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Credentialling and Defining the Scope of Clinical Practice

Q. What does Credentialling mean?

A. Credentialling refers to the formal process used to verify the qualifications, experience, and professional standing of doctors for the purpose of evaluating their competence, performance and professional suitability to provide high quality health care for patients.

Q. What does “Defining the Scope of Clinical Practice” mean?

A. It means describing the extent of an individual doctor’s clinical practice within a particular organisation based on the individual’s credentials, competence, performance and professional suitability, and the need for the organisation to support this process.

Q. How is the Council involved in this area?

A. The Council has developed a national standard, for use in public and private hospitals, and a handbook and CD Rom to support implementation. This standard aims to ensure that both doctors and health care organisations have a mutual commitment to patient safety.

Q. Don’t hospitals already have these processes in place?

A. Yes. Most hospitals have been undertaking credentialling and defining the scope of clinical practice for a long time.

Q. Why develop a formal standard then?

A. The standard will improve the consistency and effectiveness of processes for credentialling and defining the scope of clinical practice.

While many health care organisations carry out these processes, there is evidence to suggest that the rigour with which these processes are implemented vary considerably between organisations. In addition, a national standard will meet the needs of both clinicians and health care organisations in managing the emergence of new technology, and the increasing movement of doctors between different Australian states and territories.

The Standard also extends existing processes to promote shared responsibility for safe service provision in supportive environments. Over time, the process of defining the scope of clinical practice should encompass individual agreements between medical practitioners and health care organisations about what is expected in terms of performance, and how it will be assessed. It also should reflect the commitment of

each organisation to provide the resources and support necessary to enable the provision of safe, high quality health care.

- Q. Whose responsibility will it be to implement this standard?**
- A.** Implementation of the standard is the responsibility of both individual doctors and their health care organisations.
- Q. Why does it only apply to medical practitioners and not other health care professionals?**
- A.** Standards such as this one are relevant to all health care professionals that have independent clinical decision-making responsibilities. As a first step, the Council has developed this standard to apply to medical practitioners. However, the standard has been based on common principles that will enable it to be extended in the future to support these processes for all health care professionals in a broad range of clinical settings.
- Q. How will it be implemented?**
- A.** An organisational support package has been developed to assist with the implementation of this standard in health care organisations across the country. This package comprises a handbook with an enclosed interactive CD Rom. The handbook and the CD Rom provide easy reference to the key information in the standard and additional resources to help clinicians, credentialling committees, senior managers and consumers.
- Q. How can I find out more information?**
- A.** More information on this standard and the work of the Council can be obtained by visiting the Council's website at www.safetyandquality.org, or by contacting the:
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