Credentialing and Defining the Scope of Clinical Practice For Health Professionals (Nursing and Midwifery) In WA Health Services - A policy handbook

January 2014
Policy

This policy encompasses changes that commenced with the establishment of the Australian Health Practitioner Regulation Agency (AHPRA) and feedback from the Corporate Governance audit (2011). The primary objective of this policy is to ensure clinical services have systems in place that provide clinicians and managers with a clear framework for credentialing and determining appropriate scope of practice.

This policy applies to all Eligible Midwives and Nurse Practitioners with independent responsibility for client care or clinical supervision in WA and provides guidance for a uniform system of credentialing and defining the scope of clinical practice (Refer Appendix 1).

Purpose

The aim of the Credentialing Policy is to ensure that:

- Health Services and Hospitals establish and maintain processes for credentialing and defining/awarding the scope of clinical practice for health professionals employed by WA Health.

- Health professionals who are not employees of WA Health but practice independently and provide services within WA Health facilities are credentialed and have a defined scope of clinical practice prior to practising at a WA public Hospital/Health Service.

Scope of Policy

The scope of this policy is to articulate the framework for ensuring the minimum standards and additional areas of expertise of health professionals providing care in WA Health. The additional areas of expertise apply to Nurse Practitioners and Eligible Midwives who have independent responsibility for client care or clinical supervision.

Review

This policy will as a minimum be reviewed by WA Health every three years.
The National Standard

The former Australian Council for Safety and Quality in Health Care developed the *Standard for Credentialing and Defining the Scope of Clinical Practice* (2004) (‘The National Standard’).

The rationale for developing a National Standard was attributed to the increasing:

- complexity and diversity of clinical procedures as a result of technology.
- mobility of medical practitioners and more recently other health professionals in their place of professional practice.
- recognition of the legal responsibility of the health service to provide services that are safe and of high quality.

The National Standard:

- extends the concept of credentialing and defining the scope of clinical practice to encompass shared responsibility for safe service provision in supportive environments.
- acknowledges the importance of the input of health professionals in the process of improving safety and quality in healthcare organisations.
- reinforces the responsibility of healthcare organisations to provide resources to support the services they wish to offer.
- recognises that peer assessment and the willingness of individuals to comment on their own skills and the skills of others are fundamental to successful processes of credentialing and defining the scope of clinical practice.
Guiding Principle

Credentialing and defining the scope of clinical practice are essential components of a broader system of organisational management of relationships with health professionals, clinical governance and health service accreditation. This includes those who provide clinical services and clinical support services, those who supervise staff and students, and those in professional leadership roles.

It is essential to ensure the provision of services is safe and of high quality by ensuring:

- services are provided within the capability and needs of the health service and its respective sites.
- health professionals appointed to practice at a health service are competent and able to fulfill all tasks and responsibilities associated with their role.
- recognition by boards of health services of their responsibility to establish and maintain systems that will ensure services provided are within the scope of a health professionals practice.

Where health services are provided by an external contractor, the employing Agency is responsible for ensuring the credentialing of the health professionals.

With the increasing demands for health professions to deliver high-quality clinical services and to be accountable for the care delivered, this process is an integral component of health management and clinical governance.

Requirements of Health Professionals

Eligible Midwives

Eligible midwives must be entitled to the endorsement under section 98 of the National Law and be able to demonstrate:

- practice for at least three years across the continuum of midwifery care, within the previous 5 years.
- successful completion of an approved professional review program for midwives working across the continuum of midwifery care.
- completed an accredited prescribing course as determined by the Australian Nursing and Midwifery Accreditation Council.
• compliance with the collaboration requirements for eligible midwives.

Nurse Practitioners

Nurse Practitioners must be entitled to the endorsement under section 98 of the National Law if they hold either of the following qualifications relevant to the endorsement:

• an approved qualification.

• another qualification that, in the opinion of the Nursing and Midwifery Board of Australia is substantially equivalent to, or based on similar competencies to, an approved qualification.

• comply with any approved registration standard relevant to the endorsement.

• compliance with the collaboration requirements for nurse practitioners.

In accordance with regulation 11A of the Poisons Regulations 1965 for the purposes of section 23(2)(e) of the Poisons Act 1964 a nurse practitioner must practice in a designated area under approved clinical protocols for the purposes of the individuals scope of practice.

Policy Responsibilities

Health Services

Health Services have overall responsibility for service provision and executing this Policy at the local level.

• Credentialing and defining the scope of clinical practice for health professionals is a core responsibility of all Health Services, which may be delegated to individual Health Service Regions or Hospitals/Health Services.

• Each Health Service provider must ensure that every Hospital/Health Service within its remit has appropriate policies and processes in place for credentialing and defining the scope of clinical practice of health professionals who have independent responsibility for client care and clinical supervision (Refer Appendix 2).
Health Professional Area Credentialing and Scope of Practice (HPACSOP) Committee

The HPACSOP Committee is a committee established by a WA Hospital/Health Service whose purpose is to ensure that all health professionals working in WA Health facilities (including Mental Health, Community and Population Health) practice high quality care.

- This requires reviewing all health professionals' credentials (for both new appointees and current staff on a regular basis).
- Recommend appropriate clinical scope of practice for each health professional at hospitals and health services within WA Health.
- The Committee is responsible for the credentialing of all supervised and unsupervised health professionals (Refer Appendix 3).

Mutual Recognition of Credentials

Whilst individual Credentialing Committees may only make recommendations within its jurisdiction, there may be opportunity to recognise the credentialing process of other WA Health Credentialing Committees, and endorse its conclusions for another site at the discretion of the committee members.

- Acceptance of verification of credentials from another Credentialing Committee must be accompanied by an up-to-date Letter of Good Standing from that Credentialing Committee.
- Where a health practitioner has a “mutual recognition” of credentials, the review date will be no later than the same date as the review date for the credentials upon which the application is based.
- When the above mutual recognition process occurs, the Executive Director of a Hospital/Health Service must be informed, as part of the recommendation to the Executive Director.
- Health Service Directors (or their equivalent), will be required to oversee the implementation and operation of mutual recognition procedures and processes across their respective Health Services.

Appeal Processes

An appeals process must be available and managed independently of the credentialing and scope of practice Committee and the appointments committee. The appeals process will allow for reconsideration of any decision and for new information to be presented.
• The health professional that has had their request for scope of practice denied, withheld or varied from the original request has a right to appeal the decision.

• The Health Professional should appeal to the Executive Director of the health service where they are seeking credentialing.

• The appeal must be lodged within seven days of receipt of the decision.

• Further appeals can be made by the health professional. This would depend on the nature of his/her engagement/appointment/agreement by the organisation (for example, contract or employment model). Legal advice should be sought.

The principles of natural justice, confidentiality and probity must be observed in accordance with public sector standards.

Verification Process

• Health services must ensure to verify a health professional's credentials and the verification process must be rigorous.

• The health service must ensure the health professional is who he/she says they are, and is presenting bona fide documentation.

• If a health service uses a recruitment agency to source applicants, the health service is still responsible for undertaking its own verification process (Refer Appendices 1 and 4).
Guidance on the verification process

- The verification process must be rigorous.
- The health service must ensure the health professional is who they say they are, and is presenting bona fide documentation.
- The credentialing process should be documented using the WA Health forms or an equivalent.
- The form completed by the health professional must include a requirement for the health professional to notify the health service of any change to their credentials that may impact their scope of practice.
- The form should also include permission from the health professional for the health service to obtain any information relevant to their application (including contacting previous employers regardless of whether they are listed as referees).

The credentialing policy defines the following elements in the verification process as Initial appointment, Annual credentials review and Re-credentialing.

**Initial appointment**

**Curriculum vitae (CV)**
- Confirm by checking with other sources (for example, referees and previous employers) if indicated.

**Registration/Professional Recognition status**
- Check current Australian Health Practitioner Regulation Agency (AHPRA) registration at www.ahpra.gov.au.
- Confirm presence or absence of endorsements, conditions, undertakings, notations and reprimands.
- Check with Pharmaceutical Services Branch WA Health for any restrictions to prescribing.

**Certified copy of specialist or other qualifications**
- Sight certified copy of qualification.

**Proof of identity (100 points)**
- Confirm identity documents – 100-point check National police record check.
- Should be routine for new appointments – refer to the local Area Health Service (AHS) policy.

**Certified copy of current professional indemnity insurance (PII)**
- Sight certified copy of PII certificate.
- Ensure cover reflects requested scope of practice.
• Confirm with relevant insurer if indicated.

**Continuing professional development (CPD) certification**
• Sight copy of college certificate or evidence of relevant CPD.
• Confirm with relevant college or professional body if indicated.

**Professional Referees**
• Minimum two referees.
• Referees must be recent and reflect the CV.
• Referees must be contacted and written references verified verbally.
• Referee report completed.

**Additional processes**
• Organisations should be aware of attempts by health professionals to fraudulently seek appointment through falsification of their applications. This has been a particular issue regarding failure to disclose previous issues with health profession registration. (NOTE – Those attempting to fraudulently seek appointment should be reported to the relevant Registration Board).
• Organisations are strongly encouraged to undertake additional efforts to ensure the accuracy of a health practitioner’s application – this is now regarded as ‘best practice’.
• Organisations should contact previous employers to confirm good standing (regardless of whether they are listed as referees).
• Targeted online searches using a search engine should be conducted.

**Annual Credentials**

**Registration status**
• Check current AHPRA registration at www.ahpra.gov.au
• Confirm presence or absence of endorsements, conditions, undertakings, notations and reprimands.
• Check with Pharmaceutical Services Branch WA Health for any restrictions to prescribing.

**Copy of current professional indemnity insurance (PII)**
• Sight copy of PII certificate
• Ensure cover reflects requested scope of practice.
• Confirm with relevant insurer if indicated.

**Re-credentialing (once in three - five years, or as needed)**

**Curriculum vitae (CV)**
• If a change in scope of practice is requested, updated CV and other supporting documentation should be checked.
• Confirm through checking with other sources (such as other hospitals where the health professional works) if indicated.

Registration status
• Check current AHPRA registration at www.ahpra.gov.au
• Confirm presence or absence of endorsements, conditions, undertakings, notations and reprimands.
• Check with Pharmaceutical Services Branch WA Health for any restrictions to prescribing.

Certified copy of qualifications
• If recognition of new qualifications is requested – sight certified copy of Qualification
• Check with relevant college or professional body if indicated

Copy of current professional indemnity insurance (PII)
• Sight copy of PII certificate.
• Ensure cover reflects requested scope of practice.
• Confirm with relevant insurer if indicated.

Continuing professional development (CPD) certification
• Sight copy of college certificate, annual statement of participation or evidence of current CPD

Professional Referees
• Referees only required if a change in scope of practice is requested – must be contacted and verified verbally.
• Referee report completed.

A copy of all documentation cited should be retained by the site, in accordance with the State Records Act 2000.
Definitions

Credentialing’, ‘defining the scope of clinical practice’, ‘appointment’ and ‘independent care’ have been defined in the national standard in the following ways.

- **Appointment** - the employment or engagement of a health practitioner to provide services within an organization according to conditions defined by general law and supplemented by contract.

- **Credentialing** - formal process used to verify the qualifications, experience, professional standing and other relevant professional attributes of health professionals for the purpose of forming a view about their competence, performance and professional suitability to provide safe, high-quality healthcare services within specific organisational environments.

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

- **Endorsed/endorsement** - recognises that a person has additional qualifications and expertise in an approved area of practice and / or for scheduled medicines

- **Independent responsibility for care** - the process where health professionals are permitted by law and the organisation to provide care and services within the scope of the individual’s professional practice and consistent with individually granted clinical privileges.

- **Reappointment** – The process that mirrors initial appointment and should be performed no less than every two years. Only information that requires updating from the initial appointment needs to be verified.

The terms ‘defining the scope of clinical practice’ and ‘clinical privileging’ are often used interchangeably. The Health Department of WA recognises that the term ‘clinical privileging’ is widely used in health service documentation, including organisational by-laws, while ‘defining the scope of clinical practice’ is the term used in the national standard.

In this document, the term ‘defining the scope of clinical practice’ is used to be consistent with the national standard. WA Health encourages hospitals to develop consistent language and use the term ‘defining the scope of clinical practice’.
Credentialing Committees

Suggested Terms of Reference and membership

1. ESTABLISHMENT OF THE COMMITTEE

a) This Committee is established by the Area Health Service (AHS) Executive to provide the specified hospital executives with advice on the credentials and scope of practice of Health Professionals working or planning to work in any of the AHS hospitals.

b) Variations to these Terms of Reference should be endorsed/approved by the AHS Executive.

2. PURPOSE

The purpose of the Health Professional Area Credentialing and Scope of Practice (HPACSOP) is to ensure that all health professionals working in AHS facilities (including Mental Health, Community and Population Health) practice high quality care.

This requires reviewing all health professionals’ credentials (for both new appointees and current health staff on a regular basis) so as to recommend appropriate clinical scope of practice for each health professional at Hospitals and Health Services within the AHS.

Though the content of meetings must be treated as confidential it is important that the overall process should be transparent. Thus terms of reference, recommendations of the Committee and the process by which they were arrived at, can be made available to an enquiry from the public.

3. FUNCTIONS AND RESPONSIBILITIES

The Committee will:

i) Establish a system to review the credentials and recommend the scope of practice of all new appointees to the AHS to the Hospital Executive.

ii) Develop appropriate processes whereby a health professional credentialed at one facility in the AHS might be credentialed at another AHS facility.

iii) Establish sub-committees, with or without co-opted members, to consider and make recommendations on any relevant matters referred by the Committee as a whole.
iv) Establish a process to recommend annual professional/performance review of health professionals and oversee this policy.

v) Establish a process for the review of the credentials and scope of practice and annual professional/performance of all appointed health professionals each three (3) to five (5) years.

vi) Review the credentials of any individual health professional at the request of an AHS Hospital Executive Director, Co-director of Clinical Divisions, the Area Director of Nursing and Midwifery, the Area Director Medical Services, the Area Chief Executive, the Head of a Clinical Department / Service or the Director General and make recommendations accordingly.

vii) Recommend appropriate scope(s) of practice for each health professional to the specified hospital(s) Executive Director. The scope of practice will be specified for each facility in the AHS to which the health professional has been appointed.

viii) Develop specific criteria for use by the Committee in evaluating credentials and delineating scope of practice.

ix) Develop policies and processes that define the requirements for introducing new clinical services, procedures or other interventions and determine which health professional(s) should be credentialed to undertake the procedure and the monitoring requirements for the new procedure.

x) Ensure that these procedures in the AHS are consistent with best practice.

xi) Nominate members of the Committee to be members of appointment panels for health professionals, so that each appointment panel has a member of the committee present.

xii) Ensure that members of the committee are actively involved in the appointment process of health professionals relevant to their site and specialty.

xiii) Delegate the temporary (up to three months) credentialing and approval of scope of practice to the appropriate Director or Co-Director of Clinical Divisions of each site.

xiv) Have the right to access information held on personal files of any health professional within the AHS who has applied to the Committee to be credentialed and/or re-credentialed.

xv) Initiate an appeals process to allow for reconsideration of any adverse decision and for new information to be brought forward if available.
4. MEMBERSHIP

a) Core (Permanent) Membership
   - Shall include representatives from relevant health professionals with clinical and operational responsibility.
   - Human Resource representative.
   - Expertise from co-opted members as required.

b) Variable Membership
   Additional members shall be co-opted by the Chair of the Committee to provide expert advice with respect to the discipline of the applicant(s) under consideration.

c) The Credentialing Committee will not undertake any process of credentialing or defining the scope of clinical practice unless at least one health professional practices in the specialty being requested is present.

5. ATTENDANCE OF MEETINGS

a) Decisions of the Committee shall be by majority of members. Each member shall nominate an appropriate deputy to attend in his/her absence.

b) Additional members can be co-opted by the Chair of the Committee to provide expert advice with respect to the discipline of the applicant(s) under consideration. However, such co-opted members shall not have voting rights.

6. CHAIRPERSON

a) The Chairperson will be elected from the core members of the Committee.

b) The Committee shall also elect from its members a Deputy Chair

c) In the temporary absence of the Chair or Deputy Chair another health professional shall act as chair.

d) The Chairperson shall be the authorised channel of communication of all decisions of the Committee.

7. SECRETARY TO THE COMMITTEE

a) The Credentialing Administrative Officer will act as Secretary to this Committee.
8. MEETING PROCEDURES

a) Frequency of Meetings
The Committee shall meet every three months according to a date and time schedule that will be agreed upon and renewed from time to time, such schedules to be prepared by the Secretary. The Chair may cancel a meeting if there is insufficient business to warrant holding a meeting or call an additional meeting to be held at the determination of the Chairperson.

In order to minimise delays in approving credentials and recommending scope of practice the Committee should develop a protocol to allow for a correspondence based ‘meeting’ for non-controversial applications. If any one member objects to this process then the item will be held over until the next meeting. Decisions made in this manner will need to be ratified at the next meeting.

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

c) Quorum
A quorum shall consist of 50% nominated members. In the absence of a quorum, a meeting may be held but its decisions would be subject to ratification by the succeeding full meeting of the Committee and at least one Health Professional practices in the specialty.

d) Voting
i) Each nominated member of the Committee shall have one vote.

ii) The Chairperson shall have the casting vote.

e) Minutes
i) All minutes and correspondence must be treated as confidential.

ii) Minutes of each meeting shall be recorded and distributed promptly to each member of the Committee.

iii) The respective Directors or Co-directors of Clinical Divisions shall report the recommendations to their hospital executives for endorsement.

iv) The Minutes of each meeting shall be submitted by the Chair to the following meeting of the Committee for their confirmation as to the validity of the minutes.
v) The Minutes are permanently retained on file in a secure location.

f) Conduct of Meetings
The Committee shall abide by Industrial Agreements and the Memorandum of Understanding (MOU) in respect of Defining Scope of Clinical Practice in Western Australian Government Hospitals and Health Services, as amended from time to time.

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

Section 1

**POSITION:**

<table>
<thead>
<tr>
<th>SURNAME</th>
<th>FIRST NAMES</th>
<th>Date of birth</th>
</tr>
</thead>
</table>

**OTHER FAMILY NAME**

(Please include any other family names that appear on certificates)

<table>
<thead>
<tr>
<th>Home Address</th>
<th>Suburb</th>
<th>Post code</th>
<th>Telephone number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Practice Address/ if applicable</th>
<th>Suburb</th>
<th>Post code</th>
<th>Telephone number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mobile/ after hours contact number</th>
<th>Fax number</th>
<th>Email address</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**General Information**

Details of employing/engaging health facility

Award conditions for vacant position (if applicable)

Please note that professional sanctions, disciplinary action, criminal conviction or investigation may preclude the processing of an applicant.

All undergraduate and postgraduate qualifications of International Graduates are reviewed by relevant internal or external agencies. The AHPRA review and verify applicants' undergraduate and postgraduate qualifications where applicable.

Australian and New Zealand Trained Graduates have their qualifications confirmed by AHPRA

Credentialing and Defining the Scope of Clinical Practice occur as part of the
employment / engagement process.

If you have any queries regarding your application, please contact (insert Name):

Your completed application is to be addressed to (insert Name):

---

Section 2
CURRICULUM VITAE  Attached

Please attach your curriculum vitae which must be current and should include a comprehensive list of your appointments and scope of clinical practice held at other health care facilities (including location, nature and duration).

Section 3
JOB DESCRIPTION – essential criteria  Attached

Please attach statement addressing essential criteria included in the JOB DESCRIPTION (if applicable).

Section 4
REGISTRATION/ PROFESSIONAL RECOGNITION

Supply evidence you are registered with the AHPRA under the Health Practitioner Regulation National Law Act (WA) 2010 and whether there would be any conditions attached to the registration which would limit your ability to fulfil the requirements of the position.

Prescriber number (if applicable):

Section 5
Are you an Australian Citizen?  Yes  No
If No, please supply details about residential status, including documentation:

Section 6
TWO PROFESSIONAL NOMINEES

Please note that written confidential referee reports will be obtained and verbal reference checks may also be undertaken.

1. Name, Address, Telephone and Email

2. Name, Address, Telephone and Email

Section 7

Please confirm (tick) you have the following clearances: (copy required if successful applicant)

Screening is a mandatory requirement for engagement/employment

Criminal Records Screening (copy required)

Yes ☐ Number and expiry date………………..

No ☐

Mandatory Reporting of Child Sexual Abuse Training (copy of evidence required)

Yes ☐ No ☐

N/A

Working with Children (if necessary - copy required)

Yes ☐ Number and expiry date……………….

No ☐

N/A

Aged Care Certificate (if necessary - copy required)

Yes ☐ Number and expiry date………………

No ☐

N/A

Section 8

I declare that I have no prior or current disciplinary orders, professional sanctions, criminal convictions, misconduct or suspicion of misconduct or any matters reportable under the Health Practitioners Act 2010 or by the relevant professional organisation.

Signed:……………………………

Date: ………………………………

Superseded by: MP 0084/18
10 May 2018
Or, if you do have prior or current disciplinary orders, professional sanctions, criminal convictions, misconduct or suspicion of misconduct or any matters reportable under the *Health Practitioner Regulation National Law (WA) Act 2010*

Please Give Details:

Signed:……………………………

Date:……………………………….

---

**Section 10**

**SIGNED CONSENT AUTHORISATION to facilitate Appointment, Credentialing and Scope of Practice processes, and DECLARATIONS:**

1. I authorise the Credentialing Committee to obtain details about my past performance, which may include information on the following: evidence of participation in clinical governance activities, undertaking continuing professional education, participation in teaching and research, other evidence deemed appropriate by the health care facility to demonstrate the provision of clinical care.

2. I authorise the health care facility to obtain relevant information from a professional registration organisation or professional body that relates to any conditions placed on practice and the nature of any unresolved complaints.

I confirm and I understand that all appointment documents will be kept in my personnel file and any further information gathered as part of the credentialing and scope of clinical practice process will also be retained on file.

I declare:

- I have no physical or mental condition or substance abuse problem that could affect my ability to perform the scope of clinical practice sought.
- All information provided is accurate at the time of application.

SIGNED………………………………………..

DATE…………………………………………..
## CREDENTIALING APPLICATION SECTION

### Section 1
**SPECIALITY**

<table>
<thead>
<tr>
<th><strong>Details of scope of practice sought by applicant in relation to the job description</strong></th>
<th><strong>Identify procedures outside of the job description</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><em>(If applicable, please complete attached Scope of Clinical Practice form)</em></td>
<td></td>
</tr>
</tbody>
</table>

### Section 3
**Proposed Location(s) of Practice**

<table>
<thead>
<tr>
<th><strong>Tick where applicable</strong></th>
<th><strong>Provider Number (if applicable)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><em>(Health Service to fill in appropriate Health Facility)</em></td>
<td></td>
</tr>
</tbody>
</table>

### Section 4
Please attach evidence of accreditation or endorsement with AHPRA, colleges and relevant training organisations for the provision of specific clinical services, procedures or other interventions:

### Section 5
**Evidence of the type and scope of current Professional Indemnity Insurance (PII)**

- [ ] Yes
- [ ] No
Section 6
Evidence of participation in Continuing Professional Development (CPD)

I declare all information provided is accurate at the time of application.

Signed: __________________________________________

Date:  __________________________________________

(To be completed by Employer)
The Credentialing Committee is responsible for reviewing the clinical services being requested with regard to the role delineation, needs and capability of the health facility and the degree of available supervision at the health service where scope of clinical practice is being requested.

POSITION TITLE AND FTE | INDUSTRIAL AGREEMENT AND LEVEL (if applicable):
--- | ---

Confirmation by Credentialing Committee member sighting:

1. Current curriculum vitae, including comprehensive list of applicant’s appointments and scope of clinical practice held at other health care facilities (including location, nature and duration).

2. Documentation in relation to the Job Description:
   - Statement addressing essential criteria
   - Evidence that the applicant is registered with the AHPRA and whether there would be any conditions attached to the registration which would limit the applicant’s ability to fulfil the requirements of the position
   - Details about residential status, including documentation (if required)
3. Review of the report from the Selection Panel on the considered opinion of at least two professional referees who are able to advise on the practitioner’s clinical skills, competency and suitability for the scope of clinical practice being sought. Confirmation that the referees’ opinions have been obtained directly from the referees, not via the applicant.


5. A statement regarding prior or current disciplinary orders, professional sanctions, criminal convictions, or any other matter reportable under the Health Practitioner Regulation National Law (WA) Act 2010.

6. A signed consent authorisation for the Health Facility to obtain details about the applicant’s past performance, which may include information on the following:
   - Evidence of participation in clinical governance activities
   - Undertaking continuing professional development
   - Participation in teaching and research
   - Other evidence deemed appropriate by the health care facility to demonstrate the provision of clinical care.
   A signed authorisation permitting the health care facility to obtain relevant information from a professional registration organisation that relates to any conditions placed on practice and the nature of any unresolved complaints.
   A signed consent authorisation to confirm applicant understands that all appointment documents will be kept in personnel files and any further information gathered as part of the credentialing and scope of clinical practice process will also be retained.

7. Declaration from applicant that he/she has no physical or mental condition or substance abuse problem that could affect his/her ability to perform the scope of clinical practice sought.

8. Declaration from applicant confirming that all information provided is accurate at the time of application.

**RECOMMENDATION**

The Credentialing Committee to specify in its recommendation to the Appointing Officer:

- The scope of clinical practice
- Any conditions
• Specify duration – whether temporary, probationary, conditional or standard
• Reasons for denying or limiting the duration or scope of clinical practice

Where the scope of clinical practice is to be changed or varied in a manner that is likely to be detrimental to the health professional, the health professional must be provided with an opportunity to respond prior to the final recommendation being made to the Appointing Officer and be made aware of his/her appeal rights.

APPROVED BY CREDENTIALING COMMITTEE

CHAIRPERSON: _________________________________
DATE: ______________________________________
98 Endorsement for approved area of practice

(1) A National Board established for a health profession may, in accordance with an approval given by the Ministerial Council under section 15, endorse the registration of a registered health practitioner registered by the Board as being qualified to practise in an approved area of practice for the health profession if the practitioner—

(a) holds either of the following qualifications relevant to the endorsement—

(i) an approved qualification;

(ii) another qualification that, in the Board’s opinion, is substantially equivalent to, or based on similar competencies to, an approved qualification; and

(b) complies with an approved registration standard relevant to the endorsement.

(2) An endorsement under subsection (1) must state—

a) the approved area of practice to which the endorsement relates; and

b) any conditions applicable to the practice by the registered health practitioner in the approved area of practice.