and clinicians

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## Purpose

Delivering safe health care is a goal of all clinicians and an expectation of the public. To support clinicians achieve this, health service organisations have processes to confirm and regularly review a clinician's credentials, as well as set and regularly review a clinician's scope of clinical practice. These processes protect both patients and clinicians.

The purpose of this document is to provide practical guidance for managers and clinicians responsible for credentialing, and for determining and managing a clinician's scope of clinical practice. This guide supports but does not replace or supersede state, territory or organisational policies, by-laws or rules on credentialing.

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# Introduction

This guide will assist managers in collaboration with clinicians establish effective processes for the credentialing of clinicians, and determine and manage their scope of clinical practice. It is designed to improve the safety and quality of patient care by ensuring appropriate oversight of appointments and reappointments and authorisation of a clinician's scope of clinical practice.

This guide is based upon the latest available evidence, the requirements in the National Safety and Quality Health Service (NSQHS) Standards (second edition)<sup>1</sup> and the 2004 Standard for Credentialing and Defining the Scope of Clinical Practice,<sup>2</sup> which has now been rescinded.

The NSQHS Clinical Governance Standard requires health service organisations to have systems for establishing, maintaining and improving the reliability, safety and quality of the health services it delivers. The Clinical Governance Standard, together with the Partnering with Consumers Standard provide the framework for effective clinical governance.<sup>3</sup> This includes the requirement for organisations to have effective processes for credentialing and for setting and monitoring the appropriateness of a clinician's scope of clinical practice.

Two actions in the Clinical Governance Standard relate to the processes used to define, monitor and review the scope of clinical practice for clinicians (Action 1.23) and credentialing the relevant clinician (Action 1.24). These processes are informed by implementing Action 1.28, which requires clinicians to receive feedback on their clinical performance and act on variation in expected health outcomes.

Verifying credentials and defining an appropriate scope of clinical practice are essential components of good clinical governance and are central to the process of reviewing a clinician's application for a position, formalising their recruitment, undertaking a review of their performance and considering their reappointment.

The safe introduction of new services, procedures, technology or treatments to a health service organisation as well as the credentialing of clinicians commencing in areas of practice that are new to them also requires appropriate credentialing of providers to ensure safe transition from introductory to common practice.

The principles and processes identified in this guide apply to any clinician where credentialing processes are required by a jurisdiction or health service organisation. While the principles may apply in primary healthcare settings, the guide was not written for that purpose.

## Organisation service capabilities

Health service organisations provide different types, complexity and levels of services in a variety of settings; the resourcing, technology and equipment, staffing levels and skill-mix varies accordingly. Not all services or all levels of care can, or should be delivered in all settings or facilities.

Delineating the level and type of services to be provided within a health service is an essential prerequisite for determining the workforce configuration, available staffing levels and the scope of clinical practice of the clinicians providing the service. When determining service provision and capabilities, an organisation will need to consider service context and planning, licensing requirements, access to technology, equipment, imaging and laboratory services, existing staffing qualifications, skill-mix and the range of services required to support a given practice.

Organisational and service needs and capabilities must be known and appropriately documented so that the positions requiring a formal credentialing process are identified. The clinician's designated scope of clinical practice, can then be determined based on their skills and knowledge and the organisation's service needs.

## Scope

This guide was developed to assist health service organisations where:

- Clinicians practice in unsupervised positions providing clinical care in an organisation under various terms of employment, contractual, honorary or formal relationship
- There is a jurisdictional or specific policy requirement to credential and determine a scope of clinical practice for clinicians
- The organisation has determined that particular roles should be subject to the formal processes of credentialing and defining a scope of clinical practice.

Health service organisations should review and align their policies with relevant state and territory policies on credentialing and defining scope of clinical practice. These policies should be applied when determining which positions require a formal credentialing process.

This guide does not address:

- Issues of service provision and organisational capability
- Which health professions or positions should be subject to these formal processes
- Scope of clinical practice for clinicians practicing under supervision or as students
- The provision of care in an emergency, if there is nobody more skilled present or reasonably available, and the matter requires urgent attention, where limitations on scope of practice are automatically suspended
- Requirements for registration or endorsement under the National Law.

Formal credentialing and scope of clinical practice processes may not be required for clinicians in the following circumstances:

1. Clinicians who are studying or training and under supervision, where:

- Their training program clearly identifies their level of responsibility and their authority to make decisions about their practice
- The training position has a defined scope of practice and/or there is external oversight of the position from a college or recognised institution
- Their training program clearly identifies their level of responsibility and their authority to make decisions about their practice
- They have regular supervision and performance review as part of their training program.

2. Clinicians engaged by an organisation where the recruitment and performance management procedures are used to describe the scope of clinical practice and monitor performance. This is typically clinicians who work within a clinical team and under the direction of a clinical lead.



## Part 1: Qualifications and expertise

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

The process of defining scope of clinical practice requires the submission and review of a range of supporting documents. A clinician's qualifications can be confirmed through the Australian Health Practitioner Regulation Agency (AHPRA) website; or from the review of original documents. If only copies of the relevant documents are available, these should be accepted only where they have been verified through a trusted process such as a Justice of the Peace or similar recognised certifying agent.

Evidence of credentials to meet the essential criteria for a role should be collected as part of any recruitment process and reconsidered when there is a change in circumstances or a change of role for clinicians. Health service organisations should verify the information submitted by or on behalf of a clinician for the purposes of determining scope of clinical practice, even when a recruitment agency is used to source applicants and they undertake some verification processes. The first approach will be to check the public register for registered health professionals.

A checklist for health service organisation credentialing and defining scope of clinical practice is available at Appendix 1.

Evidence should be collected for each of the following areas.

### 1.1 Registration

For professions in the National Registration and Accreditation Scheme, a minimum requirement for appointment, continuing appointment or re-appointment is that the clinician appears on the public register with practising registration. Registered clinicians must practise in accordance with the *Health Practitioner Regulation National Law* as in force in each state and territory (the National Law), and registration standards, codes and guidelines set by the relevant national board.

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

Some National Boards require a clinician to be endorsed by that board for certain areas of practice, for example, nurse practitioners, midwives, and podiatrists with a scheduled medicines endorsement.

Undertakings, conditions or notations imposed by the relevant national board that place limits on the roles and responsibilities of the clinician may influence a decision to appoint or the scope of clinical practice permitted. These appear on the public register published on the national board web sites. Organisations should check the public register and require clinicians to declare (within a set time) any undertakings, conditions or restrictions placed on their practices by their registering national board. The Australian Health Practitioner

Regulation Agency (AHPRA) has established a Practitioner Information Exchange service that can alert employers to changes in conditions on a clinician's registration.

## 1.2 Qualifications and formal training

Evidence of qualifications and formal training relevant to the essential criteria for credentialing should include:

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

For newly qualified clinicians, evidence may also include:

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

The applicant should submit information on the training program and subjects completed as well as evidence of the competencies obtained. The relevance of this information as an indicator of current competence will depend on the time since the qualification was completed and the clinician's subsequent practice experience.

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

International graduates with registration from a relevant National Board have already demonstrated their qualifications are equivalent or they have been assessed as competent by an appropriate Australian body.

## 1.3 Previous experience

The minimum required evidence of previous experience includes:

- Evidence of relevant clinical activity in which the scope of clinical practice is being sought. The evidence should include information on the clinical workload and clinical complexity in that setting. If information has not been specifically requested as part of the application, it may be found in the applicant's curriculum vitae, references, log books, or reports on supervised clinical attachments
- Evidence of recent practice, at an appropriate level in a relevant area of practice that demonstrates competency within the scope of clinical practice for the position to be filled.. National Boards have registration standards, codes and guidelines for each profession, including recency of practice standards,<sup>4</sup> which set requirements for registration and renewal of registration and may provide guidance.

If a clinician has spent an extended period away from the designated area of practice, for example, greater than 12 months, then a more rigorous assessment of their recency of

practice should be undertaken, including considering if additional support, supervision or retraining is required. Consideration should be given to factors such as:

- Extent and period of prior practice
  - Current competencies
  - Complexity of the tasks now required and skill level needed, along with an assessment of skills that may have been lost during the gap in practice
  - New developments in clinical practice during the period away from practice
  - Any continuing professional development (CPD) undertaken by the clinician during the period away from the designated area of practice.
- Academic appointments, teaching and/or supervisory experience
  - Evidence of competent clinical practice. A foundation of effective practice and appropriate care is a clinician's involvement in reviewing the quality of clinical care they provide and their involvement in quality improvement activities. These quality improvement activities include, but are not limited to:
    - benchmarking against best practice
    - contributing to and taking action based on reports from clinical quality registries (or similar)
    - regularly (at least every 3 months) participating in meetings which review patient care
    - reviewing data about clinical care processes and outcomes and implementing practice improvements
    - reviewing reports from clinical audits, incident and complaints and taking action
    - participating in activities that the organisation conducts to enable clinicians to monitor and reduce unwarranted variation in clinical practice

Clinicians should be able to demonstrate active engagement in quality improvement and consistently good quality care.

For international graduates with limited experience of the Australian health system, the credentialing committee may require additional evidence. This may include information on the depth of their experience and the context in which that experience was gained, along with demonstrated understanding of the differences compared to the Australian setting and the possible impact of this on clinical practices. These applicants may be required to comply with a plan to assess and/or gain additional relevant experience in an Australia healthcare setting. Compliance with this plan may need to be confirmed.

## 1.4 Professional indemnity insurance

The National Law states a registered health practitioner must not practise their profession without appropriate professional indemnity insurance. National Boards have a professional indemnity insurance registration standard that applies. Ongoing registration with the relevant professional board may be sufficient evidence of compliance with professional insurance requirements.

A health service organisation may have specific requirements for the amount or scope of coverage of professional insurance held by a clinician. In this case, coverage should relate

to a health clinician's scope of clinical practice and be consistent with organisational policy requirements. Where an organisation has additional requirements, a clinician should provide the organisation with evidence of coverage annually.

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

## 1.5 Other documentation and employment checks

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

- A current curriculum vitae
- An applicant's declaration covering matters such as:
  - restrictions or conditions on registration, criminal history, or criminal investigations underway, professional misconduct or unsatisfactory professional conduct and outstanding or substantial complaints
  - restrictions on scope of clinical practice placed on the clinician in any other health service organisation
  - any physical or mental condition or substance abuse that requires assistance or prevents a clinician fulfilling the scope of clinical practice
  - the name and location of other facilities where the clinician is credentialed and the hours worked
  - permission to contact previous facilities or organisations where the clinician has been employed
- Proof of identity. This should include documentation to complete a 100-point identity check and may include as primary documents:
  - Driver's licence
  - Birth certificate
  - Birth card issued by a registry of births, deaths and marriages
  - Citizenship certificate
  - Current passport
- For overseas-trained clinicians, passport and copies of relevant visas
- Separate corroborating information if there are unexplained gaps in service in the curriculum vitae
- Criminal history check
- Working with children and young people check
- Web search to confirm publications and professional background.

Registered practitioner will have been subject to a domestic and where relevant, international criminal history check when applying for registration with the relevant National Board. The National Law requires registered practitioners to declare serious criminal offences following that initial check.

A current criminal history check, including an international criminal history check may be required by the state, territory or organisation.

The criminal records check is a matter of risk assessment, and having a criminal record is not a reason for automatic exclusion.<sup>5</sup> National Boards consider the following factors when determining if a clinician's criminal history is relevant to practice:<sup>6</sup>

- The nature and gravity of the offence and its relevance to health practice
- The period of time since the offence was committed
- Whether a finding of guilt or a conviction was recorded for the offence or a charge is pending
- The sentence imposed for the offence
- The age of the health clinician and of any victim at the time of the offence
- Whether the conduct that relates to the offence has been decriminalised since the offence
- The health clinician's behaviour since the offence
- The risk to a patient from the health clinician
- Any information given by the health clinician.

State and territory policies address similar matters when assessing risk, and health service organisations should align their processes with these state and territory requirements.

Clinicians that come into contact with children or young people may also be required by the relevant state or and territory to obtain a 'working with children check'.

A background web search of the individual may identify matters that could impact on their capacity or competence to fulfil the position. If concerns arise, the applicant should be informed and afforded procedural fairness.

## 1.6 Clinician references and referee checks

At least two recent references related to a clinician's current or recent practice should be obtained. These can be:

- Written references submitted by the clinician together with their application. However, where there are concerns or additional information is required, the content and authenticity of these references should be verified. The process of verification should be conducted by senior clinicians from the relevant area of specialist practice and provided to the credentialing committee
- Nominations to be contacted for a verbal reference. This allows the referee to be questioned about the applicant's competence, skills and other clinical matters. All verbal reference discussions should be documented, signed, and dated by a member of the credentialing committee and the person who conducted the reference check (if they are different people).

References should be obtained from people who have first-hand experience of the applicant's work or people have assessed clinical data relating to the competence of the applicant. Referee checks include discussion of clinical information and performance. Therefore, the person conducting the referee checks should always have relevant clinical experience and be involved in the credentialing and scope of clinical practice processes.

At least one referee should be:

- The head of the specialty or the equivalent position at the institution where the applicant most recently practised
- A clinician with direct experience of the applicant within or directly relevant to the field of practice in which the applicant will practice.

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

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

- Rely more heavily on documentary evidence of recent practice
- Provide an interim determination and monitor practice over that period
- Provide oversight or supervision of the clinician until their level of competency is confirmed
- Interview the applicant regarding the application for credentials.

Senior clinicians who head departments, direct programs or are head of a specialty may have difficulty providing the names of referees who meet the stated criteria. In this case, the credentialing committee may seek information or copies of:

- Clinical audit data
- Performance reports
- Peer review conference presentations
- Clinical publications (in reputable journals or by reputable agencies)

These documents may be given additional credence when assessing applications from these senior clinicians.

A reference check from a senior administrator in the previous organisation could also be sought. These referees can be asked to comment on the applicant's leadership position and scope of clinical practice previously held, involvement in clinical audits, peer review and continuing professional development (CPD) activities such as teaching and research. A summary of clinical activities undertaken over the past twelve months including the location, type of service and care provided could be requested.

The applicant should be informed that the process of checking references includes asking for details of changes to scope of clinical practice including denial, suspension, termination or withdrawal of right to practice.

Given the diversity of skills and experience of internationally qualified clinicians, it is important that the references and checks on education, training, competencies and experience are extensive and diligent.

## 1.7 Continuing professional development

National Boards set standards and it is a requirement for practitioners to undertake continuing professional development (CPD) to meet the standard. However, National Boards only collect evidence of compliance when a practitioner is selected for audit.

Where an organisation sets additional requirement, it may collect evidence of the CPD completed by a clinician, and seek information on:

- Completed CPD that is relevant to the applicant's scope of practice and profession set by a national board for national registration and accreditation scheme health professions, or appropriate college or association, which is verified and submitted annually
- CPD that relates to a role in which the clinician is engaged, and relevant to the scope of clinical practice being sought by the clinician
- Participating in mandatory training requirements specified by the health service organisation/jurisdiction.

Evidence of CPD provided by the clinician, should be documented and verifiable with corroborating data and/or information.

## 1.8 Peer review

Peer review is a key and critical aspect of credentialing and aligns with the objective of defining what is reasonable or expected by peers, which is also an important reference point for National Boards when setting standards or considering notifications.

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

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

Peer review processes may be formalised by a professional body or a review of the a clinician's clinical performance and patient outcomes available from administrative and clinical data sets, reports from clinical quality registers or log books of practice.

Further information on conducting peer review processes can be found in *Review by peers: a guide for professional, clinical and administrative processes*.<sup>7</sup>

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

The health service organisation should have in place a process for defining the scope of clinical practice of the clinician.

An organisation should base its scope of clinical practice decisions on the demonstrated competence of the clinician – that is, the qualifications obtained from a recognised training organisation that is relevant to the position and experience in the areas the clinician is seeking to be credentialed.

Defining the initial scope of clinical practice will require:

- The clinician to provide evidence that they have the required credentials and demonstrate competence as outlined in Part 1
- The organisation having appropriate processes in place, including:
  - a suitably constituted credentialing committee
  - mechanisms to authorise the processes of credentialing and defining scope of clinical practice, such as organisational delegations, by-laws, employment contracts, position descriptions and any other relevant agreement
  - policies and procedures that align with state and territory requirements for credentialing and determining scope of clinical practice
  - a process for formally documenting the scope of clinical practice and for reaching agreement on the scope of clinical practice with the clinician
  - processes to document and inform clinicians of practices sought by the clinician that are not or will not be supported by the organisation
- The organisation to have a clearly formulated and documented service capability statement including the staffing levels and skill mix, the clinical services mix and level, and any support services endorsed by the executive management
- Decisions related to scope of clinical practice that are consistent with the capability of the service – that is, the service mix, the availability of all relevant support services and qualified skilled staff to safely and appropriately provide care
- A mechanism to ensure that when new services, procedures or technologies are implemented specifically to replace existing arrangements, documentation is updated and the clinician's scope of practice is adjusted.

A clinician's scope of clinical practice should be assessed separately by the credentialing committee, equivalent decision-making body or authorised and qualified person and documented separately for each health service in which the clinician practises.



To make the credentialing and scope of clinical practice processes efficient, organisations may wish to determine a core scope of clinical practice and then identify clinical practices that require specific credentialing (a specific scope of clinical practice).

Organisations may choose not to distinguish between core scope and specialised scope of clinical practice. If this were the case, the organisation would need to assess all points identified in sections 2.1 and 2.2 when determining a clinician's scope of clinical practice.

Determining which competencies need special credentialing can be challenging. Guidance may need to be sought from professional colleges, associations and bodies on the core competencies that are associated with a qualification and the additional competencies that need to be credentialed. Each profession covered by a National Scheme overseen by AHPRA has professional capabilities, graduate outcomes or equivalent, which describes the core capabilities for registration.

## 2.1 Determining scope of clinical practice process

Ensuring processes for determining scope of clinical practice are effective and safeguard patients requires:

- Input from peers and multidisciplinary team members
- A process that is specific to the service location where the clinician will practice
- Mechanisms to identify and mitigate conflicts of interest that may exist in the credentialing or determining scope of clinical practice processes
- Mechanisms to audit clinician compliance with their scope of clinical practice
- Mechanisms to ensure non-accredited trainees are not working without suitable supervision or beyond their scope of clinical practice
- Feedback from performance reviews and evidence from audits to confirm ongoing appropriateness of scope of clinical practice decisions
- Regular review of the processes used to determine and approve a clinician's scope of clinical practice.

The processes of credentialing and defining scope of clinical practice by themselves do not constitute a performance management system, although information from one process may inform the other.

Organisations that are owned and managed by the clinician should ensure the organisation's system of credentialing and defining scope of clinical practice functions independently from the clinician in their capacity as owner.

## 2.2 Determining generic scope of clinical practice

The 'core scope' of clinical practice refers to those aspects of clinical practice that can reasonably be expected to be undertaken by all clinicians who is registered or holds a particular qualification. This will include:

- Participating in mandatory training activities
- Participating in safety and quality improvement activities

- Participating in clinical governance activities
- Contributing to appropriate clinical quality registers

A clinician may have other generic clinical practice responsibilities detailed in their core scope **of clinical practice outlined in their employment** (or service) contract, or these may appear in the documentation detailing their scope of clinical practice. Examples of those responsibilities include:

- Admitting patients
- On-call requirements
- Consulting for inpatient, outpatients and/or ambulatory care
- Conducting pre- and post-admission patient reviews
- Operating or undertaking investigatory and therapeutic procedures
- Supervising
- Teaching
- Research.

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

## 2.2 Scope of clinical practice requiring specific credentialing

Procedures or practices requiring specific credentialing are those where it cannot be reasonably assumed the clinician's qualifications include the specific competency. The gaining of the specific competency involves additional training and experience in addition to ongoing proficiency. Consideration should be given to the requirements in the National Board's recency standard when assessing these applications.

To be granted a specific scope of clinical practice, a clinician's training and competence in that procedure should match the requirements for that specific clinical practice, as set out in the organisation's policies. The organisation's credentialing committee (or relevant decision maker) should develop the policy, having consider the requirements set out by a relevant college or professional body.

In addition to the evidence requirements for core scope of clinical practice, applications for specific scope of clinical practice will require all or most of the following:

- Evidence of training and supervised practice in the specific area – for example completion of a relevant training program
- Evidence of relevant experience
- Evidence of recent relevant clinical activity, which may include a log book, consumer lists or clinical audit data or submission to clinical quality registries

- References from at least two clinicians with direct knowledge of the applicant's clinical abilities in the specific area or procedure to be credentialed. These references must be able to be verified and the referees should be available for the credentialing committee to clarify any issues and/or gaps in information
- Membership of a professional group or sub-specialty, societies and registration in the recognised field of speciality practice to be credentialed (if applicable).

All evidence presented by a clinician must be verifiable.

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

## 2.3 Temporary or short-term appointments

Temporary credentialing may be necessary to appoint locums or other clinicians for short periods of time prior to formal review by the relevant credentialing panel/committee. The process of interim scope of clinical practice should be set out in the health service organisation's policies and procedures and should occur prior to the clinician commencing practice in the organisation.

The applicant should submit the same information required for the routine credentialing process.

The organisation should delegate authority to a senior manager and clinician for review of temporary applications for scope of clinical practice. The clinician would preferably come from the same speciality area as the applicant. A formal review of the documentation should be conducted and involve verification of:

- Identity using the 100-point identification check
- Check the public register for registration status and standing with registration board
- Insurance coverage
- Healthcare-related employment history
- Education and training history
- At least one professional referee check.

Where an application for temporary scope of practice applies to a new service, procedure, or technology, or a clinician is seeking to extend their scope of clinical practice in an area of practice that is new to them, the organisation should have a checklist of additional documentation that is required for review together with the application. This may include proctorship, logbook of hours, details of training completed and training content.

The outcome of the formal review should be documented and this information referred to at the next meeting of the credentialing panel.

Safeguards may need to be put in place that include clinical oversight, supervision or review of clinical audit or performance data until the process of determining the scope of clinical practice has been finalised.

## 2.4 Emergency Credentialing

Emergency credentialing may be necessary in times of disaster or major emergency, to enable clinicians to assist in the provision of clinical care. Emergency credentialing should be for a prescribed period, with an identified expiry date. The process and approval mechanism should be identified and documented in the organisation's policies and procedures.

This should involve as a minimum:

- Checking the public register to verify the clinician holds current registration with a relevant registration board
- Verification of identity from relevant documents with photographs such as a driver's licence or passport
- Immediately contact a senior manager of the organisation nominated by the clinician as their current or most recent employer to obtain previous employment history and good standing
- As soon as practicable verify the clinical competence and good standing with at least one referee.

This process should be fully documented.

Emergency credentialing should be followed as soon as practicable by a formal review by the credentialing committee.

## Part 3: Renewal of scope of clinical practice

Health service organisations should have in place mechanisms for renewing scope of clinical practice on a routine basis at pre-determined times.

Scope of clinical practice can be renewed (without change), amended or withdrawn.

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

Renewing the scope of clinical practice involves assessing compliance with the responsibilities of the role and scope of clinical practice, considering any changes in the clinician's credentials, and confirming the clinician's current service provision against the organisational service requirements.

In addition, a clinician is responsible for exercising their professional judgement and assessing their own practice to ensure not only do they have the necessary educational preparation and qualification but they also have the confidence to perform safely.

The imposition of practice restrictions should immediately trigger a review of credentials and scope of clinical practice.

Renewing scope of clinical practice will include reviewing evidence of:

- Checking the public register to confirm current registration with the relevant professional board, including conditions or restrictions that may or may not limit a clinician meeting the requirements of their scope of clinical practice.

**Note:** Health service organisation should have a process of checking the public register annually. This should be scheduled to occur in the month immediately following the annual renewal periods for the relevant profession, to ensure no clinician is working while unregistered or uninsured. For medicine, renewals occur before 30 September, nursing renewals are by 31 May and all other professional groups by 30 November each year.

Renewal of professional registration requires a practitioner to declare that they have met CPD, recency of practice and professional indemnity insurance requirements and will meet them in the next registration period.

- Participation in quality improvement activities include, but are not limited to:
  - benchmarking against best practice
  - contributing to and taking action based on reports from clinical quality registries (or similar)
  - regularly (at least every 3 months) participating in processes and meetings which review patient care
  - reviewing incident and complaints reports and action taken

- reviewing data about clinical care processes and outcomes and implementing practice improvements
- participating in activities that the organisation conducts to enable clinicians to monitor and reduce unwarranted variation in clinical practice
- Ongoing competent clinical practice, within the delineated scope of clinical practice, demonstrated by a review of peer review activities
- Participation in performance reviews where the process and outcome of the process is documented and available to the credentialing committee
- Regular attendance at relevant clinical meetings as specified by the organisation
- Declarations that there has been no:
  - denial, suspension, termination or withdrawal of right to practice in any other organisation
  - disciplinary action or professional suspension, termination or withdrawal of right to practice in any other organisation
  - disciplinary action or professional sanctions imposed by a registration board
  - criminal investigation or convictions under investigation.

Additional information that warrants consideration includes:

- Any physical, mental or substance abuse problem that may prevent the clinician fulfilling their scope of clinical practice
- Feedback such as complaints or compliments from consumers and/or clinical colleagues
- Internal investigations of complaints about the clinician
- Notifications to a health care complaints authority
- Involvement in adverse events, and any subsequent open disclosure
- Current references, if the reference previously provided are greater than five years old.

## 3.2 Renewal of specific scope of clinical practice

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

- Proficiency in performing a specific procedure or current activity in a field of practice – for example, a log book or consumer lists
- Successful participation in clinical audit of the practice covered by the specific scope of clinical practice
- Ongoing professional development activities in the specific scope of clinical practice – for example, attendance at relevant courses, workshops and conferences
- Participation in organisational quality and safety activities that include morbidity and mortality reviews and clinical incident reviews

- Satisfactory peer review, performance reports and review of variations in clinical practice from evidence-based practice as well as from expected patient outcomes.

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

### **3.3 Formal review – time frames**

Scope of clinical practice should be formally reviewed by the health service organisation in accordance with the organisation's or jurisdiction's requirement, or as required when a clinician proposes to change their scope of clinical practice.

States, territories and health service ownership groups set the time requirements for re-credentialing and review of scope of clinical practice. Commonly these periods are:

- One year for new appointments
- Three to a maximum of five years for reappointments.

Specific scope of clinical practice may need to be assessed more frequently, where the initial review could be conducted at one year and then routinely every few years.

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

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

### 4.1 Scope of clinical practice – clinical supervisors

Clinicians supervising trainees should:

- Have the qualifications and skills necessary to supervise in the nominated area of clinical practice
- Have experience at the appropriate level of practice
- Have the prerequisite training, demonstrated skill and experience necessary to provide supervision
- Be located near or sufficiently proximal to the trainee to provide adequate supervision
- Have participated in the process of reviewing the trainee's scope of clinical practice
- Participate in their professional college or association's program for supervisors where they exist
- Not be the subject of current AHPRA restrictions or a major formal jurisdictional complaints investigation.

The National Board may require a practitioner to be supervised. In this case, the supervisor will must comply with the requirements set out by the National Board.

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

The roles, responsibilities and supervision arrangements of clinicians who are in training programs should be formally documented in their position description and/or contract of employment and training program. Compliance with training requirements should be monitored as part of their training program and performance reviews.

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

Trainees in non-accredited positions, without external oversight may need to continue to be involved as part of routine credentialing and scope of clinical practice processes. This is to ensure they are working within an appropriate scope of clinical practice and have the



appropriate level of supervision. If they are not included in the credentialing process, they should have very clearly defined position descriptions that address their scope of practice, and have regular (for example, quarterly) performance reviews at which scope of practice is actively considered.

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## Part 5: Monitoring scope of clinical practice

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

### 5.1 Monitoring compliance through performance reviews

Professional performance review, and, for employees, performance development processes, should include a discussion with the clinician about their compliance with their scope of clinical practice, together with the results from department audits and clinical reviews. These discussions should seek to:

- Ensure agreed scope of clinical practice, service provision or organisational capabilities are still aligned
- Identify supports a clinician or organisation considers are needed to reduce risks of harm to consumers
- Identify new services, procedures or technologies that require a clinician to amend their scope of clinical practice
- Identify new services, procedures or technologies that require the clinician to participate in additional training and/or support
- Review a clinician's personal circumstances that may impact on their scope of clinical practice.

Processes should exist to use this information in the credentialing and defining scope of practice processes.

### 5.2 Monitoring compliance through routine governance processes

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

- Responding to consumer complaints, adverse events or incidents
- Responding to matters raised by any external agencies (such as agencies formally established to receive and investigate complaints about clinicians or consumer care)
- Reviewing data such as clinical audit review, incidents, complaints and medical negligence claims data
- Responding to and investigating staff concerns
- Patient complaints.

Organisations need a mechanism to collate this information and incorporate it into the credentialing and defining scope of practice processes.

## 5.3 Monitoring compliance where circumstances change

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

- Organisational circumstance changes – for example, if a new service, procedure, or technology is introduced
- A clinician's circumstances change – for example, scope of clinical practice is limited (for whatever reason)
- There are significant performance concerns
- The scope of clinical practice is expanded to include a new service, procedure, or technology
- The scope of clinical practice is withdrawn or amended due to a new service, procedure or technology replacing existing practice.

Organisations should include guidance, in their policy documents, for clinical managers who identify any concerns about non-compliance with a scope of clinical practice. The documentation should contain information about how and to whom to escalate concerns.

Clinicians are to be afforded procedural fairness in these processes.

## Part 6: Changes to scope of clinical practice

It should be possible to change scope of clinical practice if and when required.

A clinician should be able to apply for changes to their scope of clinical practice within a given review period. To facilitate consumer safety, an organisation may require changes to scope of clinical practice when the organisation's or clinician's circumstances change, or whenever new services, procedures, technologies or treatments are introduced.

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

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

Changes to the scope of clinical practice may be initiated at the request of a clinician in two circumstances:

1. A clinician may seek to expand their scope of clinical practice as a result of the introduction of new procedures, technologies, equipment or treatments, either as a planned introduction or as part of a research program.

Before the credentialing committee considers expanding scope of clinical practice, the organisation must confirm that it has the capability and the need for the clinician to expand their scope. This will require the organisation to use its processes for assessing all new services, procedures or technology. If there is not the organisational capability to support the new service, procedure, or technology, the committee can only confirm a clinician's current credentials.

2. A clinician may seek to expand their scope of clinical practice in an area of practice that is new to them. For example when a clinician has attained additional skills and competencies through additional training. Where this is within the organisations capability, the processes for determining scope of clinical practice requiring specific credentialing are set out in section 2.2.
3. A clinician may also notify the organisation of a change in their circumstances or request a change that may mean their scope of clinical practice is limited or reduced. Clinicians have a responsibility to notify the health service organisation of any changes potentially limiting their scope of clinical practice.

Generally, a temporary change in circumstance, such as a short-term illness from which recovery is imminent, does not require a formal amendment to a clinician's scope of practice.

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

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

Changes to the scope of clinical practice of an individual clinician should be initiated by the organisation following:

- A change in organisational circumstances, such as the introduction of a new technology that reduces the service's need for clinicians to practice with superseded technologies or treatments
- A clinician wishes to be credentialed to meet the requirements of practicing a new service, procedure or technology.

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

- The analysis of an adverse event, incident or complaint
- A request from a manager who is concerned about compliance or capability with a scope of clinical practice
- An annual performance review of the clinician where performance issues, behaviours or changed circumstances are identified
- The self-notification from a clinician.

Changes in organisational capability should trigger an application to reduce or amend the scope of clinical practice – for example, when an organisation closes a service or where a technology supersedes existing treatment or services.

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

- Clinician impairment
- Breaches in the code of conduct affecting clinical performance or practice
- Poor or unacceptable performance
- The clinician being charged with an offence that is considered to have an impact on clinical performance
- The clinician's indemnity insurance is reduced below the level required by the organisation
- The clinician is no longer registered with the relevant board.

Organisations should ensure that a process of assessing the credentialing for that new service, procedure, or technology accompanies these changes introduced into a service. A credentialing committee should consider these applications prior to the commencement of the new service, procedure, or technology.

The process of changing or suspension of a clinician's right to practice within the organisation:

- Must comply with relevant legislation
- May be temporary or permanent, in part or in full.

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

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

Reviews, including specific evaluation of performance or investigations that could lead to suspension, termination or a limitation of scope of clinical practice should be conducted by clinicians with knowledge and competency in the clinical area of practice. Other people should provide input as deemed appropriate and necessary. At all times, clinicians should be afforded procedural fairness in accordance with the policies, by-laws and rules of that organisation.

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

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

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

Scope of clinical practice should be reassessed when there is a significant change to or introduction of a new clinical practice, procedure, technology or treatment. This assessment will require a separate and individual application. Consideration of applications for a change in scope of clinical practice in these circumstances should include an assessment of individual competencies (such as skills, training, experience and qualifications) and organisational capabilities (such as service mix and staffing) as relevant to the new service, procedure, technology or treatment. Changes may also be required to the scope of clinical practice for clinicians in the technologies, equipment or treatments that have replaced, ceased or been superseded.

A clinician should also be subject to specific oversight and monitoring by the credentialing committee or other authorised body for a period after changes to scope of clinical practice are approved.

Decisions about the introduction of new technologies or clinical procedures are the responsibility of the health service management, not the credentialing committee. The process for introducing a new technology or procedure into the organisation should be addressed within the policies and processes of the organisation and occur prior to the credentialing process.

The credentialing policy may include information on:

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

The credentialing policy should be cross-referenced with other policies in the organisation – for example, new technologies and the risk management policy and align with relevant state and territory requirements.

## Part 7: Mutual recognition of scope of clinical practice

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

### 7.1 Multi-facility scope of clinical practice

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

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

### 7.2 Mutual recognition of credentials

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

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



## Part 8: The credentialing committee

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

### 8.1 Establishing a credentialing committee

A credentialing committee (however named and constituted) assesses and confirms credentials and then recommends a defined scope of clinical practice on behalf of a health service organisation, hospital or individual facility. In a health service organisation with multiple facilities, processes such as credentialing may be carried out centrally and scope of clinical practice defined locally. All committees require clearly defined terms of reference and administrative resources to support routine processes.

An organisation may operate individual committees for separate craft groups to conduct its credentialing processes. For example, an organisation may operate separate medical, dental, nursing, podiatric surgeons and allied health professional credentialing committees. All of these groups are part of the health care team and individual professional committees should have as a minimum, communication mechanisms between committees and preferably shared membership.

The credentialing committee plays a key role in ensuring consumer safety. Therefore, committee members may need training and/or support to fulfil this role effectively. Orientation may include information on:

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

Mechanisms will be required to ensure the timely and regular exchange of information between managers, clinicians, supervisors, relevant National Boards, human resources and those with responsibility for credentialing and determining the scope of clinical practice, particularly when matters of concern with practice are identified.

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

### 8.2 Credentialing committee membership

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

should be competent to reliably assess the credentials and consider the scope of clinical practice being requested. The committee should have the power to co-opt additional clinicians with expertise in the relevant scope of practice being requested where required.

Additional considerations for membership and composition of the credentialing committee should align with relevant state and territory requirements, and generally include representatives from:

- Senior management
- An experienced human resources professional or ready access to a person with these skills
- A clinician who practices in the speciality field relevant to the scope of clinical practice being assessed
- Members to act as nominees providing expertise experience rather than representatives of their nominating organisation
- When possible, an experienced clinician from the college, association or professional body relevant to the application under consideration should be invited to participate on the credentialing committee or in the credentialing process, or provide advice on issues such as training and supervision
- Members or co-opted participants:
  - Members or nominee of the governing body
  - Consumer representatives.

### 8.3 Credentialing committee responsibilities

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

- Credentialing, determining scope of clinical practice and re-credentialing
- Reviewing and monitoring scope of clinical practice when there are organisational changes or changes to clinician's circumstances
- Compliance with relevant legislation and processes of natural justice.

Checklists can improve the effectiveness and efficiency of the credentialing process and ensure that all of the required information is obtained and verified.

Only in exceptional circumstances, where the credentialing committee consider the risks to be low, can the scope of clinical practice be awarded to a newly appointed clinician while the committee awaits final verification of information. This concession should apply for a strictly limited period, with oversight from the authorising officer and as outlined in the credentialing and scope of clinical practice policy. In these circumstances, the reasons for awarding scope of clinical practice should be formally documented.

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

Credentialing committees responsible for nursing and allied health clinicians would not normally undertake an assessment when the clinician is initially engaged. This would

generally be conducted by the relevant organisational manager and/or selection panel, selecting a candidate against a position description. An allied health or nursing credentialing committee is more likely to assess clinicians intending to engage in complex clinical practices as advanced skilled practitioners.

## 8.4 Documentation

Information systems for credentialing and scope of clinical practice should contain at a minimum, the following:

- The name of the clinician whose credentials were examined
- The specific credentials that were examined, and in what format
- Which credentials were verified, and how they were verified
- Whether any concerns were raised about the clinician's competence or performance
- The evidence that was reviewed in relation to the clinician's competence, performance in the position, or scope of clinical practice under consideration
- Whether an invitation was extended to and accepted by the clinician or authorised delegate to present in person to the relevant committee
- The identity of any support person who assisted the clinician with presentations
- The additional information that was presented by the clinician
- The committee's or authorised delegate's recommendations or decisions regarding the clinician's scope of clinical practice.

## 8.5 Credentialing policy

The organisation should establish and document policies, procedures and protocols that define its requirements for credentialing and defining scope of clinical practice and comply with jurisdictional and legal requirements. These include:

- The process for clinicians to apply for initial credentialing or review of credentialing and identification of prerequisites and the evidence required as well as what documentation requires verification
- The clinician's responsibility for maintaining insurance set out in the National Law and any additional requirements set out by the organisation, including the extent and type of cover needed and the requirement to provide evidence of annual renewal
- The indemnity coverage provided to clinicians by the health service organisation, if available, and its terms, conditions and limitations – for example, if insurance coverage extends to coronial investigations or notifications under the National Law
- The process to obtain consent from clinicians to collect, verify and retain information on the process and outcome of applications for credentialing and approvals and changes to scope of clinical practice

- The clinician's rights to practice being dependent upon maintenance of their registration and that without registration rights to practice will be concluded, terminated or suspended
- The process for disseminating information on a clinician's scope of clinical practice
- The frequency and time period for conducting credentialing and scope of clinical practice review
- The requirements to keep accurate and complete documentation on individual submissions, proceedings and outcomes
- The requirements for documenting committee proceedings and for oversight, review and audit of records
- A definition of who is responsible for monitoring trainee performance and confirming they are operating within their agreed scope of clinical practice
- Guidance on managing issues related to non-compliance with a scope of clinical practice, and the process for escalating these matters
- Where a credentialing committee may go for advice
- The conditions and expectations for the involvement of clinicians from other institutions in the credentialing process
- The grounds on which a clinician's scope of clinical practice can be suspended, terminated or limited as well as which officer has the delegated authority to suspend or terminate a clinician's scope of clinical practice
- Conditions for concluding, terminating or suspending a clinician's appointment to the organisation
- Provision for suspension (temporary, in part or in full) of a clinician's right to practice within the organisation including process for review and time frames for re-credentialing
- Ethics and technology appraisal assessments, if and as required such as for new services, procedures, treatments and technologies
- Requirements for all parties involved to act with honesty, confidentiality and diligence to support procedural fairness and manage conflicts of interest
- The process of notification to bodies such as AHPRA for suspensions or terminations of scope of clinical practice that meet the mandatory notification requirements of the National Law or other mandatory reporting to organisations such as the ombudsman or police
- The nature, scope and process for appealing decisions of the credentialing committee
- Circumstances under which unplanned review of a clinician's credentials or scope of clinical practice may be initiated, the authorised individual or group that can initiate the review and how the results of the review will be implemented
- Processes to be undertaken in emergency situations and situations where clinical expertise is required on a temporary basis

- Identification of which personnel have the delegation to undertake these processes in a temporary or emergency situations
- Administration of treatments outside scope of clinical practice in an emergency
- Reporting requirements to the governing body on the process, outcome and issues related to credentialing and defining scope of clinical practice.

Private sector organisations may need to consider incorporating the requirements of their credentialing and scope of clinical practice policies, procedures and protocols in their by-laws or other relevant constitutional documents.

## 8.6 Support for the clinician

The organisation should support clinician participation in the credentialing processes by:

- Maintaining accurate records of clinical activity, in partnership with the clinician
- Collating and making available current clinical performance data for individuals and the organisation and review against relevant external comparison measures, benchmarking against best practice outcomes where available
- Monitoring practice against expected health outcomes by the clinician and reporting to the clinician their practice profile and health outcomes
- Routinely providing clinicians with a certificate of service at the conclusion of their appointment to the organisation, that includes:
  - the period of appointment
  - authorised scope of clinical practice at conclusion of the appointment
  - information on changes, denial or withdrawal of scope of clinical practice during the appointment period
  - statement of good standing at the conclusion of appointment.
- responding to requests for information on scope of clinical practice, clinical performance and credentials from other organisations, where permission is given by the clinician,

## 8.7 Supporting the administrative processes

Develop, or adopt systems including electronic systems to enable:

- Efficient and effective processing of applications for credentialing and scope of clinical practice
- Recording changes to a clinician's scope of clinical practice
- Capacity to audit compliance with processes and individual clinicians seeking authorisation
- Routine reporting on appointment, credentialing and scope of practice matters to the governing body and management

- Compliance with jurisdictional requirements for document storage, security and disposal
- Links to external sources of information relevant to credentialing, such as AHPRA and health care complaints authorities.

The organisation should ensure there are effective communication systems to engage, obtain feedback and provide timely information to clinicians regarding scope of clinical practice and credentialing. In addition, the scope of clinical practice of a clinician should be known, understood and accessible across and within the clinical teams in which the clinician works. Information on changes to scope of clinical practice should be promptly and appropriately disseminated.

## 8.8 Appeals

Applicants should be able to appeal an organisation's processes and decisions of determining scope of clinical practice. The organisations should have a policy documenting the process for appealing, what can be appealed and how an appeals application can be submitted.

It is essential the appeals procedure is conducted in a timely way, clearly documented and follows the organisation's policies, by-laws and rules. At all times, the appeals process should apply the principles of natural justice.

From time to time the appeal process should be reviewed by the credentialing committee to ensure it operates effectively, aligns with the principles of natural justice, and complies with the organisation's policies, by-laws and rules.

## Definitions and acronyms

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

**appointment:** An act of assigning a job or position to someone.

**audit (clinical):** a systematic review of clinical care against a predetermined set of criteria.<sup>8</sup> This may involve the review of patient healthcare records, information from administrative and clinical data sets, benchmarking against other services and /or data from clinical quality registries.

**clinical governance:** an integrated component of corporate governance of health service organisations. It ensures that everyone – from frontline clinicians to managers and members of governing bodies, such as boards – is accountable to patients and the community for assuring the delivery of safe, effective and high-quality services. Clinical governance systems provide confidence to the community and the healthcare organisation that systems are in place to deliver safe and high-quality health care.

**clinical leaders:** clinicians with management or leadership roles in a health service organisation who can use their position or influence to change behaviour, practice or performance. Examples are directors of clinical services, heads of units and clinical supervisors.

**clinician:** a healthcare provider, trained as a health professional, including registered and non-registered practitioners. Clinicians may provide care within a health service organisation as an employee, a contractor or a credentialed healthcare provider, or under other working arrangements. They include nurses, midwives, medical practitioners, allied health practitioners, technicians, scientists and other clinicians who provide health care and students who provide health care under supervision.

**consumer:** a person who has used, or may potentially use, health services, or is a carer for a patient using health services. A healthcare consumer may also act as a consumer representative to provide a consumer perspective, contribute consumer experiences, advocate for the interests of current and potential health service users, and take part in decision-making processes.<sup>9</sup>

**credentialing:** the formal process used to verify the qualifications, experience, professional standing and other relevant professional attributes of health clinicians for the purpose of forming a view about their competence, performance and professional suitability to provide safe, high-quality health services within specific organisational environments.<sup>10</sup>

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

**continuing professional development:** continuing professional development (CPD) is how health clinicians maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives. Health clinicians who are engaged in any form of practice are required to participate regularly in CPD that is relevant to their scope of practice in order to maintain, develop, update and enhance their knowledge, skills and performance to help them deliver appropriate and safe care.<sup>11</sup>

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

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

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

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

**governance:** the set of relationships and responsibilities established by a health service organisation between its executive, workforce and stakeholders (including patients and consumers). Governance incorporates the processes, customs, policy directives, laws and conventions affecting the way an organisation is directed, administered or controlled. Governance arrangements provide the structure for setting the corporate objectives (social, fiscal, legal, human resources) of the organisation and the means to achieve the objectives. They also specify the mechanisms for monitoring performance. Effective governance provides a clear statement of individual accountabilities within the organisation to help align the roles, interests and actions of different participants in the organisation to achieve the organisation's objectives. In the NSQHS Standards, governance includes both corporate and clinical governance.

**governing body:** a board, chief executive officer, organisation owner, partnership or other highest level of governance (individual or group of individuals) that has ultimate responsibility for strategic and operational decisions affecting safety and quality in a health service organisation.

**guidelines:** clinical practice guidelines are systematically developed statements to assist clinician and consumer decisions about appropriate health care for specific circumstances.<sup>12</sup>

**health care:** the prevention, treatment and management of illness and injury, and the preservation of mental and physical wellbeing through the services offered by clinicians, such as medical, nursing and allied health professionals.<sup>13</sup>

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

**health service organisation:** a separately constituted health service that is responsible for implementing clinical governance, administration and financial management of a service unit or service units providing health care at the direction of the governing body. A service unit involves a group of clinicians and others working in a systematic way to deliver health care to patients. It can be in any location or setting, including pharmacies, clinics, outpatient facilities, hospitals, patients' homes, community settings, practices and clinicians' rooms.

**Incident (clinical):** an event or circumstance that resulted, or could have resulted, in unintended or unnecessary harm to a patient or consumer; or a complaint, loss or damage.

**jurisdictional requirements:** systematically developed statements from state and territory governments about appropriate healthcare or service delivery for specific circumstances.<sup>12</sup> Jurisdictional requirements encompass a number of types of documents from state and territory governments, including legislation, regulations, guidelines, policies, directives and circulars. Terms used for each document may vary by state and territory.



**leadership:** having a vision of what can be achieved, and then communicating this to others and evolving strategies for realising the vision. Leaders motivate people, and can negotiate for resources and other support to achieve goals.<sup>14</sup>

**mandatory:** required by law or mandate in regulation, policy or other directive; compulsory.<sup>15</sup>

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

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

**new clinical practice, procedure, technology or treatment:** new services, procedures or interventions that are being introduced into a health service organisation for the first time, even if they have already been established in other health services. Health services should have in place policies, structures (for example, appropriate committees) and procedures for determining whether such services should be introduced based on considerations including safety, cost, support services and workforce training needs, capacity of the organisation, patient needs and preferences.

**newly qualified clinicians** includes those that have recently graduated and become registered to practice, as well as practitioners that have completed structured training programs to become qualified to practice independently.

**organisational capability:** an organisation's ability to provide the facilities and clinical and non-clinical support services necessary for the provision of safe, high quality clinical services, procedures or other interventions.

**orientation:** a formal process of informing and training a worker starting in a new position or beginning work for an organisation, which covers the policies, processes and procedures applicable to the organisation.

**peer review:** the evaluation by a clinician of creative work or performance by other clinicians in the same field in order to assure, maintain and/or enhance the quality of work or performance.<sup>7</sup>

**performance:** the extent to which a clinician provides health care services in a manner which is consistent with known good practice and results in expected patient benefits.

**performance review:** a formal assessment occurring at regular intervals, evaluating an employee's work performance, identifying strengths and weaknesses, providing feedback, and setting goals for future performance.

**policy:** a statement of requirements, actions and/or principles adopted by the organisation that aligns with its mission, direction, risks and the delivery of services. It is mandatory for the workforce to comply with an organisation's policies. All of the organisation's procedures and protocols should be linked to a policy statement.

**position description:** a written account of all the duties and responsibilities involved in a particular job or position.<sup>15</sup>

**practice:** any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health clinician in their profession. Practice need not be restricted to the provision of direct clinical care. It may also include using professional knowledge in a direct, non-clinical relationship with clients, working in management, administration, education,

research, advisory, regulatory or policy development roles and any other roles that impact on safe, effective delivery of health care in the profession.

**procedure:** the set of instructions to make policies and protocols operational, which are specific to an organisation.

**process:** a series of actions or steps taken to achieve a particular goal.<sup>15</sup>

**program:** an initiative, or series of initiatives, designed to deal with a particular issue, with resources, a time frame, objectives and deliverables allocated to it.

**protocol:** an established set of rules used to complete tasks or a set of tasks.

**quality improvement:** the combined efforts of the workforce and others – including consumers, patients and their families, researchers, planners and educators – to make changes that will lead to better patient outcomes (health), better system performance (care) and better professional development.<sup>16</sup> Quality improvement activities may be undertaken in sequence, intermittently or continually.

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

- Formal process to re-confirm the quality, experience and professional standing of a clinician to form a view about the ongoing competency performance and professional suitability to provide safe, high quality healthcare service within the organisation
- Reviewing, re-credentialing and renewing scope of clinical practice (without change)
- Reviewing and changing scope of clinical practice.

**regularly:** occurring at recurring intervals. The specific interval for regular review, evaluation, audit or monitoring needs to be determined for each case. The interval should be consistent with best practice, risk based, and determined by the subject and nature of the activity.

**risk:** the chance of something happening that will have a negative impact. Risk is measured by the consequences of an event and its likelihood.

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

**scope of clinical practice:** the extent of an individual clinician's approved clinical practice within a particular organisation, based on the clinician's skills, knowledge, performance and professional suitability, and the needs and service capability of the organisation.<sup>10</sup> A clinician's scope of clinical practice can be separated into:

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

**standard:** agreed attributes and processes designed to ensure that a product, service or method will perform consistently at a designated level.<sup>17</sup>

**system:** the resources, policies, processes and procedures that are organised, integrated, regulated and administered to accomplish a stated goal. A system:

- Brings together risk management, governance, and operational processes and procedures, including education, training and orientation
- Deploys an active implementation plan; feedback mechanisms include agreed protocols and guidelines, decision support tools and other resource materials
- Uses several incentives and sanctions to influence behaviour and encourage compliance with policy, protocol, regulation and procedures.

**training:** the development of knowledge and skills.

DRAFT

# Resources

1. AHPRA: [www.ahpra.gov.au](http://www.ahpra.gov.au) This site provides links to a range of registration standards including:

- Criminal History
- Continuing Professional Development
- Professional Indemnity Insurance
- Recency of Practice

Profession-specific registration standards for the following National Boards:

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

2. **State and territory legislation**

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

3. **State and territory policies and procedures with links to web sites:**

## **ACT**

Procedure. Recruitment of Senior Medical and Dental Practitioners. March 2016 (Doc Number DGD 16-010) Available at: <https://www.health.act.gov.au/VMO>

Operational Procedure. Reviewing the Clinical Competence of a doctor or dentist following the receipt of a complaint or concern Operational Policy. March 2018 (Doc Number CHHS 18/102) Available at: <https://www.health.act.gov.au/VMO>

Operational Procedure Credentialing and defining the scope of clinical practice for senior medical and dental practitioners, March 2018 (Doc Number CHHS18/103) Available at: <https://www.health.act.gov.au/VMO>

## NSW

*Policy directive: Credentialing & Delineating Clinical Privileges for Senior Medical Practitioners & Senior Dentists.* March 2019 (Doc Number PD2019\_011) Available at: [https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2019\\_011.pdf](https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2019_011.pdf)

*Policy directive: Working with Children Checks and Other Police Checks.* January 2019 (Doc number PD2019\_003) Available at: [https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2019\\_003](https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2019_003)

## QLD

Health service directive, policy and guidelines *Credentialing and defining the scope of clinical practice*, October 2017 (QH-Pol\_390:2015) available at: [https://www.health.qld.gov.au/data/assets/pdf\\_file/0032/670973/qh-pol-390-23.10.17.pdf](https://www.health.qld.gov.au/data/assets/pdf_file/0032/670973/qh-pol-390-23.10.17.pdf)

*Guideline for credentialing and defining the scope of clinical practice for allied health*, available on the Queensland Health intranet March 2019 (QH-HSDGDL-0343-1:2015) at <https://www.health.qld.gov.au/directives/docs/gdl/qh-hsdgdl-034-1.pdf>

Credentialing and defining the scope of clinical practice for medical practitioners and dentists: a best practice guideline. October 2017 (QH-GDL-390-1-1:2017) Available at: [https://www.health.qld.gov.au/data/assets/pdf\\_file/0035/670976/qh-gdl-390-1-1.pdf](https://www.health.qld.gov.au/data/assets/pdf_file/0035/670976/qh-gdl-390-1-1.pdf)

## SA

Credentialing and Scope of Clinical Practice policies for clinicians available at: <https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/health+education/system+improvement/credentialing+and+scope+of+clinical+practice>

- Allied Health Professionals - Authenticating Allied Health Professionals Credentials including Access Appointments Directive
- Medical and Dental Practitioners - Credentialing and Defining the Scope of Clinical Practice for Medical and Dental Practitioners Policy
- Nurse Practitioners - Authenticating Nurse Practitioner Credentials Policy
- Advanced and Extended Scope of practice roles - The Governance Framework for Advanced Scope of Practice and Extended Scope of Practice Roles in SA Health Policy Directive.

## WA

Credentialing and Defining the Scope of Clinical Practice Policy. October 2019 (MP 0084/18) Available at: <https://ww2.health.wa.gov.au/~media/Files/Corporate/Policy%20Frameworks/Clinical%20Governance%20Safety%20and%20Quality/Policy/Credentialing%20and%20Defining%20Scope%20of%20Clinical%20Practice/MP84-Credentialing-and-Defining-Scope-of-Clinical-Practice-Policy.pdf>

## VIC

Credentialing and scope of clinical practice for senior medical practitioners policy. July 2018 Available at: <https://www.bettersaferecare.vic.gov.au/our-work/governance/credentialing>

Credentialing and defining the scope of clinical practice for medical practitioners in Victorian health services – a policy handbook. August 2011. DOH, Melbourne, Victoria

#### 4. Professional colleges and associations

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

| College   | Link to scope-of-practice or credentialing documents or similar  |
|---|--|
| Australasian College for Emergency Medicine (ACEM)                | <a href="https://acem.org.au/Content-Sources/Members/CPD/Accrediting-your-activity-for-CPD">https://acem.org.au/Content-Sources/Members/CPD/Accrediting-your-activity-for-CPD</a>  |
| Australasian College for Infection Prevention and Control (ACIPC) | <a href="https://www.acipc.org.au/credentialing/">https://www.acipc.org.au/credentialing/</a>  |
| Australasian College of Cosmetic Surgery (ACCS)                   | <a href="https://www.accs.org.au/the-college">https://www.accs.org.au/the-college</a>  |
| Australasian College of Dermatologists (ACD)                      | <a href="https://www.dermcoll.edu.au/">https://www.dermcoll.edu.au/</a>  |
| Australasian College of Health Service Management (ACHSM)         | <a href="https://www.achsm.org.au/membership/certification">https://www.achsm.org.au/membership/certification</a>  |
| Australasian College of Podiatric Surgeons (ACPS)                 | <a href="https://www.acps.edu.au/traning">https://www.acps.edu.au/traning</a>  |
| Australian and New Zealand College of Anaesthetists (ANZCA)       | <a href="http://www.anzca.edu.au/documents/ps02-2006-statement-on-credentialing-and-defining.pdf">http://www.anzca.edu.au/documents/ps02-2006-statement-on-credentialing-and-defining.pdf</a><br><a href="http://www.anzca.edu.au/resources/professional-documents/pdfs/ps57-2014-statement-on-duties-of-specialist-anaesthetists.pdf">http://www.anzca.edu.au/resources/professional-documents/pdfs/ps57-2014-statement-on-duties-of-specialist-anaesthetists.pdf</a> |
| Australian College of Clinical Psychologists                      | <a href="https://acpa.org.au/">https://acpa.org.au/</a>  |
| Australian College of Mental Health Nurses (ACMHN)                | <a href="http://www.acmhn.org/credentialing/what-is-credentialing">http://www.acmhn.org/credentialing/what-is-credentialing</a>  |
| Royal Australasian College of Dental Surgeons (RACDS)             | <a href="http://www.racds.org/RACDS2013/Training/Recognition_of_Qualifications/OMS_Credentialing/RACDSNEW_Content/Training/OMS_Credentialing.aspx?hkey=62766271-80e6-42eb-99f6-bd122a1d7c2e">http://www.racds.org/RACDS2013/Training/Recognition_of_Qualifications/OMS_Credentialing/RACDSNEW_Content/Training/OMS_Credentialing.aspx?hkey=62766271-80e6-42eb-99f6-bd122a1d7c2e</a>  |
| Royal Australasian College of Medical Administrators (RACMA)      | <a href="http://www.racma.edu.au/index.php?searchword=scope+of+practice&amp;ordering=newest&amp;searchphrase=all&amp;option=com_search">http://www.racma.edu.au/index.php?searchword=scope+of+practice&amp;ordering=newest&amp;searchphrase=all&amp;option=com_search</a>  |

| College  | Link to scope-of-practice or credentialing documents or similar   |
|--|---|
| Royal Australasian College of Physicians (RACP)  | <a href="https://racma.edu.au/training/professional-development/">https://racma.edu.au/training/professional-development/</a>   |
| Royal Australasian College of Surgeons (RACS)  | <a href="https://www.surgeons.org/">https://www.surgeons.org/</a>   |
| Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) | <a href="https://ranzcoq.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Workforce%20and%20Practice%20Issues/Credentialing-for-GP-Obstetricians-and-Rural-Non-Specialist-Obstetricians-(WPI-6)-November-2016.pdf?ext=.pdf">https://ranzcoq.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Workforce%20and%20Practice%20Issues/Credentialing-for-GP-Obstetricians-and-Rural-Non-Specialist-Obstetricians-(WPI-6)-November-2016.pdf?ext=.pdf</a> |
| Royal Australian and New Zealand College of Ophthalmologists (RANZCO)                  | <a href="https://ranzco.edu/home/policies-and-guidelines/">https://ranzco.edu/home/policies-and-guidelines/</a>   |
| Royal Australian and New Zealand College of Radiologists (RANZCR)                      | <a href="http://www.irsa.com.au/irsa-credentialing-guidelines/irsa-credentials-guidelines-full-text">http://www.irsa.com.au/irsa-credentialing-guidelines/irsa-credentials-guidelines-full-text</a>   |
| Royal Australian College of General Practitioners (RACGP)                              | <a href="https://www.racgp.org.au/">https://www.racgp.org.au/</a>   |
| Royal College of Pathologists of Australasia (RCPA)                                    | <a href="https://www.rcpa.edu.au/Home">https://www.rcpa.edu.au/Home</a>   |

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