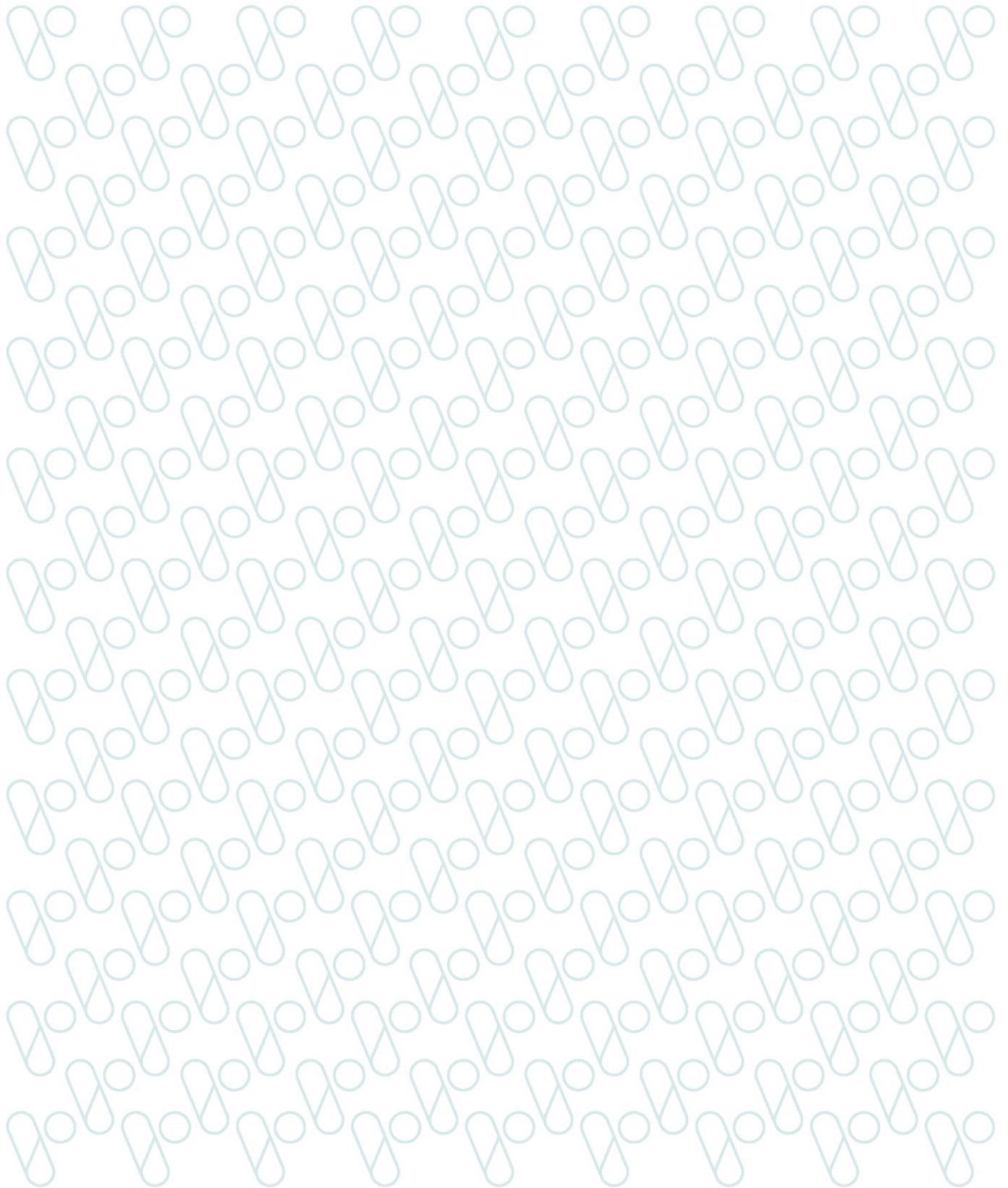


April 2020

Credentialing and scope of clinical practice for senior medical practitioners policy





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Policy in brief

The Victorian public has an expectation that senior medical practitioners working in Victorian health services are appropriately trained, qualified and skilled for the care they provide. This policy sets out the credentialing and scope of clinical practice requirements for individual senior medical practitioners and the health services that employ them (or where they have visiting rights), to ensure senior medical practitioners are able to practise safely and within their scope of experience, knowledge and skills.

The policy seeks to ensure the following:

Senior medical practitioners are:

- provided with clear terms of appointment
- responsible for disclosing personal, legal or professional impediments to fulfilling the requirements of the role or that could affect patient safety
- required to immediately notify all health services where they are providing services of any conditions imposed on their practice by the Australian Health Practitioner Regulation Agency (AHPRA)
- appropriately qualified, registered and experienced for the practice they undertake
- maintaining the professional standard requirements relevant to their area of practice
- supported by annual performance appraisal
- aware of the requirements and capabilities of the health service, and that these may change over time.

Directors of medical services (or appropriately authorised medical leaders) are:

- responsible for authorising individual position descriptions or other documents providing clear terms of appointment prior to senior medical practitioner appointments and reappointments
- ensuring all senior medical practitioners participate in annual performance reviews to ensure the practitioners' competence for the practice they undertake
- aware of any practitioner's health issues that may determine the scope of their clinical practice or affect patient safety
- responsible for notifying the health service board (or highest level of governance) if urgent appointments are made
- responsible for convening the credentialing and scope of clinical practice committee (or equivalent).

The credentialing and scope of clinical practice committee (or equivalent) is responsible for:

- ensuring the identity of the applicant has been verified
- verifying that the practitioner has current, appropriate qualifications
- ensuring the practitioner's knowledge and skills meet the requirements and capabilities of the health service
- ensuring there are no personal, legal or professional impediments to the practitioner undertaking the role
- formally reviewing previously credentialed practitioners at least every three years.

The health service board, or if the health service does not have a board, the highest level of governance:

- together with senior leadership is responsible for identifying the needs and capabilities of the health service
- ensures appointments and reappointments conform with current requirements of the National Safety and Quality Health Service Standard of Clinical Governance
- is notified when appointments are made in urgent situations without input from the committee
- ensures the committee reviews urgent appointments within three months
- has a robust oversight mechanism to ensure credentialing processes are being effectively implemented.

Purpose and background

The purpose of this policy is to provide information about Victorian requirements for senior medical practitioner credentialing and scope of clinical practice.

It provides the basis for a consistent approach to credentialing and defining the scope of clinical practice. It provides 'what to do' and 'how to do it' guidance for senior Victorian medical practitioners and their employing health service or health services where they have, or wish to obtain, visiting rights. The ultimate purpose of the policy is to contribute to maintaining and improving the safety and quality of care received by consumers in Victoria's health services.

The policy applies to all senior medical practitioners with independent responsibility for patient care practising in a publicly-funded Victorian health service or practising under the auspices of Ambulance Victoria. It is a recommended policy for private health service establishments (private hospitals and day procedure centres). It applies regardless of the employment status (permanent, temporary or visiting) or the time fraction (full-time, part-time or sessional) of the appointment.

For the purpose of this policy:

- a 'health service' includes all public hospitals, public health services and multipurpose services established under the *Health Services Act 1988* (Vic)
- a 'senior medical practitioner' is a practitioner who exercises autonomous decision making and has clinical responsibility for determining a patient's care and treatment. It includes roles listed in the appendix. It does not apply to hospital-employed junior medical staff but does apply to general practice registrars who undertake independent patient care in a health service.

Why this update?

The 'Credentialing and defining scope of clinical practice for medical practitioners in Victorian health services - a policy handbook' was first published in July 2007.

Since then, we have made a number of revisions, including:

- requirements for referee checks and working with children certification (2009)
- practitioners providing care to residents of publicly-operated residential aged care facilities (2009)
- guidance regarding obligations under The Health Practitioner Regulation National Law, as in force in each state and territory, including mandatory notification responsibilities (2010)
- responses to a 2013 KPMG review (August 2011), including clarifying the requirements for annual credentialing and medical indemnity insurance checks, expanding the appeals processes, and defining the duration of temporary credentialing (2018)
- refinements to specifically address declared statewide emergencies, such as natural disasters and global pandemics (2020).

The Victorian approach

All senior medical practitioners in Victorian health services must be appropriately credentialed and have their scope of clinical practice defined in accordance with their level of skill and experience, and the capability and need of the health service in which they work. Senior medical practitioners are not permitted to work in Victorian health services without current and approved credentials and a defined scope of clinical practice.

The processes for verification, appointment, review, reappointment and changing the scope of clinical practice are outlined in the following sections.

Every health service must have transparent and documented credentialing and scope of clinical practice processes for each health service and for each senior medical practitioner within the service. These documents must be retained and be available for inspection upon request by appropriate authorities, including unannounced requests.

During verification, appointment, review or reappointment, the employing health service must inform the individual practitioner, in a timely manner, of the outcome of its credentialing and scope of clinical practice committee (or equivalent) decisions regarding their practice. This includes the duration and limitations of any scope of clinical practice that is granted.

Practitioners have a right to appeal the credentialing and scope of clinical practice decisions of the employing health service. Every health service must have transparent and documented processes for handling and responding to such appeals.

Regular reviews of a senior medical practitioner's performance and scope of practice must occur throughout each appointment cycle. These reviews are necessary to the ongoing relationship between the senior medical practitioner and the health service because the medical practitioner's skillsets and capabilities, as well as the service's requirements, may change over time. The methodology of annual reviews will vary by both individual practitioner and by health service, for example active participation in peer review, morbidity and mortality meetings, or formal individual interview. Scope of clinical practice and recredentialing will be undertaken at least every three years.

Reviews may also be undertaken by a service ad hoc in response to unanticipated changes of circumstances.

All practitioners are expected to immediately notify the chief executive officer of every health service where they provide patient care of any AHPRA conditions imposed on their practice.

All AHPRA-registered practitioners and their employer, as well as education providers, have mandatory reporting responsibilities under the National Law. They must [notify AHPRA](#) if they have formed a reasonable belief that a registered health practitioner has behaved in a way that constitutes notifiable conduct.

A practitioner should not retain their appointment if, on review, they do not continue to meet the requirements for credentialing and their defined scope of clinical practice.

CREDENTIALING AND SCOPE OF CLINICAL PRACTICE COMMITTEE

All Victorian health services must have access to a credentialing and scope of clinical practice committee (or equivalent). This committee would normally be convened by the director of medical services or an appropriately authorised senior medical leader. Typically, the committee would schedule meetings quarterly to ensure all appointments are reviewed within the required three months. More frequent meetings may be scheduled if required.

The credentialing of senior medical practitioners can be undertaken at the local, sub-regional, regional or state level. Rural and regional partnerships between health services are encouraged to facilitate a resource-efficient, shared credentialing and review process, particularly where practitioners may be employed across a number of the services.

Approval of the scope of clinical practice must be undertaken at the individual health service level and may need to be defined at the facility level. Health services may wish to establish:

- a single health service committee to undertake both credentialing and scope of clinical practice
- a sub-regional or regional committee that undertakes credentialing for all member health services
- a sub-regional or regional committee that undertakes both credentialing and scope of clinical practice for all member health services.

Where a sub-regional or regional committee undertakes credentialing for all member health services, member services must have a robust local process to ensure the scope of clinical practice for practitioners' work is specifically defined for their own health service. This process will take account of statewide clinical capability guidelines with input from the service's senior leadership team and/or regional directors of medical services in alignment with the local capability framework, where one exists, of the health service.

Where a sub-regional or regional committee is also responsible for scope of practice determinations, each member health service should have a representative on the committee to provide local knowledge and perspective. The establishment of such joint committees may be facilitated through the appointment of a shared director of medical service and may be particularly useful to rural or other small health services.

Members of these committees must have relevant expertise and must not have a conflict of interest. To avoid conflicts of interest and to provide expert advice when locally unavailable, the committee may need to seek appropriate external membership or co-opting. For private hospitals and day procedure centres, the chair of the committee responsible for credentialing must not be a financial stakeholder in the organisation.

Consumer involvement at all levels of the health service is a hallmark of high-performing services. Health services are encouraged to have consumer representatives on their credentialing and scope of clinical practice committees.

Where a health service is small (or a sole practitioner) the process of credentialing must use an independent peer medical practitioner who has no pecuniary interest in the health service.

The appointment process

NEW APPOINTMENTS

Defining the scope of an individual medical practitioner's clinical practice as well as review of their credentials is a required precursor to appointment by the health service.

The applicant must be provided with a position description or other documentation providing clear terms of appointment that details the core competencies required of the position and the duties to be undertaken. The document should outline the relevant capabilities and service provision of the health service.

In addition to generic human resources requirements for all employees of the health service, the applicant must provide, and the credentialing and scope of clinical practice committee (or equivalent) must verify and retain evidence of, the following information:

- proof of identity based on a 100-point check of original documents
- national police history check
- international police check if the applicant has lived overseas for 12 months or longer during the past 10 years
- working with children check (where applicable)
- original qualifications or certified copy, including the primary medical degree and a certified translation when not in English
- original or certified copy of specialist qualifications and a certified translation when not in English
- procedural qualifications (where applicable)
- other evidence of training and clinical experience, as required
- evidence of current compliance with all maintenance of professional standard requirements as determined by the specialty colleges
- medical registration including:
 - current Medical Board of Australia (AHPRA) registration
 - confirmation of the presence or absence of conditions, undertakings, endorsements, notations, and reprimands
 - confirmation of the type of registration (for example, general or specialist)
- for non-employed medical practitioners treating private patients in a public hospital: the original or a certified copy of the private practitioner's medical/professional indemnity certificate, ensuring the cover reflects the requested scope of practice
- health status, if applicable (this may be discussed privately with the director of medical services (or equivalent), who will then be responsible for deciding how this will affect the scope of clinical practice)
- continuing professional development (CPD) statements that are college approved or relevant to the scope of clinical practice determined by the health service and include either:
 - copies of compliance certificates
 - statements verifying CPD participation by the relevant college or Australian Medical Association CPD tracker printouts

-
- employment and/or visiting history - a current curriculum vitae, verified by checking with other sources, and including:
 - clinical appointments
 - academic appointments and teaching experience
 - quality activities
 - referee checks that:
 - must not be limited to unsolicited written references
 - if undertaken by verbal contact must be documented, preferably in a structured format
 - may be undertaken by templates sent to nominated referees
 - consider the appropriateness and the bona fides of referees
 - include referees who work largely in the specialty of the applicant practitioner and have been in a position to judge the practitioner's experience and performance during the previous three years and have no conflict of interest in providing a reference
 - existing contract or employment arrangements outside of the current appointment checked, with relevant documentation available.

REAPPOINTMENT OF A MEDICAL PRACTITIONER AT THE SAME HEALTH SERVICE WITH NO CHANGE TO SCOPE OF PRACTICE

The credentialing and scope of clinical practice committee (or equivalent) must verify the following information:

- currency of working with children check where applicable
- medical registration including:
 - current Medical Board of Australia (AHPRA) registration
 - confirmation of the presence or absence of conditions, undertakings, endorsements, notations and reprimands
 - confirmation of the type of registration (for example, general or specialist)
- for non-employed medical practitioners treating private patients in a public hospital: the original or a certified copy of the private practitioner's medical/professional indemnity certificate
- CPD: college certificate or evidence of relevant CPD, confirming with the relevant college if indicated
- health status, if applicable (this may be discussed privately with the director of medical services (or equivalent) who will be responsible for deciding how this will affect the scope of clinical practice)
- recent employment and/or visiting history - an updated curriculum vitae including (but not restricted to):
 - clinical appointments
 - quality activities
 - academic appointments and teaching experience.

CHANGING, EXTENDING OR REDUCING THE SCOPE OF CLINICAL PRACTICE

Where new services are introduced, or when a medical practitioner wishes to extend their scope of clinical practice, they must formally undergo appropriate credentialing and scope of clinical practice processes specifically for the new service or practice. Changes must align with the 'Requirements for medical practitioners who are changing their scope of practice' in the Medical Board of Australia's [Registration Standard – Recency of Practice](#).

The credentialing and scope of clinical practice committee (or equivalent) must be provided with the following information:

- the change to the scope of clinical practice requested
- additional procedural qualifications or experience related to the requested change
- for non-employed medical practitioners treating private patients in a public hospital: medical indemnity insurance information, ensuring the cover reflects the requested change to the scope of practice
- CPD: college certificate or evidence of relevant CPD, confirming with the relevant college if indicated.

The health service board, or the highest level of governance, is responsible for confirming that the requested changes fit with the needs and capability of the health service.

In line with relevant capability frameworks, the scope of clinical practice of a senior medical practitioner at a health service may be reduced. The scope of clinical practice may also be reduced if, for example, underperformance has been identified, or if the director of medical services or the credentialing and scope of clinical practice committee (or equivalent) determine that the requirements for relevant CPD have not been met.

When this occurs, the health service board (or highest level of governance) or the director of medical services, must notify the practitioner in writing and provide them with an amended position description, ideally with a minimum of four weeks' notice.

A practitioner may wish to change to a subset of their current practice – that is, narrowing their scope of practice. They must formally advise the credentialing and scope of practice committee (or equivalent). The committee, together with the health service board (or highest level of governance) must then consider the effects of the reduction on the health service and decide if an alternative source of the previously provided services is required.

APPOINTMENT OF DENTISTS

Credentialing and defining the scope of clinical practice in dentistry allows a dentist to provide clinical services at a health service. Health services may consider the credentialing and scope of practice of a dentist under various circumstances. These include, but are not limited to:

- dentists being employed by hospitals with dental clinics on a locum (casual), part-time or full-time basis
- private dentists seeking to make use of hospital operating theatres – usually for patients requiring treatment under general anaesthetic or intravenous sedation.

The Dental Board of Australia has prepared [guidelines for scope of practice](#) to assist Victorian public and private hospitals in the process of credentialing and defining the scope of practice of dentists seeking to be engaged by or to make use of facilities in Victorian hospitals.

APPEALS PROCESS

A medical practitioner or dentist who has had their request for credentialing, recredentialing, or scope of clinical practice restricted, denied, withheld or varied from the original request has the right to appeal the decision.

An appeals process must be managed independently of the credentialing and scope of clinical practice committee (or equivalent). The appeals process should allow for reconsideration of any decision made and for new information to be presented.

The intention to appeal must be lodged within 10 working days of the decision. The appeal must be lodged within one calendar month of receiving the decision.

The credentialing and scope of clinical practice appeals committee should be convened and:

- comprise a majority of medical practitioners from a range of disciplines who have the necessary skills and experience to provide informed and independent advice
- include at least one medical practitioner or dentist who practises in the field relevant to the clinical scope being reviewed
- include a nominee of the relevant college, association or society
- include a nominee (medical practitioner or dentist) of the person who is the subject of the appeal.

The appeals committee should consider all relevant material including any information the senior medical practitioner or dentist may wish to present, as well as information from the credentialing and scope of clinical practice committee.

Details of the proceedings of the appeals committee are confidential. The findings are provided to the health service board (or highest level of governance), which makes a final determination and informs the medical practitioner and the credentialing and scope of clinical practice committee in writing. Ultimately, the health service has the authority to determine employment or visiting rights and scope of clinical practice decisions related to individuals and groups of practitioners.

Legal advice may be sought by either the appeals committee or the senior medical practitioner.

ANNUAL REQUIREMENTS

To fulfil credentialing requirements, each year the practitioner must provide the health service with evidence of their current registration, relevant CPD and for non-employed medical practitioners treating private patients in a public hospital, medical indemnity insurance information. The credentialing and scope of clinical practice committee (or equivalent) is responsible for ensuring the health service has processes in place to meet these requirements.

All of the above requirements are consistent with governance expectations outlined in other relevant Victorian guidelines and policies such as the Statement of Priorities, the Performance monitoring framework and [Delivering high-quality healthcare – Victorian clinical governance framework](#).

Other considerations

URGENT AND TEMPORARY STAFFING SITUATIONS

When health services urgently need senior medical practitioners temporarily, and in the event that the relevant committee cannot be immediately convened, the health service board (or the highest level of governance) should delegate the responsibility for undertaking credentialing and defining the scope of clinical practice to the director of medical services (or equivalent) on a temporary basis.

Temporary credentialing and defining the scope of clinical practice decisions need to be followed as soon as practicable, in line with the formal processes undertaken by the credentialing and scope of clinical practice committee. Temporary credentialing should not exceed three months.

EMERGENCY CLINICAL SITUATIONS

Policies and processes related to credentialing and scope of clinical practice should include provision for credentialed senior medical practitioners to administer necessary treatment outside their authorised scope of clinical practice in emergency situations where the interests of a patient are best served.

This may be where a patient may be at risk of serious harm if treatment is not provided and no medical practitioner with an appropriate authorised scope of clinical practice is available and where more appropriate options for alternative treatment or transfer are not available.

All such instances should be formally reviewed by the credentialing and scope of clinical practice committee (or equivalent) and a formal report issued.

STATEWIDE EMERGENCIES

In the event of a state of emergency declared under section 198(1) of the *Public Health and Wellbeing Act 2008* and/or a state of disaster declared under section 23(1) of the *Emergency Management Act 2013*, agile movement of senior medical practitioners between Victorian health services may be required. This in turn necessitates that the automatic and immediate reciprocity of credentialing be granted.

Reciprocity of scope of practice should be health service specific to align with the service's functions and circumstances. Reciprocity should apply between private and public health services.

Evidence of credentialing and scope of clinical practice should be provided by way of a letter from the employing health service certifying that the medical practitioner has been credentialed, the date of renewal and that there are no known restrictions/conditions on their registration. All credentialing renewals should be automatically deferred until post the emergency period.

Senior medical practitioners who are not currently credentialed by a Victorian health service (such as general practitioners and independent specialists) are required to provide proof of all relevant regulatory registrations and checks (see page 7), including disclosure of any restrictions/conditions on their medical registration.

The health service board (or highest level of governance) should address statewide emergencies in their crisis management plans and ensure credentialing and scope of clinical practice issues are adequately tracked for any necessary review/action upon cessation of the declared emergency period.

THIRD-PARTY ARRANGEMENTS

A health service may have an arrangement with a third party to provide clinical or clinical support services – for example, via a locum service, telehealth or use of diagnostic imaging companies and pathology companies.

The agreement between the third party and the health service board (or highest level of governance) must include appropriate provisions clearly specifying the procedures to be followed to ensure the medical practitioners employed by the third party have been appropriately credentialed to Victoria's standards, either by the third party or by the health service, to the satisfaction of the health service board (or highest level of governance) and the relevant committee.

In addition, where it is foreseeable that medical practitioners employed by the third party will physically attend or directly communicate with patients of the health service – for example, via telehealth or as a locum – they must have their scope of clinical practice defined by the health service according to the principles in this policy.

The third-party arrangements do not apply to senior medical practitioners undertaking patient retrieval or unscheduled emergency telehealth consultation. In these instances, patient contact with any individual senior medical practitioner would not be considered foreseeable.

RETRIEVAL SERVICES

Retrieval services or unscheduled emergency telehealth consultation may be provided by an acute care entity – for example, Ambulance Victoria or Paediatric Infant Perinatal Emergency Retrieval (PIPER). When the patient receives supported shared care prior to probable transfer, or will be transferred to another health service, the credentialing of the senior medical practitioner is the responsibility of the agency providing the retrieval or telehealth service. In this instance the telehealth modality is an extension of the reach of the receiving health service or agency.

Defining the scope of clinical practice of these practitioners and their credentialing would be undertaken by Ambulance Victoria, PIPER or other employing health service.

PREGNANCY SHARED CARE

Health services may enter into arrangements with general practitioners to provide antenatal and postnatal shared care. When a health service endorses, accredits or otherwise recommends particular general practitioners as shared care providers, the credentialing and scope of clinical practice policy will apply. The Royal Australian and New Zealand College of Obstetricians and Gynaecologists provides guidance for health services entering into these arrangements.

PRIVATE HEALTH SERVICE ESTABLISHMENTS

Private health service establishments (private hospitals and day procedure centres) are encouraged to adopt this policy. It is recommended that all new appointments and reappointments of senior medical practitioners are conducted in accordance with this policy.

Authorising environment

AUSTRALIAN HEALTH PRACTITIONER REGULATION AGENCY

Since 1 July 2010, the [Health Practitioner Regulation National Law Act 2009](#) has provided the authority to establish a national registration and accreditation scheme for health practitioners, and for establishing AHPRA. AHPRA supports the national boards responsible for regulating the health professions in Australia. The national boards set the standards and policies that all registered health practitioners must meet.

The Medical Board of Australia is responsible for regulating medical practitioners practising in Australia. The Dental Board of Australia is responsible for regulating dental practitioners. Their registration standards set out the requirements that applicants, registrants and students need to meet in order to be registered.

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

National Safety and Quality Health Service Standards

The central component of the national Australian Health Service Safety Accreditation Scheme was the development of the [National Safety and Quality Health Service \(NSQHS\) Standards](#). The NSQHS Standards were developed by the Australian Commission on Safety and Quality in Health Care and protect 'the public from harm and improve the quality of care for patients and consumers; and provide a nationally consistent approach to the level of care consumers can expect from health service organisations. All Victorian health services are required to be accredited against the NSQHS Standards.

National credentialing guide

[Credentialing health practitioners and defining their scope of clinical practice: a guide for managers and practitioners](#) was published in 2015. It provides advice and guidance applicable to a range of health professionals and may be read in conjunction with this policy.

It is an ancillary guide and does not supersede state, territory or organisational policies.

Appendix

Senior medical practitioners include the following health professionals:

Clinical medical academics

General practice registrars who undertake independent patient care

General practitioners providing inpatient, obstetrics (including shared care), surgical, anaesthetics and urgent care for the health service

Medical administrators and non-specialist qualified medical administrators, where that position involves direct patient contact or has a requirement for the provision of clinical services

Medical consultants and medical specialists

Medical practitioners with a right of private practice in a public hospital

Medical specialists providing medical imaging services

Medical specialists providing pathology services

Private medical practitioners providing private fee-for-service care to residents of publicly operated residential aged care facilities, nursing homes or multipurpose sites

Senior medical practitioners providing retrieval services

Senior medical practitioners providing telehealth services

Staff specialists

Visiting medical officers

Glossary

| Term/acronym | Definition |
|--|--|
| AHPRA | Australian Health Practitioner Regulation Agency |
| Appointment | The employment or engagement of a medical practitioner or dentist to provide services within an organisation according to conditions defined by general law and supplemented by contract. |
| Credentialing | The formal process used to verify the qualifications, experience, professional standing and other relevant professional attributes of medical practitioners or dentists for the purpose of forming a view about their competence, performance and professional suitability to provide safe, high-quality healthcare services in specific organisational environments. |
| CPD | Continuing professional development (CPD) activities are usually maintained by the medical practitioner's learned college, which also assesses the suitability of events that can be counted as CPD within their programs. The intention of CPD should be to ensure ongoing improvement through the development of technical and non-technical knowledge, skills and behaviours of the medical practitioner over the course of their medical career. |
| Dentist | A person who is registered as a dentist with the Dental Board of Australia. |
| Independent responsibility for patient care | Exercising autonomous decision making and bearing ultimate clinical responsibility for determining a patient's care plan and treatment. |
| Medical practitioner | A person who is registered with the Medical Board of Australia to practise medicine. |
| NSQHS Standards | National Safety and Quality Health Service Standards |
| Organisational capability | The ways in which individuals in an organisation relate and combine with its systems, processes, norms and values in order to achieve strategic goals. |
| Performance | Ongoing improvement through the development of technical and non-technical knowledge, skills and behaviours of the medical practitioner over the course of their professional career. |
| Scope of clinical practice | Delineating the extent of an individual medical practitioner's or dentist's clinical practice in a particular organisation or facility, based on the individual's credentials, competence, performance and professional suitability, and the needs and capability of the organisation to support the scope of clinical practice. |
| Telehealth | Healthcare delivery when some of the participants are separated by distance and information and communication technologies are used to overcome that distance. |



