

The Policy for Credentialling and Defining the Scope of Clinical Practice for Medical Practitioners (2nd Edition)





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Foreword

The health care environment both in Australia and internationally is becoming increasingly complex. This is particularly evident in the expanding range of procedures and treatments available and the staffing and workforce arrangements required to undertake this type of health care. There is also increasing pressure for hospitals and individual clinicians to be more accountable about decisions affecting their patients.

The Western Australian Department of Health (WA Health) recognises these pressures and has identified the achievement of a 'Healthy Workforce' as one of the six key strategic policy directions of the WA Health *Strategic Intent 2005–2010* aimed at delivering a *Healthy WA*.

It is important that in health's dynamic environment and in the attainment of a healthy workforce, patient safety and quality is continually promoted and not compromised. WA Health works towards this by implementing initiatives designed to reduce adverse events and improve accountability.

The *Policy for Credentialling and Defining the Scope of Clinical Practice for Medical Practitioners* (the Credentialling Policy) was originally developed in 2007 as a tool to ensure that WA Health employs appropriately skilled and qualified medical practitioners, and that these practitioners undertake procedures in line with their skills, qualifications and the needs of the local community. The revised and updated 2008 edition of the Credentialling Policy is intended to apply to all medical practitioners working in positions of independent medical practice in the Western Australian (WA) public health system.

The Credentialling Policy is also one of the tools developed to assist health services in the implementation of the *WA Clinical Governance Framework*. The WA Clinical Governance Framework consists of four pillars: Consumer Value, Clinical Performance and Evaluation, Clinical Risk and Professional Development and Management. The Credentialling Policy is a key element of Pillar 4 of the *WA Clinical Governance Framework – Professional Development and Management*.

By continuing to strive to achieve the WA Health *Strategic Intent 2005–2010* and to implement the *WA Clinical Governance Framework*, the WA community can be assured of the quality of their clinical workforce and thus the provision of safe, quality health care.



Dr Peter Flett
DIRECTOR GENERAL



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1 Background

The Australian health care system has a long tradition of credentialling and defining the scope of clinical practice for medical practitioners.¹ However, the health system is facing increasing pressure to be more accountable and to ensure health professionals have the necessary skills, knowledge and experience to deliver safe, high quality health care.

In July 2002 the Australian Council for Safety and Quality in Health Care (Australian Council) released the *National Guidelines for Credentials and Clinical Privileges*.² The Guidelines provided a framework for the development of local processes for credentialling and defining the scope of clinical practice.

In 2003, the Western Australian Department of Health (WA Health) released *Credentialling: An Introduction*.³ The document provided a synopsis of the rationale for credentialling and defining the scope of clinical practice. The document also highlighted the potential for credentialling of medical practitioners to protect the needs and interests of patients, medical practitioners and health care facilities by safeguarding against poor performance, poor clinical governance and systems failure.

In 2004 the Australian Council released a *National Standard for Credentialling and Defining the Scope of Clinical Practice*.¹ The Standard provides a structured approach to credentialling and defining the scope of clinical practice and aims to assist health services and health professionals comply with recognised best practice.

In February 2007 the Office of Safety and Quality in Healthcare (OSQH) released the 'WA Policy for Credentialling and Defining the Scope of Clinical Practice for Medical Practitioners' (the Credentialling Policy). Concurrently, a performance indicator for Credentialling (Safety and Quality Indicator 5) was included in the WA Health *Operational Plan 2006-07*.⁴

During 2007 WA Health's Corporate Governance Branch reviewed medical credentialling across WA Health and identified inconsistencies in the interpretation and application of the Credentialling Policy and associated performance indicators between Area Health Services across the WA public health system. Consultations undertaken by the OSQH revealed a high level of support from key stakeholders for the Credentialling Policy to be amended in line with the findings and recommendations of the Corporate Governance review.

This revised and updated policy builds on the feedback provided by the Corporate Governance Branch and clinical stakeholders from across the WA public health system and restates the standards and requirements for credentialling and defining the scope of clinical practice that will apply to all Hospitals/Health Services and medical practitioners working in the WA public health system.

By verifying credentials and defining the scope of clinical practice for medical practitioners working in WA public Hospitals/Health Services, we aim to protect:

- patients, by ensuring that medical services and treatments are provided by competent medical practitioners
- medical practitioners, by ensuring they are asked to take responsibility only for services and treatments for which they are skilled and experienced to perform
- health care facilities, the government and the WA community from unnecessary human cost and financial losses.

2 Introduction

2.1 Purpose

The Credentialling Policy provides overarching guidance to Area/Statewide Health Service Executives, administrative staff and medical practitioners about the process and their rights and responsibilities regarding credentialling and defining the scope of clinical practice when practising in WA public Hospitals/Health Services.

The Credentialling Policy does **not** seek to:

- limit appropriate professional initiatives designed to improve standards of practice
- restrict innovation in introducing new clinical procedures or interventions
- restrict actions that need to be taken in an emergency situation
- control the clinical decisions of a medical practitioner with respect to admissions, treatment, transfer or discharge of a patient
- allow medical practitioners to work in isolation without appropriate supervision and support systems
- impose the delivery of health care on a medical practitioner where the facilities, supervision and support are inadequate or unavailable.

2.2 Scope of the credentialling policy

The Credentialling Policy applies to all medical practitioners^a who are practising as independent medical practitioners in WA public Hospitals/Health Services, including:

- Consultants/Specialists
- Health Service Medical Practitioners
- Senior Medical Practitioners
- Clinical Academics
- Senior Registrars/Fellows who have conditional registration with the Medical Board of WA and have been assessed by a Consultant(s) and a Credentialling Committee to be competent to perform operations/procedures unsupervised^b
- Vocational Registered General Practitioners who are seeking admitting rights to a public health facility (e.g. Visiting Medical Practitioners)
- Unsupervised Overseas Trained Doctors, unsupervised International Medical Graduates (IMGs), and unsupervised Overseas Trained Specialists (OTS)

Notes:

- a This policy applies equally to medical practitioners credentialled under WA Hospital/Area Health Service Policies, prior to March 2007 and Medical practitioners credentialled after March 2007 under the Department of Health's *WA Policy for Credentialling and Defining the Scope of Clinical Practice for Medical Practitioners*.
- b This policy recognises that a number of Senior Registrars, Fellows and Resident Medical Officers provide care in WA Hospitals/Health Services which may be partly independent or unsupervised by a Consultant/Specialist or Senior Medical Practitioner. In such circumstances, it is a requirement that Area/Statewide Health Services ensure that the transition of these Senior Registrars, Fellows and Resident Medical Officers from supervised training programs to either permanent or temporary positions of independent practice is carefully managed.

- Medical Practitioners with a right of private practice in a public hospital
- Medical Practitioners who are undergoing a supervised clinical assessment prior to a decision being made about their suitability to undertake procedural work in rural Hospitals/ Health Services
- Medical Practitioners providing telehealth services on behalf of an Area/Statewide Health Service
- Private Medical Practitioners providing care to residents of publicly operated residential care facilities, nursing homes or Multi-Purpose Sites^c
- 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.

2.2.1 Medical practitioners who are excluded from the scope of the credentialling policy

The Credentialling Policy excludes the following medical practitioners:

- Interns (PGY1s) under supervision in a WA hospital
- Resident Medical Officers (PGY2, PGY3) and Registrars (PGY3+ - service or in training) enrolled in a recognised hospital-based training program under supervision in a WA hospital
- Senior Registrars and Fellows fully or conditionally registered with an Australian Medical Board and enrolled in a recognised advanced training program that is supervised by an Australian Medical College that is a member of the Committee of Presidents of Medical Colleges (CPMC)
- Medical Practitioners undertaking research – if the research involves no patient contact or responsibilities
- Medical Practitioners employed as Directors of Medical Services or Executive Directors of a WA Hospital/Health Service – where that position does not contain any requirement for clinical services
- Trainee Medical Administrators enrolled in a recognised hospital-based training program under supervision in a WA Hospital/Health Service
- Trainee Psychiatrists enrolled in a recognised hospital-based training program under supervision in a WA Hospital/Health Service
- Trainee Public Health Physicians enrolled in a recognised hospital-based training program under supervision in a WA Area Health Service.

Note:

- c Area Health Services that operate Multi-Purpose Sites, aged care facilities or residential care facilities must ensure that credentialling of medical practitioners who provide services in these facilities is carried out to at least the minimum standard required for facility accreditation, namely verification of registration, indemnity insurance and confirmation of identity. The scope of clinical practice should be consistent with the normal primary care role provided by the medical practitioner.



2.3 Principles of the credentialling policy

Credentialling and defining the scope of clinical practice:

- are **tools of clinical governance** aimed at maintaining and improving the safety and quality of health care services
- are **employer responsibilities** completed prior to appointment and continuing through the term of employment/engagement
- **complement professional registration requirements and professional standards** set by specialist medical colleges, associations and societies
- are **completed for all medical practitioners**
- are **profession-specific** processes
- are **organisation-specific** processes undertaken in the context of the needs and capabilities of the particular health care facility
- are to be **equitable, transparent, and free from bias, patronage or discrimination** with respect to a person's race, sex, disability, marital status, religion, family responsibilities or other factors unrelated to job performance.⁵

2.4 Outcomes

Implementation of the Credentialling Policy will contribute to the achievement of a Healthy WA by providing a framework for the employment of a Healthy Workforce.⁶ Implementation of the Credentialling Policy will also ensure that:

- All WA Area/Statewide Health Services and Hospitals/Health Services establish processes for credentialling and defining/awarding the scope of clinical practice for medical practitioners
- All medical practitioners who are practising as independent medical practitioners are credentialled and have a defined scope of clinical practice prior to appointment to a WA public Hospital/Health Service.

2.5 Relationship to industrial agreements between the Minister for Health and the Australian Medical Association (WA)

A *Memorandum of Understanding* (MOU) between the Minister for Health and the Australian Medical Association Western Australia (AMA WA) builds on agreements with the AMA WA since 1987, with the current MOU having been in place since 2005.⁷ The Credentialling Policy seeks to complement the *Memorandum of Understanding* (MOU) between the Minister for Health and the AMA WA, rather than override it.

The Minister for Health and AMA WA ratified a new Industrial Agreement in February 2008.^{8,9,10,11,12} In these Industrial Agreements it was agreed that *'the Employer and the Association shall review and endeavour to jointly develop agreed credentialling, peer review, clinical audit, performance management and quality assurance processes. In the absence of such agreement the health service policies applicable at the time shall apply.'*

For those medical practitioners employed or engaged by a WA Hospital/Health Service covered by the MOU, this Credentialling Policy should be read in conjunction with the MOU and is intended to be consistent with it. An extract from the MOU pertaining to Credentialling of Medical Practitioners is provided at Appendix 2.

3 Credentialling and defining the scope of clinical practice: Overview

There are three distinct steps in credentialling and defining the scope of clinical practice for medical practitioners.

Initial credentialling

1. Verification of Credentials: Initial review and verification of a medical practitioner's qualifications, skills, experience and competencies. (Credentialling – see Sections 3.1.1 and 3.1.2 on page 6).
2. Defining the Scope of Clinical Practice: Delineation of the scope of clinical practice for a medical practitioner within a specific health care facility. (Defining the Scope of Clinical Practice, also known as Delineation of Clinical Privileges - see Section 3.2 on page 7).

Re-credentialling

3. Formal review of credentials and the scope of clinical practice to confirm the medical practitioner has maintained or improved his/her qualifications, skills and competencies and that the particular health care facility still requires and is able to support the defined scope of clinical practice. (Re-credentialling - see Section 3.3 on page 12).

Steps 1 and 2 are completed prior to appointment/engagement and are referred to as initial credentialling. Step 3 is completed on a regular and ongoing basis (usually every 3 to 5 years) and is commonly referred to as re-credentialling or on-going credentialling. See Appendix 3 for further information.

3.1 Initial credentialling

Area/Statewide Health Services and the Medical Board of WA have a responsibility to ensure that only suitably qualified and registered medical practitioners are practicing in WA Hospitals/Health Services.

There are different procedures in place for the review and verification of a medical practitioner's qualifications, skills, experience and competencies, depending on whether the medical practitioner is a graduate of a recognised Australian/New Zealand Medical School or is an International Medical Graduate (IMG).



3.1.1 Verification of credentials of Australian/New Zealand Medical Graduates

Figure 1 (page 15) summarises the employment/engagement process and the initial credentialling process for Australian and New Zealand trained medical practitioners.

A medical practitioner whose primary medical degree was obtained from an accredited Australian or New Zealand Medical School or who has gained the Australian Medical Council (AMC) certificate (plus supervised clinical practice) is eligible to apply to the Medical Board of WA for General (Unconditional) Registration to practice in a WA Hospital/Health Service.

Medical practitioners seeking 'Conditional Registration' with the Medical Board of WA are required to liaise with an employing/sponsoring Hospital/Health Service. The Hospital/Health Service will then make the initial application for registration to the Medical Board of WA on behalf of the medical practitioner.

Once the Medical Board of WA has granted initial registration approval, the medical practitioner is required to make an appointment and personally present him/herself to the Medical Board of WA with the appropriate documentation for formal registration to practise in WA. Further information is available from:

- WA Health (www.overseasdoctors.health.wa.gov.au/registration/achieve.cfm)
- Medical Board of WA (www.wa.medicalboard.com.au/).

3.1.2 Verification of credentials of International Medical Graduates

Figure 2 (page 16) summarises the employment/engagement process and the initial credentialling process for International Medical Graduates (IMGs).

The Medical Board of WA is required under legislation to ensure that only suitably qualified medical practitioners are registered to practice in WA Hospitals/Health Services. The Medical Board of WA, the AMC and other State/Territory Medical Boards have developed a national protocol¹³ for verifying the qualifications of IMGs. The AMC administers this process irrespective of whether the applicant is a candidate for AMC examinations.

The AMC has an agreement with the United States (US) Educational Commission for Foreign Medical Graduates (ECFMG) International Credentials Services (EICS) who verify all medical qualifications and documentation presented by an IMG with the issuing authority (i.e. primary source). This agreement allows for relevant information to be shared of between the AMC, the US ECFMG and State/Territory Medical Boards.

International Medical Graduates are able to make the verification application either directly to the US ECFMG or to the AMC who will electronically contact the EICS of the US ECFMG to commence the verification process. Applicants who apply directly to the US ECFMG will be advised by the Medical Board of WA of the verification of their qualifications on receipt of the EICS report. Applicants who lodge applications for verification through the AMC will be notified by the AMC, who will also notify the Medical Board of WA. The US ECFMG will advise the Medical Board of WA at any time that an applicant has withdrawn from the verification process.¹⁴

The Medical Board of WA will notify all necessary parties (such as the employer, the sponsor, other State/Territory Medical Boards and the State or Territory Police Service) should a qualification presented by a registrant be verified by the US ECFMG as fraudulent or where the registrant has withdrawn their EICS application. The registration in such cases may be suspended by the Medical Board of WA and the matter investigated.¹⁴ Further information is available from:

- Medical Board of WA (www.wa.medicalboard.com.au)
- Australian Medical Council (www.amc.org.au/index.php/international-medical-graduates-mainmenu-207/verification-mainmenu-178)

3.1.3 Existing medical practitioners

For existing medical practitioners, initial credentialling is to occur as part of a planned strategy to ensure all medical practitioners are credentialled and have a defined scope of clinical practice. The Hospital/Health Service Credentialling Committee is to determine the type and level of information needed for initial credentialling of existing medical practitioners.

If the Hospital/Health Service Credentialling Committee has any uncertainty about the credentials or scope of clinical practice of an existing medical practitioner, it shall raise the matter with the medical practitioner concerned and provide him/her an opportunity to respond. If the Credentialling Committee remains in doubt after the additional information has been provided, it shall recommend an appropriately reduced scope of clinical practice and refer the matter to the relevant Director of Medical/Clinical Services for immediate action. This may involve additional training or further experience under supervision. The medical practitioner shall be made aware of his/her appeal right (refer to MOU if this applies to a particular health care facility).

3.2 Defining the scope of clinical practice

Specific criteria for defining the scope of clinical practice must be developed by the Credentialling Committee to ensure consistency and equity in decision-making. The National Standard suggests the following approaches for defining the scope of clinical practice:¹

- Checklist: an exhaustive checklist of possible clinical services, procedures or other interventions that may be requested
- Categorisation: well-defined categories or levels of scope of clinical practice that can be used by each applicant
- Descriptive: the applicant describes the requested scope of clinical practice, in narrative format
- A combination of the above.

Defining the scope of clinical practice involves the following steps:

- Step 1: Review the scope of clinical practice required by the particular health service and requested by the applicant, using one of the above approaches
- Step 2: Determine the issues to be considered in making a recommendation (See Appendix 4 for a list of potential issues to be considered)
- Step 3: Recommend the scope of clinical practice for the applicant.

If the Credentialling Committee remains in doubt about the competence of the medical practitioner to perform a particular treatment, procedure or intervention, the Committee may:

- request a specific evaluation of the medical practitioner's performance by an external or internal peer
- require the medical practitioner to keep a log book
- place restrictions on the time period or scope of practice granted and/or
- require the medical practitioner to be supervised or to attend further training.

There is no obligation to grant the scope of clinical practice originally requested. However, where the scope of clinical practice is to be changed or varied in a manner that is likely to be detrimental to the medical practitioner, the medical practitioner must be provided with an opportunity to respond prior to a final recommendation being made to the Appointing Officer and be made aware of his/her appeal rights (refer to the MOU if this applies to a particular health care facility).

3.2.1 Duration of scope of clinical practice

The scope of clinical practice shall be defined for a period commensurate with the term of the medical practitioner's employment/engagement, or if ongoing, every three years, but in no circumstances more than five years.

3.2.2 New appointments

Newly employed/engaged medical practitioners shall have a six-month probationary period attached to their scope of clinical practice. At the end of the probationary period the health care facility shall evaluate the performance of each medical practitioner and provide a report to the Credentialling Committee. The Credentialling Committee will advise each medical practitioner at the conclusion of the probationary period and confirm his/her ongoing scope of clinical practice, or if necessary introduce a performance management process. This process should not be onerous.

3.2.3 Urgent appointments (Temporary)

Where a medical practitioner is required at short notice (including locums/short-term relief), the Director of Medical/Clinical Services (or equivalent) can define a temporary scope of clinical practice. This process will involve at a minimum:

- verification of the individual's identification
- verification of professional registration and whether there are any conditions attached to the individual's registration which would limit his/her ability to fulfil the requirements of the position
- review of employment history
- criminal record check¹⁵ and working with children check¹⁶ (where appropriate)
- at least one referee report, preferably from the medical practitioner's most recent employer, or equivalent.

A temporary scope of clinical practice may be awarded for a period of up to 90 days. The Credentialling Committee must review the application and ratify this decision at its next meeting, or within a period of three months of appointment/engagement, and a formal recommendation provided to the Appointing Officer for approval. The medical practitioner shall be advised in writing of the final decision.

At no time, other than as provided under Section 3.2.6(b) (see page 10), is the medical practitioner (even when required on short notice) to admit or treat patients without having a defined scope of clinical practice. Medical practitioners with a temporary scope of clinical practice are not to be appointed to the positions of Head of Department or Divisional Director.

3.2.4 Interim scope of clinical practice

Area/Statewide Health Service Chief Executive Officers and Hospital/Health Service Executive Directors (or equivalent) can delegate the decision regarding interim scope of clinical practice arrangements to the Director of Medical Services (or equivalent).

The Director of Medical Services/Chair of the Credentialling Committee can recommend (or approve if so delegated) that an interim scope of clinical practice be approved in the following circumstances:

- short-term appointees, such as locums, without recourse to the full Committee
- cross-hospital appointments
- an applicant pending a meeting of the full Committee where approval must be ratified (this must occur within 90 days).

Use of this clause will always involve consultation by the decision-maker with the relevant clinical director for that specialty or practice area.^d

As a minimum, before recommending approval of interim scope of clinical practice to the Appointing Officer (be it the Hospital/Health Service Executive Director or their delegate), the Director of Medical Services/Chair must be satisfied that:

- the applicant's identity has been verified, through inspection of relevant documents (for example, a drivers licence with photograph, passport, official WA Health identification card)
- the applicant has current registration in the appropriate category with the Medical Board of WA
- the scope of clinical practice is consistent with any conditions or undertakings on registration
- a thorough review of lifetime health care related employment history (obtainable from a curriculum vitae) contains no unexplained gaps in employment
- the applicant holds the qualifications mandatory to the appointment (for example specialist fellowship). Registration can be accepted as providing evidence of this
- at least one professional reference check, which may be verbal, but must be documented by the officer who receives the reference

Note:

^d Unless the clinical director is the applicant under consideration then a relevant peer should be consulted.

- a further reference check was obtained from the most recent place of employment if the professional reference check was not from the most recent place of employment (or, in the case of locums, the most recent locum posting).

An interim scope of clinical practice determination in these circumstances must not exceed 90 days and is non-renewable except with the express written approval of the Area/Statewide Health Service Chief Executive or delegate.

Each approval of an interim scope of clinical practice must be reviewed by the Credentialling Committee and documented in the minutes of the next available Committee meeting.

3.2.5 Urgent scope of clinical practice

The Director of Medical Services (DMS) or their nominee (e.g. the person taking 'DMS On-Call') can approve a temporary (less than 24 hours) scope of clinical practice in an urgent situation where there is a visiting medical practitioner who has existing, relevant scope of clinical practice at another health facility and the senior medical executive of the endorsing facility confirms/provides evidence of that scope.^e

Use of this clause will only occur via the Hospital/Health Service Executive Director's delegation to the Director of Medical Services and will always involve confirmation of the credentials of the medical practitioner and consultation with the relevant medical/clinical director or a relevant peer for that specialty or practice area.^f

A temporary scope of clinical practice determination in the above circumstances will not exceed 24 hours and may not be extended. This temporary scope of clinical practice determination can be made verbally and must in every case, be subsequently confirmed in writing and documented in the minutes at the next available Committee meeting.

3.2.6 Scope of clinical practice in a disaster, emergency situation or for clinical academic appointments

(a). Disaster

Medical practitioners engaged by WA Health as a result of a disaster will be provided with a temporary scope of clinical practice at the request of the Director General or his authorised delegate.¹⁷

(b). Emergency situation

A medical practitioner in an emergency situation, and if no other privileged medical practitioner is available, is entitled to perform whatever acts or procedures are deemed necessary to preserve the health and life of a patient.

Area/Statewide Health Services need to articulate in their policies and procedures how emergency acts or procedures are to be documented and reported to the Director of Medical/Clinical Services.

Notes:

e It is assumed that photo identification is checked to confirm the identity of the medical practitioner.

f Unless the clinical director is the applicant under consideration then a relevant peer should be consulted.

(c). Clinical academic appointments

Clinical academics are medical practitioners employed by a university, as a professor, associate professor, senior lecturer or lecturer in the Faculty of Medicine (or equivalent), who provide medical services to patients within a WA Hospital/Health Service.¹¹ All clinical academic appointments must be credentialled and have a defined scope of clinical practice from the Hospital/Health Service's Credentialling Committee.

(d). New clinical procedures, technologies and treatments

Area/Statewide Health Services must ensure that each Hospital/Health Service has policies and processes that define the requirements for introducing new clinical services, procedures or other interventions. The National Credentialling Standard¹ outlines a number of factors the Hospital/Health Service should consider in developing its policy and processes. The requirements and procedures for the introduction of new high-cost technologies and procedures are detailed in the *Policy for the Introduction of High-Cost New Health Technologies*.¹⁸

As new procedures and treatment modalities are developed or introduced to a Hospital/Health Service, medical practitioners need to have their scope of clinical practice amended to provide these interventions. Factors that the Credentialling Committee needs to consider in making a decision include:

- that the new clinical service, procedure or intervention is approved according to the particular health care facility's policy
- the minimum credentials required to enable the Committee to make an informed decision
- that the medical practitioner has adequate insurance coverage for the new clinical service, procedure or intervention
- that the particular health care facility has the necessary resources to support the safe provision of the new clinical service, procedure or intervention.

Probation periods can be recommended with the introduction of new technologies, procedures and treatments that are currently outside the agreed scope of clinical practice. Before granting the new scope of clinical practice, the Credentialling Committee must define the purpose and timelines of any probationary period, any training or supervisory requirements and the method of evaluation to be undertaken by the Hospital/Health Service.

3.2.7 Transportability of a defined scope of clinical practice

The scope of clinical practice granted to a medical practitioner is generally health care facility specific. Information concerning a medical practitioner's scope of clinical practice can be shared with other WA Hospitals/Health Services with the prior approval of the medical practitioner concerned.

3.2.8 Mutual recognition of scope of clinical practice

This Credentialling Policy recognises that a number of medical practitioners are employed on a sessional basis at one or more WA Hospitals/Health Services or are rostered on inter-hospital rosters which require them to cover all hospitals in an Area/Statewide Health Service or Health Service Region (generally after hours).

Where the role delineation of one or more WA Hospitals/Health Services are the same under the *WA Clinical Services Framework*¹⁹ and a medical practitioner has the scope of clinical practice defined for one Hospital/Health Service, then the Credentialling Committee with jurisdiction over the second Hospital/Health Service may accept that the scope of clinical practice of the first Hospital/Health Service applies to the second Hospital/Health Service, without the medical practitioner having to apply for a separate scope of clinical practice.

Where a Credentialling Committee utilises the above mutual recognition process to issue a medical practitioner with his/her scope of clinical practice, it must inform the Area/Statewide Health Service Chief Executive Officer and Hospital/Health Service Executive Director that it has done so, as part of its recommendations to the Appointing Officer. The date of expiry and/or review of the medical practitioner's scope of clinical practice must be the same as the expiry/review date that has been set by the Credentialling Committee at the first Hospital/Health Service.

3.3 Re-credentialling

3.3.1 Planned re-credentialling

Planned re-credentialling must occur as part of an Area/Statewide Health Service and Hospital/Health Service's strategy to ensure medical practitioners' credentials remain current and relevant and that the medical practitioner remains competent to provide the defined scope of clinical practice.

A medical practitioner's credentials should only be renewed for a period commensurate with the term of his/her employment/engagement, or if ongoing, every three years, but in no circumstances more than five years.

Appendix 5 contains a checklist of documentation/evidence that should be reviewed by Area/Statewide Health Service and Hospital/Health Service Credentialling Committees prior to making a recommendation on renewal of a medical practitioner's credentials and/or ongoing scope of clinical practice.

There is no obligation on the particular Area/Statewide Health Service or Hospital/Health Services to maintain the credentials previously granted. However, where the credentials are changed in a manner that is likely to be detrimental to the medical practitioner, the medical practitioner must be provided with an opportunity to respond prior to a final recommendation being made to the Appointing Officer. The medical practitioner shall be made aware of his/her appeal rights (refer to MOU if this applies to a particular health care facility).

A medical practitioner practising in the local community and who is aggrieved by a determination of the Credentialling Committee with respect to his or her application for re-credentialling, or following a review of his/her credentials, may appeal to the Area/Statewide Health Service's Medical Appeals Panel within 7 days of receiving a notice of the Credentialling Committee's determination.

Re-credentialling, or redefining the scope of clinical practice, is not a mechanism for dealing with disciplinary or other administrative matters. Such matters are to be dealt with in accordance with Memorandum of Understanding⁷ or Industrial Agreements and/or local policy and procedures for disciplinary matters.

3.3.2 Unplanned re-credentialling

Area/Statewide Health Service and Hospital/Health Services have a duty of care to patients and must be able to review medical practitioners' credentials and their defined scope of clinical practice when required. An unplanned review of a medical practitioner's credentials and scope of clinical practice must occur when:

- a new technology or procedure is introduced outside of the existing scope of clinical practice
- the medical practitioner is introducing an established technique or clinical intervention into the particular health care facility for the first time
- the medical practitioner acquires or demonstrates enhanced skills
- the performance review indicates the medical practitioner's potential lack of competence, for example that may be suggested by higher than expected infection rates or unexpected complications among patients/clients
- the outcome of an investigation following a complaint to the Office of Health Review or the Medical Board of WA indicates a review is appropriate.

An unplanned review of a medical practitioner's credentials and/or scope of clinical practice can be undertaken at the request of the Appointing Officer, Director of Medical/Clinical Services or the medical practitioner to whom the credentials/scope of clinical practice applies.

Other staff members who have concerns about a medical practitioner's scope of clinical practice are to be referred to the Director of Medical/Clinical Services and/or the Appointing Officer.

4 Relationship between credentialling and defining the scope of clinical practice and other related processes

Initial credentialling and re-credentialling are one of many related processes undertaken by Hospitals/Health Services and professional bodies to protect patients, medical practitioners, health care facilities, Government and the community from harm. This section describes the relationship between credentialling and defining the scope of clinical practice and other related processes.

4.1 Clinical governance

Clinical governance brings together activities that promote, review, measure and monitor the quality of patient care in order for health care to improve. It is defined as "a systematic and integrated approach to assurance and review of clinical responsibility and accountability that improves quality and safety resulting in optimal patient outcomes."²⁰ *A Clinical Governance Framework for WA Health*²¹ was implemented in 2001 based on the following four key components, known as Pillars:

Pillar 1 – consumer value

Pillar 2 – clinical performance and evaluation

Pillar 3 – clinical risk

Pillar 4 – professional development and management.

Credentialling and defining the scope of clinical practice fall within Pillar Four of the *WA Clinical Governance Framework*²¹ and provides the management, staff and customers of a Hospital/Health Service with a level of confidence that the medical practitioners working in the Hospital/Health Service have adequate skills, experience and knowledge to undertake the responsibilities of their position.

4.2 Recruitment, selection, appointment and engagement

Recruitment, selection and appointment are human resource management processes focused on the employment of “the most suitable and available applicant on the basis of merit, equity and probity.”⁶ WA Health’s Recruitment, Selection and Appointment Policy²² outlines the relevant standards, policies, legislation and guidelines that govern the recruitment, selection and appointment processes across WA Health. The terms and conditions that apply to the employment of salaried medical practitioners are set out in the WA Health’s Medical Practitioners AMA Industrial Agreements.^{8,9,10,11,12}

Engagement is also a human resource management process, through which non-salaried medical practitioners are appointed through a Contract of Service to provide services for monetary remuneration for or on behalf of a particular public health care facility. Non-salaried medical practitioners practise in accordance with the conditions specified in their Contract of Service or the Medical Services Agreement^{8,9,10,11,12} and the principles and processes detailed in the MOU as applicable to the relevant health care facility.

Credentialling and defining the scope of clinical practice occurs as part of the employment/ engagement processes.

4.2.1 Employment/engagement process and the relationship with the initial credentialling practice for Australian trained medical practitioners

Figure 1 summarises the steps of the employment/engagement processes and the relationship with the initial credentialling process for Australian trained medical practitioners.

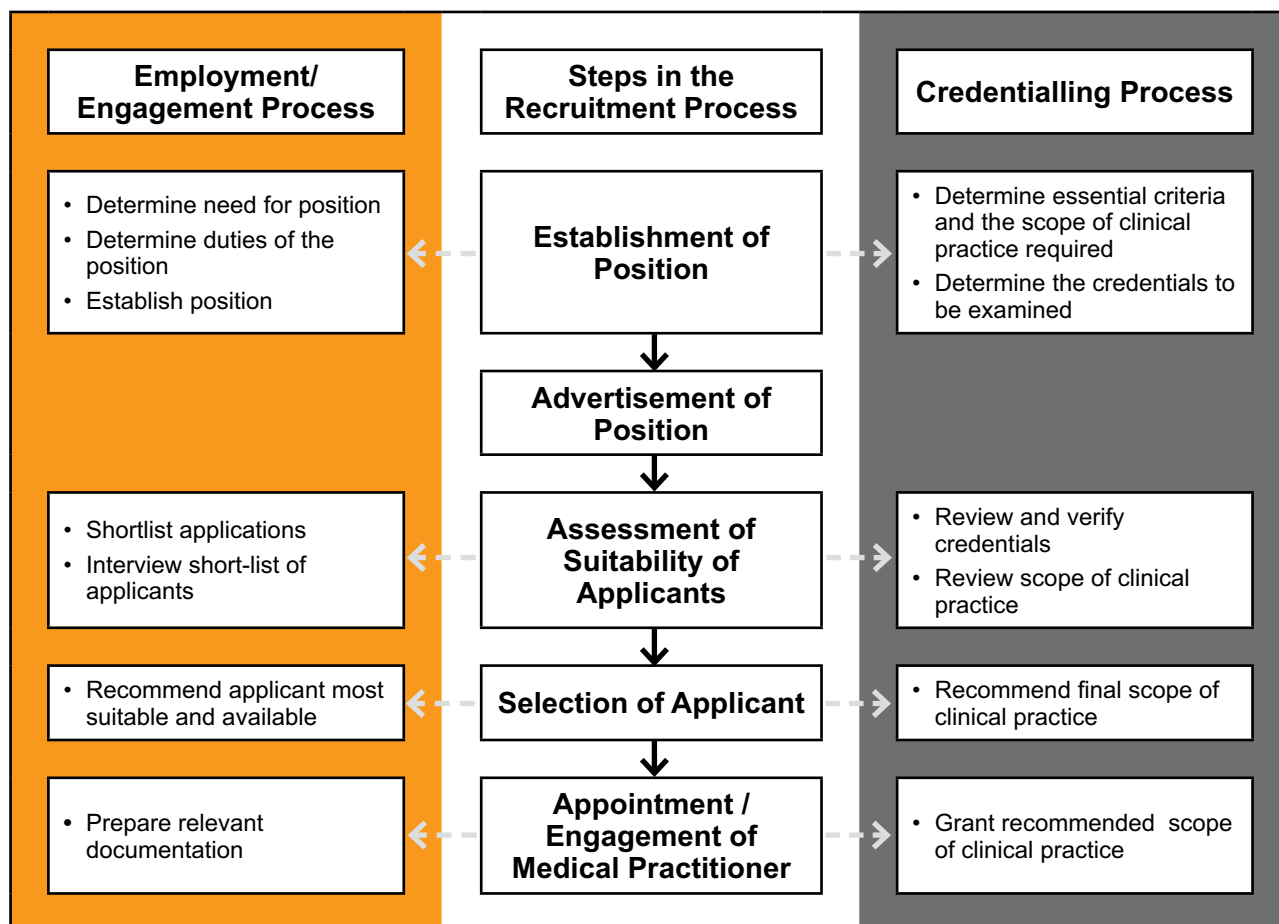


Figure 1: The steps of the employment/engagement processes and the relationship with the initial credentialling process for Australian trained medical practitioners

4.2.2 Employment/engagement process and the relationship with the initial credentialling practice for International Medical Graduates (IMGs)

Figure 2 (page 16) summarises the steps of the employment/engagement processes and the relationship with the initial credentialling process for IMGs.

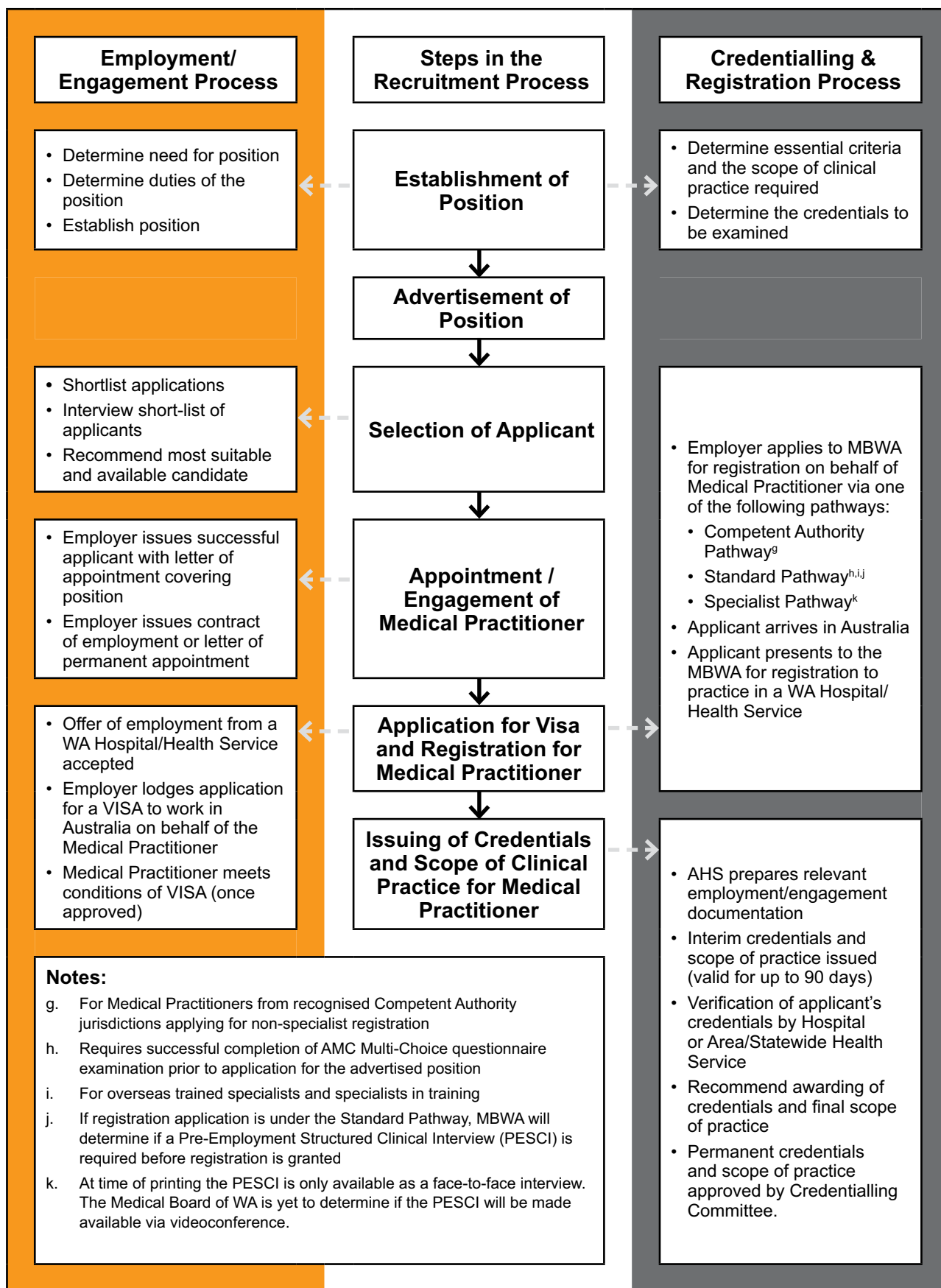


Figure 2: Employment/engagement process and the relationship with the initial credentialling process for International Medical Graduates (IMGs)

4.3 Performance review

The Office of Public Sector Standards Commission requires that performance of all public sector employees must be fairly assessed, on a routine basis, “to achieve the work-related requirements of the public sector body while paying proper regard to employee interests.”²³ The *WA Health Medical Practitioners AMA Industrial Agreements* states that medical practitioners will be subject to regular performance review and that this should be completed through a positive approach directed towards an individual’s skills and competencies.^{8,9,10,11,12}

Performance Review is a process which aims to provide a regular opportunity for two-way feedback between the employer and employee (medical practitioner) to discuss:

- job performance requirements
- past performance including clinical practice, clinical governance activities and professional development
- future opportunities including professional development opportunities, potential for increased responsibility and health care facility support to assist the medical practitioner to maintain and improve performance.

The *Terms and Conditions for Indemnity of Salaried and Non-salaried Medical Officers*^{24,25} require non-salaried medical practitioners covered by this arrangement to cooperate with the employing Hospital/Health Service and participate in clinical governance (which includes performance management), clinical quality assurance, quality improvement and risk management processes, projects or activities as reasonably required by the relevant hospital.^{24,25}

Area/Statewide Health Services should work to better integrate their credentialling procedures with existing organisational performance review processes. As such, information gathered as part of an individual’s performance review could be used by members of the Credentialling Committee to make an objective assessment and to inform decisions relating to re-credentialling of a medical practitioner.

4.4 Medical Advisory Committee (MAC)

The Medical Advisory Committee (MAC) is a committee established by a WA Hospital/Health Service to provide advice and make recommendations about matters that relate to medical practitioners. This includes policy and matters affecting patient care, medical workforce issues and quality activities, and the appointment of senior (salaried) medical practitioners.^{8,9,10,11,12}

Although the Credentialling Committee may be established as a sub-committee of the MAC, the Credentialling Committee is responsible for the credentialling of **all unsupervised** medical practitioners and not just senior (salaried) medical practitioners, as is the minimum functioning of the MAC. Where the Credentialling Committee is a sub-committee of the MAC, the MAC terms of reference should be amended to reflect the broader scope of application.



4.5 Professional registration

Professional registration is a legal process that bestows recognition of a minimum standard of training in a particular field. Registration of medical practitioners in WA is the responsibility of the Medical Board of WA in accordance with the *Medical Practitioners Act 2008*.²⁶ Medical practitioners are not permitted to practise medicine without being registered with the Medical Board of WA.

Once registered, there is no ongoing assessment of a medical practitioner's competency undertaken by the Medical Board of WA. Medical registration, therefore, is to be considered one component in a range of factors to be used in credentialling and defining the scope of clinical practice for a medical practitioner (see Section 3 and Appendix 6 for more details).

International Medical Graduates working under conditional registration must apply annually to the Medical Board of WA for continuation of their conditional registration. The Medical Board of WA requires written reports from the IMG's supervisor to support this application. Conditional registration will only be provided for five years and during this time the IMG is expected to meet either AMC or Specialist College criteria which will enable them to gain full registration.

4.6 Specialist medical college accreditation or endorsement

Specialist medical colleges have a central role in the training of medical specialists. Although the role differs slightly between specialties, most specialist medical colleges:

- have standards for the purpose of accrediting or endorsing medical practitioners to provide specific clinical services, procedures or other interventions
- have programs to monitor the maintenance of professional standards
- assess overseas-trained doctors who are seeking recognition as specialists and/or who are seeking to fill an unmet area of need position
- provide continuous medical education.

Professional accreditation or endorsement is a highly significant factor which provides evidence of a minimum standard of training in a particular speciality. It is to be considered in credentialling and defining the scope of clinical practice for a medical practitioner, together with other training, experience, professional references and any other factors deemed relevant to assist the accreditation process (refer to Section 3 on Page 5).

5 Roles and responsibilities

This section of the Credentialling Policy outlines the roles and functions of WA Health, Area/Statewide Health Services, medical practitioners and the Credentialling Committee in the initial credentialling and re-credentialling processes.

5.1 WA Health, via the Office of Safety and Quality in Healthcare and Corporate Governance Branch

The Office of Safety and Quality in Healthcare (OSQH) will work with Area/Statewide Health Services to implement this Policy in all health care facilities across the WA public health system.

The Corporate Governance Branch of WA Health will be responsible for monitoring and auditing the implementation of credentialling systems and processes across the WA public health system. The Corporate Governance Branch will undertake periodic audits to verify that credentialling processes and procedures in WA public Hospitals/Health Services comply with the Standards set out in this Credentialling Policy and to ensure that medical practitioners are credentialled and have the scope of their clinical practice defined in accordance with this Policy.

5.2 Area/Statewide Health Services

Area/Statewide Health Services have overall responsibility for service provision and implementation of this Policy at the local level.

Credentialling and defining the scope of clinical practice for medical practitioners is a core responsibility of all Area/Statewide Health Services, which may be delegated to individual Health Service Regions or Hospitals/Health Services. Each Area/Statewide Health Service including Dental Health Service, Drug and Alcohol Office or PathWest Laboratory Medicine WA, must ensure that every Hospital/Health Service within its remit has appropriate policies and processes in place for credentialling and defining the scope of clinical practice of medical practitioners.

Each Area/Statewide Health Service will:

1. Properly constitute a Credentialling Committee. The Credentialling Committee may be specific to a particular Area Health Service/Statewide Health Service or serve a number of health care facilities within an Area /Statewide Health Service. Generic Terms of Reference for a Credentialling and Scope of Clinical Practice Committee can be found at Appendix 7.
2. Appoint members to the Credentialling Committee(s). As a minimum, the Committee(s) is to consist of:
 - the Director of Medical Services/Clinical Services
 - at least three medical practitioners to reflect the mix of clinical services provided at the health care facility, appointed after consulting the relevant Medical Advisory Committee(s)
 - a nominee of a Medical/Clinical Staff Association, or the AMA (WA) nominee where the MOU applies to a health service
 - a University nominee who is a medical practitioner (for academic appointments), a nominee of the relevant specialist college and other nominees of the health care facility

- an officer involved in human resources management/administration may be co-opted to the Credentialling Committee(s)¹
 - a medical practitioner from the medical speciality of the medical practitioner under consideration may be co-opted to the Credentialling Committee(s).¹
- 3. Ensure the Appointing Officer is identified as stipulated in the Area/Statewide Health Services' Delegations Manual. The Minister for Health, in his incorporated capacity as the Board, has responsibility for the final decision regarding the appointment of a medical practitioner.²⁷ This responsibility is delegated to the Appointing Officer.
- 4. Develop and implement standard procedures for conducting the credentialling and scope of clinical practice process, including:
 - verifying a medical practitioner's registration documents and postgraduate qualifications and references, in accordance with National or State regulatory requirements
 - issuing initial credentials to new appointments (including existing employees)
 - re-credentialling medical practitioners
 - issuing temporary scope of clinical practice to medical practitioners requiring an urgent appointment to a Hospital/Health Service, in an emergency situation or following a disaster
 - issuing scope of clinical practice for medical practitioners undertaking new clinical procedures, technologies and treatments
 - undertaking an unplanned review of a medical practitioner's credentials and scope of clinical practice or suspending a medical practitioner's right to practise at a Hospital/Health Service.
- 5. Ensure that each Hospital/Health Service's policy and procedures for credentialling and defining the scope of clinical practice are readily available to medical practitioners.
- 6. Maintain comprehensive documentation that relates to credentialling and scope of clinical practice for medical practitioners.
- 7. Provide members of the Credentialling Committee with training specific to their roles and responsibilities (if required).
- 8. Establish and maintain a register and database of medical practitioners' credentials and their scope of clinical practice.
- 9. Identify and implement a process for monitoring medical practitioner compliance against the defined scope of clinical practice.
- 10. Provide an independent appeals mechanism (in accordance with the MOU if relevant) to its health care facility.
- 11. Establish a process to regularly monitor the performance of the Credentialling Committee.
- 12. Provide an annual report (or on demand) on the credentialling status of medical practitioners working in each Hospital/Health Service as part of the Area/Statewide Health Service's clinical governance system.
- 13. Develop processes for providing relevant information that relates to a medical practitioner's scope of clinical practice to patients and the community as part of effective consumer communication (if deemed appropriate).

Note:

¹ Co-opted members are not eligible to vote as a full member of a Credentialling Committee(s).

Appendix 8 provides a checklist of the responsibilities and deliverables of the Area/Statewide Health Service and provides examples of how the Area/Statewide Health Service may demonstrate compliance.

To achieve the above responsibilities, Area/Statewide Health Service Directors of Medical Services (or their equivalent) must regularly audit the credentialling and scope of clinical practice arrangements within the Area/Statewide Health Service against the standards set out in the Credentialling Policy. Periodic audits will also be undertaken by WA Health's Corporate Governance Branch as part of its program of work.

5.3 Medical practitioners

Medical practitioners are responsible for:

- providing the necessary information to the Committee to enable them to make an informed decision about the appropriateness of their credentials and their scope of clinical practice to be recommended
- participating in clinical governance activities, which may include assisting in the credentialling and defining the scope of clinical practice of other medical practitioners^{24,25}
- participating in performance review programs^{24,25}
- complying with the defined scope of clinical practice. WA Health's medical indemnity may not apply to a specific claim where it can be shown that the defined scope of clinical practice granted to a non-salaried medical practitioner was contravened,²⁴ or where a salaried medical practitioner acted in breach of his or her employment contract with respect to the medical services provided in relation to that claim.²⁵

5.4 Credentialling and scope of clinical practice committees

Credentialling and Scope of Clinical Practice Committees at an Area/Statewide Health Service level and/or Hospital/Health Service level will:

- determine the type and level of information required for initial credentialling of existing medical practitioners
- review and verify the medical practitioner's credentials
- define the scope of clinical practice with regard to the medical practitioner's credentials, the health care facility's role, needs and capability, and availability of supervision
- recommend to the Appointing Officer the appointment of a medical practitioner
- recommend to the Appointing Officer an appropriate scope of clinical practice for the medical practitioner relative to where the services are to be provided and the role delineation of the health care facility
- review the scope of clinical practice of all appointed medical practitioners at regular intervals (as per Contract of Employment/Service) or at the request of the Director of Medical/Clinical Services or the medical practitioner to whom the credentials and scope of clinical practice apply
- recommend to the Appointing Officer an appropriate scope of clinical practice, following the regular review period or requested review, relative to where the services are to be provided and the role determination of the health care facility

- notify the medical practitioner, relevant Head(s) of Department and the relevant health care facility/unit(s) of the recommendation that relates to the medical practitioner's scope of clinical practice, recognising principles of confidentiality and appeal rights
- develop and uniformly apply agreed criteria/guidelines on the verification and evaluation of credentials and defining the scope of clinical practice
- undertake an initial review of its own recommendations if so requested by the Appointing Officer or the medical practitioner to whom the credentials and scope of clinical practice apply
- develop, maintain and periodically review a database, which records essential information that relates to the medical practitioner's credentials and scope of clinical practice
- ensure the medical practitioner understands and consents to the retention of information gathered as part of the credentialling and scope of clinical practice processes
- fully document and keep confidential all Committee proceedings unless directed otherwise by the Appointing Officer or the law
- conduct itself in good faith, according to the rules of natural justice, without conflicts of interest^m or bias, and in a manner that does not breach relevant legislation.

5.4.1 Multiple facilities under one area or district credentialling and scope of clinical practice committee

Area/Statewide Health Services or Health Service Regions that have multiple Hospital/Health Service sites may jointly accept evidence of credentials. However, there should be separate consideration of scope of clinical practice within each particular clinical setting, unless mutual recognition principles apply. The Credentialling Committees must only make recommendations with respect to medical staff practicing within Hospitals/Health Services for which the Credentialling Committee has jurisdiction.

When applying mutual recognition principals to credentialling and scope of clinical practice, it should be recognised that variations in the *Clinical Services Framework 2005-2015*¹⁹ between Hospitals/Health Services may require that the scope of clinical practice vary between different Hospitals/Health Services.

5.4.2 Multiple health service regions under one area credentialling and scope of clinical practice committee

Where more than one Health Service Region is covered by an Area/Statewide Health Service Credentialling Committee, the recommendations of that Credentialling Committee must be approved by the relevant Health Service Region's Executive Director.

Note:

- m Conflict includes direct, indirect, financial, material or otherwise. Examples of possible conflict of interests include considering applications from a relative, spouses or ex-spouses, either married or defacto, business or professional associates, or where the medical practitioner is a referee for the appointment under consideration.

5.4.3 Mutual recognition of credentials

Individual Credentialling Committees will recognise the credentialling process of other WA Health Credentialling Committees, unless there are reasons to the contrary. This means that if a medical practitioner has had his/her credentials verified by one Credentialling Committee, a further Credentialling Committee will accept this verification. Acceptance of verification of credentials from another Credentialling Committee must be accompanied by an up-to-date Letter of Good Standing from that Credentialling Committee.

Where a medical 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.²⁸

Area/Statewide Health Service Chief Executives will need to develop a formal Memorandum of Understanding under which the process of “mutual recognition” of credentials will operate in WA Hospitals/Health Services.

Area/Statewide Health Service Directors of Medical Services (or their equivalent), together with Area Executive Directors of Safety and Quality and Performance (or their equivalent), will be required to oversee the implementation and operation of mutual recognition procedures and processes across their respective Area/Statewide Health Services.

6 Recommendations to the appointing officer

The Credentialling Committee shall specify in its recommendations to the Appointing Officer:

- the scope of clinical practice
- any conditions
- reasons for denying or limiting the duration or scope of clinical practice.

The Appointing Officer shall act on the recommendations of the Committee and should not approve a scope of clinical practice wider than that recommended unless exceptional circumstances exist. The Appointing Officer can refer matters back to the Committee if there are concerns with the defined scope of clinical practice.

7 Notification of decisions

In notifying the medical practitioner of the Committee’s decision with respect to the defined scope of clinical practice, the medical practitioner is to be advised of any modifications, restrictions or denials and the reasons for these being made. The medical practitioner is to be given a reasonable opportunity to comment with respect to any issues of concern, prior to a final decision being made to the Appointing Officer. At this time, the medical practitioner shall also be advised of the appeal process.

The Committee will, subject to principles of confidentiality and appeal rights, also advise the relevant Head(s) of Department and relevant area(s) of clinical practice (eg, theatre, emergency department, wards etc) of the final scope of clinical practice granted to the medical practitioner. This information is to be provided in writing.

8 Information management

The formal records of the Credentialling Committee will include enough detail to allow a review of its recommendations and/or decisions.²⁹ Each Hospital/Health Service Credentialling Committee must maintain a comprehensive set of documentation of all deliberations, supporting evidence that was reviewed and decisions made about credentialling and determining the scope of practice for each medical practitioner within their organisation. Appendix 8 provides a checklist of documentation and/or information that the Credentialling Committee must retain as a part of its formal records.

The Credentialling Committee's files are the property of the Hospital/Health Service and must be preserved in accordance with the *State Records Act 2000*.

9 Consent to the retention of information

Medical practitioners need to have a clear understanding of how information that relates to credentialling and defining the scope of clinical practice is managed, including what information is kept, who has access and for what purpose.

Medical practitioners are to consent in their Contracts of Employment or Service to the retention of credentialling and scope of clinical practice information.

10 Indemnity

It is the long standing policy of the State Government that government employees will, on an *ex gratia* basis, be indemnified in respect of litigation against those employees arising out of conduct in the course of their employment unless the conduct giving rise to the relevant claim is of such a nature as not to justify indemnification. The policy is set out in the Legislative Council's "*Guidelines relevant to Ministers and Officers involved in Legal Proceedings*" (1990).³⁰

Under this Indemnity Policy the Government will ordinarily indemnify persons (whether or not employees) who are subjected to a liability in consequence of their performing in good faith a function on behalf of government, if in all the circumstances fairness dictates that an indemnity should be granted. The indemnity would extend to medical practitioners, health practitioners and any other persons performing a statutory function and/or performing a function/task requested by the Minister for Health or WA Health, such as participating on a Credentialling Committee, undertaking credentialling and defining the scope of clinical practice for medical practitioners.

Medical practitioners participating in authorised clinical governance activities, including credentialling and defining the scope of clinical practice for medical practitioners, are also covered by WA Health's indemnity for medical practitioners.^{24,25}

11 Qualified privilege

The Credentialling Committee cannot be registered under the *Health Services (Quality Improvement) Act 1994* and therefore does not have qualified privilege.

Medical practitioners who are employees of WA Health have indemnity insurance for clinical duties provided pursuant to the provisions of the Terms and Conditions of the Indemnity for Salaried Medical Officers (2005)²⁵ and *Terms and Conditions of the Indemnity for Non-Salaried Medical Officers* (2008).²⁴

12 Reduction, suspension or termination of clinical practice

The scope of a medical practitioner's clinical practice can be modified if:

- the health care facility does not have or elects not to have the facilities and/or clinical support for the requested procedure
- the scope of practice performed by the health care facility is redefined.

The scope of a medical practitioner's clinical practice can be suspended or terminated if:

- he/she ceases to be registered with the Medical Board of WA
- he/she ceases to have appropriate and adequate medical indemnity cover or insurance
- he/she is found to have made a false declaration through omission or false information which justifies such action
- his/her employment or engagement contract expires or is terminated by the health care facility
- he/she engages in serious or wilful misconduct
- he/she presents a risk to the safety and well-being of patients and/or staff
- he/she otherwise departs from generally accepted standards of medical practice in his/her conduct
- he/she is subject to criminal investigation or has been convicted of a serious crime which could affect his/her ability to provide the defined clinical scope safely and competently.

The scope of a medical practitioner's clinical practice can be reduced if he/she is restricted in practice or suspended by the Medical Board of WA. The level of restrictions imposed on a medical practitioner's clinical practice by a Hospital/Health Service must be consistent with any restrictions imposed by the Medical Board of WA.

The right to reduce, suspend or terminate the scope of clinical practice of a medical practitioner will be held by the Appointing Officer on the recommendation of the Credentialling Committee. The decision to reduce, suspend or terminate the medical practitioner's scope of clinical practice must be documented fully and the medical practitioner concerned advised in writing of the specific reasons for the decision. The medical practitioner will also be advised of his or her right to an immediate review of the decision by the particular health care facility and the provision of any necessary personal or professional support.

If the nature of the matter results in the suspension or termination of the medical practitioner and the Appointing Officer believes in good faith that the safety and quality of health care in another institution is subsequently at risk, the matter may be referred to the Appointing Officer of that institution, or if in private practice, to the Medical Board of WA.

13 Review and appeal processes

13.1 Initial review of recommendations of the committee

The Credentialling Committee shall review its own recommendation if so requested by the Appointing Officer.

13.2 Appeal process

A credentialling and scope of clinical practice appeals process must be available and managed independently of the Credentialling Committee. The appeals process will allow for reconsideration of any adverse decision and for new information to be presented.

The medical practitioner who has had his or her requested scope of clinical practice denied, withheld or varied from the original request has a right to appeal the decision to the Appointing Officer. The appeal may be lodged only after the Credentialling Committee has had the opportunity to examine submissions from the medical practitioner and to reconsider its decision.

Appeals must be lodged in writing to the Appointing Officer within seven days of receipt of the Credentialling Committee's final decision.

The Appointing Officer shall appoint a Review Panel whose membership will be entirely independent from that of the Committee. The Review Panel membership will include at a minimum:

- an independent chairperson
- a senior medical practitioner from the same clinical discipline as the appellant
- a professional nominee of the appellant, who is a medical practitioner
- a medical practitioner nominated by the relevant college
- other members who bring specific expertise to the Committee.

The MOU also provides for the establishment of a Medical Appeals Panel to manage an appeal process. (Please refer to Clause 6(1) of the MOU). That Medical Appeals Panel may consist of:

- a medical practitioner nominated by the AMA
- a medical practitioner nominated by the Board
- an independent medical practitioner agreed by the AMA and the Board, who will be the Chairperson.⁷

Where a Hospital/Health Service is covered by the MOU, membership of the appeals panel must satisfy the conditions set out above for both the Credentialling Policy and the MOU. Where there is common ground, it may be assumed that a member can satisfy more than one qualification.

Appointments to the Medical Appeals Panel may be on an ad-hoc basis to consider particular appeals and will not involve persons previously concerned with the subject of the appeal.

The Medical Appeals Panel will meet as soon as practicable after the appeal has been lodged. All members must be present.

The principles of natural justice, confidentiality and probity must be observed.

The appellant is entitled to appear before the panel and can be accompanied by a lawyer or another appropriate adviser chosen by the appellant. Both the appellant and the Panel will be given the opportunity to have all available information brought forward for consideration.

The Medical Appeals Panel's recommendation is made to the Appointing Officer for consideration and decision. The Appointing Officer's decision is final.

The medical practitioner shall be advised within seven days of the final decision, which must include reasons for the decision.

14 Dissolution of the credentialling committee

Dissolution of the Credentialling Committee can be undertaken following consultation with relevant stakeholders. The reasons for dissolution must be clearly documented and retained as a part of the Committee's formal records. The Appointing Officer or the Director General, in discussion with the relevant Board/s and the AMA WA, may dissolve a Credentialling Committee⁷ and replace it with another Committee, as appropriate.



15 Implementation and review of this policy

15.1 Implementation of policy

Performance against this Policy will be measured as a part of the Area/Statewide Health Service's reporting on implementation of the *WA Clinical Governance Framework*²¹ and *WA Strategic Plan for Safety and Quality in Health Care 2008-2013*.³¹ The following performance indicator has been included in WA Health's Operational Plan and must be reported against by Area/Statewide Health Services:

Safety and Quality Indicator 5: All medical practitioners are credentialled and have a defined scope of clinical practice.

Performance Measure	Target 2008/09
Percentage of medical practitioners who have been credentialled	100% by June 2009

Refer to the WA Health's performance indicator business rules document for definitions and inclusion and exclusion criteria used for Safety and Quality Indicator 5.

The following performance Indicators will be proposed for inclusion in WA Health's *Operational Plan for 2009-2010*:

Performance Measure	Target 2009/10
Percentage of medical practitioners who have a defined scope of clinical practice	100% by June 2010
Percentage of Area/Statewide Health Service and Hospital/Health Service with established processes for credentialling and defining/awarding the scope of clinical practice for medical practitioners.	100% by June 2010

15.2 Review of policy

The OSQH will review this policy every three years to ensure it remains relevant and reflects best practice.

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Appendix 1

Definitions

In this policy, the following definitions apply:

“Appointment” is the placement of a person into a position indefinitely or for a finite period of time.²²

“Appointing Officer” is an officer of a health care facility with delegated authority to make the final decision regarding the appointment/engagement of a medical practitioner.

“Area Health Service” refers to Child and Adolescent Health Service, North Metropolitan Health Service, South Metropolitan Health Service and WA Country Health Service.

“Board” is a hospital board as constituted under section 15 of the *Hospital and Health Services Act 1927*. Where there is no hospital board, the management and control of the hospital is vested in the Minister, and therefore the Minister is deemed to be the Board.^{8,9,10,11,12}

“Clinical Academic” means a Medical Practitioner employed by a University as a professor, associate professor, senior lecturer or lecturer and also employed as a medical practitioner in a WA Hospital/Health Service.

“Clinical Practice” means the professional activity undertaken by medical practitioners for the purposes of investigating patient symptoms and preventing and/or managing illness, together with associated professional activities related to patient care.¹

“Clinical Privileges” means the type of medical services that an individual medical practitioner is approved to provide at a health care facility. This term is now referred to as Scope of Clinical Practice.

“Clinical Services Framework” refers to the *WA Clinical Services Framework 2005-2015*, which outlines the type and level of clinical services to be provided at each of the Hospitals/Health Services in the WA public health system.¹⁹

“Competency” is the demonstrated ability to provide health care services at an expected level of safety and quality.¹

“Committee” is the Credentialling and Scope of Clinical Practice Committee.

“Comprehensive documentation” – refers to the documentation/information that all Area/Statewide Health Service and Hospital credentialling committees should retain as a part of its formal records. Retained documentation (see Appendix 9) includes supporting evidence that was reviewed and decisions made about credentialling and determining the scope of practice for each medical practitioner within their organisation.

“Consultant/Specialist” means a medical practitioner who holds the appropriate higher qualification of a University or College, recognised by the Australian Medical Council (“the AMC”), and includes a Fellow of the Australian Chapter of Addiction Medicine, or, in exceptional circumstances to satisfy areas of unmet need, such other specialist qualification recognised by the Director General of Health and who, unless otherwise approved by the Director General of Health, is employed and practising in the specialty for which he/she is qualified.

“Contract of Employment” is a legal agreement that establishes an employment relationship between the health care facility and a medical practitioner.

“Contract of Service” is a legal agreement between the health care facility and a medical practitioner or a practice company under which the medical practitioner is appointed as a visiting medical practitioner to provide medical services. It defines the rights and obligations of each party.

“Credentials” are the formal qualifications, training and experience of the medical practitioner.

“Credentialling” is the formal process used to verify the qualifications, experience, and professional standing of medical practitioners for the purpose of forming a view about their competence, performance and professional suitability to provide safe, high quality health care services within specific organisational environments.¹

“Criminal Record Check” means a document issued by the Western Australian Police Service or another body or agency approved by the Department of Health and/or Medical Board of Western Australia that sets out the criminal convictions of an individual for offences under the law of Western Australia, the Commonwealth, another State or territory or another overseas country.^{15,16}

“Defining the Scope of Clinical Practice” is the process of delineating the extent of an individual medical practitioner’s clinical practice within a particular organisation based on the individual’s credentials, competence, performance and professional suitability, together with the needs and capabilities of the health facility itself.¹

“Director of Medical Services” means a medical practitioner who is the principal medical administrator of the hospital and/or health service.

“Engagement” is the process by which the health care facility appoints a non-salaried medical practitioner to provide medical services for a specified period of time in accordance with the terms and conditions set out in a Contract of Service or Medical Services Agreement.^{8,9,10,11,12}

“Health care facilities” is a generic term used to include all public health services in which a medical practitioner may seek practising rights, including, but not limited to, hospitals, mental health facilities and community health services.

“Health Service Medical Practitioner” means a non-specialist medical practitioner who is not in a recognised training program and who is authorised to perform duties without requiring clinical supervision by a consultant/specialist or senior medical practitioner. The classification includes a general practitioner (not vocationally registered).

“Medical Practitioner” means a person registered under the *Medical Act 1894 and/or Medical Practitioners Act 2008*.²⁶

“Medical Student” means a person enrolled in a course of medical study at a medical school in WA that is accredited by the Australian Medical Council.

“Medical Services Agreement” is an agreement to engage a medical practitioner to provide medical services to public patients at a health care facility.^{8,9,10,11,12}

“Non-salaried medical practitioner” is a medical practitioner appointed under a Contract of Service to provide medical services to patients in public health care facilities. They are not employees of the health care facility (also referred to as “Visiting Medical Practitioner”).

“Registrar” means a registered medical practitioner employed as a Registrar. A Registrar may be employed with or without the Part 1 Examination of an appropriate specialist qualification recognised by the Australian Medical Council.

“Senior Medical Practitioner” means a medical practitioner who does not have a recognised specialist qualification but practices without clinical supervision exclusively in a specialist area recognised by the Australian Medical Council or such other area recognised by the Director General of Health as being a specialist area; and/or who clinically supervises other practitioners; and/or who has significant medical administration duties (50% as guide). Promotion to the position of Senior Medical Practitioner shall be by appointment only.

“Scope of Clinical Practice” means the type of medical services that an individual medical practitioner is approved to provide at a health care facility.

“Senior Registrar” means a registered medical practitioner who is either appointed as a Senior Registrar, or a registrar who has obtained an appropriate specialist qualification acceptable to the AMC or equivalent recognised by the Director General of Health.

“Statewide Health Service” refers to the Dental Health Service, Drug and Alcohol Office, PathWest Laboratory Medicine WA, Women and Newborn Health Service and Child and Adolescent Health Service.

“Supervised medical practitioner” means a registered non-specialist medical practitioner requiring clinical supervision by a Consultant/Specialist or Senior Medical Practitioner.^{8,9} A “Supervised medical practitioner” shares their clinical decision-making responsibility with a more senior colleague. For example, the clinical decision-making of a Registrar, Resident Medical Officer or Intern is shared with a Consultant/Specialist or Senior Medical Practitioner.

“Trainee Medical Administrator” means a registered medical practitioner appointed to a recognised Medical Administration training position and enrolled in the Royal Australian College of Medical Administrators training program.

“Trainee Psychiatrist” means a Registrar or Senior Registrar appointed to a training position recognised by the Royal Australian and New Zealand College of Psychiatrists.

“Trainee Public Health Physician” means a registered medical practitioner appointed to the Department of Health’s Public Health Medicine training program or an advanced trainee of the Australasian Faculty of Public Health Medicine appointed to a position within public health services.

“Unsupervised medical practitioner” refers someone who takes full responsibility for their clinical practise decisions e.g. a Consultant/Specialist or Senior Medical Practitioner.

“Visiting Medical Practitioner” – see “non-salaried medical practitioner”.

“Verification” is the act of citing, reviewing, inspecting and authenticating documents supplied by a medical practitioner to establish that the medical practitioner’s registration documents, undergraduate and postgraduate qualifications and references meet National and WA regulatory, standard, or specification requirements.

“Vocationally Registered General Practitioner” means a medical practitioner registered under Section 3F of the *Health Insurance Act 1973*.

Appendix 2

Memorandum of Understanding between the Minister for Health and Boards of Management and the Australian Medical Association (Western Australia) Incorporated in Respect of Clinical Privileges, Conduct and Governance in Western Australian Government Hospitals and Health Services 2005


4. Credentialling and clinical privileges advisory committees

- (1) Boards shall establish advisory committees of Medical Practitioners to:
 - (a) advise the Board on applications for Credentialling and Clinical Privileges; and
 - (b) review the Credentials and Clinical Privileges of all or specific Medical Practitioners periodically or on request of the Board and advise the Board accordingly.
- (2) A Credentialling and Clinical Privileges Advisory Committee may be specific to a particular Health Care Facility or serve a number of Health Care Facilities. Each Board will need to nominate the Credentialling and Clinical Privileges Advisory Committee which provides advice to a particular Health Care Facility(ies). In rural areas, each committee will generally be constituted to serve the Region(s) area administered by an individual Director of Medical Services.
- (3) At the discretion of the Board, a Credentialling and Clinical Privileges Advisory Committee may be asked to assess an application for Clinical Privileges whether or not a contract exists.
- (4) The Director General of Health may, in consultation with the relevant Boards and the AMA WA, establish or dissolve Credentialling and Clinical Privileges Advisory Committees which advise more than one rural Board and add or remove rural boards to be advised by the Committee.
- (5) The Credentialling and Clinical Privileges Advisory Committee will generally consist of:
 - (a) at least 3 medical practitioners reflecting the mix of clinical services provided at the Health Care Facility(ies), appointed by the Board after consulting the relevant Medical Advisory Committee(s);
 - (b) the Director(s) of Medical Services;
 - (c) 1 Medical Practitioner nominated by the AMA;
 - (d) anyone co-opted by the Credentialling and Clinical Privileges Advisory Committee to provide specialist advice where the Clinical Privileges applied for, or under review, relate to that specialty; and
 - (e) if considered necessary a community representative to observe the process.
- (6) Co-opted members and non-Medical Practitioners may not vote on Credentialling and Clinical Privileges applications or reviews.
- (7) The Credentialling and Clinical Privileges Advisory Committee will ensure procedural fairness and act as quickly as is practical in all the circumstances of the case.

- (8) The Credentialling and Clinical Privileges Advisory Committee will have regard to:
 - (a) the role delineation of the Health Care Facility;
 - (b) the Medical Practitioner's formal qualifications, relevant working experience and clinical expertise and the opinion of professional referees where these are sought;
 - (c) the Medical Practitioner's previous compliance with conditions attached to the exercise of Clinical Privileges at the Health Care Facility or elsewhere;
 - (d) other matters as it thinks fit, including any relevant current or past matters or reviews, current or past litigation, unresolved disputes and any reports of Conduct Review Panels, in relation to the Medical Practitioner at the Health Care Facility or elsewhere;
 - (e) the principles enunciated in the Australian Council for Safety and Quality in Health Care document entitled "Standard for Credentialling and Defining the Scope of Clinical Practice" dated July 2004 as amended from time to time.

Clinical privileges granted by the Board

- (9) Credentialling and Clinical Privileges Advisory Committees must specify in their recommendations to the Board the Clinical Privileges recommended and any conditions attached thereto and the reasons for the Committee's recommendations. Clinical Privileges may be temporary, probationary, conditional or standard.
- (10) The scope of Clinical Privileges to be exercised may not exceed the scope of the medical services to be provided under the relevant contract of employment or Medical Services Agreement, but this does not preclude the exercise of a wider scope of medical services in a medical emergency.
- (11) If the Credentialling and Clinical Privileges Advisory Committee recommends substantial changes to the conditions applying to the Clinical Privileges of a Medical Practitioner or the scope of Clinical Privileges is less than applied for, the Medical Practitioner will be given a copy of the recommendation and be allowed the opportunity to make submissions and provide materials to the Board.
- (12) The Board will take account of the advice of the Credentialling and Clinical Privileges Advisory Committee when considering applications for or reviewing Clinical Privileges.
- (13) The Board will inform the Health Care Facility management, the Credentialling and Clinical Privileges Advisory Committee and the Medical Practitioner in writing of its determination as soon as possible.
- (14) A Medical Practitioner practicing in the local community aggrieved by a determination of the Board in respect of their application for Clinical Privileges under this Clause, or following a review of their Clinical Privileges under this Clause, may, within 7 days after receipt of notice of the determination, appeal to the Medical Appeals Panel.
- (15) A Medical Practitioner aggrieved by a decision of the Board not to refer an application for Clinical Privileges under this Clause may, within 7 days after advice of that decision, appeal to the Medical Appeals Panel.

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- (16) The Director of Medical Services may, in exceptional circumstances, grant temporary Clinical Privileges for periods not exceeding 6 months. The Chairman of the Medical Advisory Committee with the concurrence of the General Manager may, in exceptional circumstances, grant temporary Clinical Privileges for periods not exceeding 1 month. Temporary training rotations may be authorised for the period of the rotation. All decisions to grant temporary Clinical Privileges will, with the exceptions of training rotations or locums of less than three months, be referred to the Credentialling and Clinical Privileges Advisory Committee for review.



Appendix 3

Checklist

Information/factors that should be considered as a part of initial credentialling

In order for a medical practitioner to be classified as credentialled, the Area/Statewide Health Service and Hospital/Health Service must be able to demonstrate completion of the following criteria:

- Confirmation of the medical practitioner's registration with the Medical Board of WA, and whether there are any conditions attached to the registration which would limit the applicant's ability to fulfil the requirements of the position
- Verification of the medical practitioner's postgraduate qualifications
- Review of 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. The referee's opinion must be obtained directly from the referee, not via the applicant
- Criminal Record Check¹⁵ and Working With Children Check¹⁶
- Review of the applicant's curriculum vitae, with details of all clinical positions held by applicant (including location, nature and duration)
- Verification of accreditation or endorsement of specialist medical colleges for the provision of specific clinical services, procedures or other interventions
- Review of evidence of the applicant's compliance with the requirements of a Specialist Medical College's Fellowship Program, for example demonstrated participation in a Maintenance of Professional Standards (MoPS) Program or Continuing Medical Education (CME) Program.

“Verification” relates to the process of citing, reviewing, inspecting and authenticating documents supplied by a medical practitioner to establish that the medical practitioner's registration documents, undergraduate and postgraduate qualifications and references meet National and WA regulatory, standard <<http://en.wikipedia.org/wiki/Standard>>, or specification <<http://en.wikipedia.org/wiki/Specification>> requirements.

Verification of a medical practitioner's undergraduate qualifications is the responsibility of the Medical Board of WA and the Australian Medical Council (AMC). With respect to IMGs, the AMC has an agreement with the US Educational Commission for Foreign Medical Graduates (ECFMG) International Credentials Services (EICS) who verify all medical qualifications and documentation presented by an IMG with the issuing authority (i.e. primary source). The Medical Board of WA will notify Area/Statewide Health Services if a qualification presented by a registrant is verified by the US ECFMG as fraudulent or where the registrant has withdrawn their EICS application'.

The Credentialling Committee should also consider the following:

- The medical practitioner's current scope of clinical practice at the hospital/health service or elsewhere, including previous compliance with conditions attached to his or her clinical practice
- Details of the scope of clinical practice sought
- Evidence of education, training and experience to support scope of clinical practice sought
- Summary of clinical activity for at least the past 12 months which may include a logbook, if maintained
- Relevant medical college guidelines and/or standards
- Any prior or current disciplinary actions, professional sanctions, criminal investigations or convictions, or any other matters reportable under the *Medical Practitioners Act 2008*²⁶
- Any physical or mental conditions or substance abuse problem that could affect the medical practitioner's ability to perform the scope of clinical practice sought
- Evidence of the type and scope of current professional indemnity insurance
- Any other matter considered relevant to the clinical competence of the medical practitioner. For example, statements against the selection criteria (Job Description Form), participation in teaching and research, participation in performance review processes etc.

The level of information/factors to be considered will differ based on the seniority of the position.



Appendix 4

Checklist

Determining the scope of clinical practice

The following information/evidence must be reviewed prior to making a decision on the scope of clinical practice:

- Outcomes of the credentialling process, including referee reports and feedback from other/past employers
- Role and responsibilities of the position
- Benefit of the particular treatment, procedure or intervention to the patient
- Whether the particular treatment, procedure or intervention is new or new to the health care facility and whether it has been approved by the appropriate authority/committee (e.g. ethics committee)
- The medical practitioner's particular expertise and the recency of that experience
- The volume of clinical activity undertaken by the medical practitioner over the past 12 months
- The Hospital/Health Service's role delineation, as defined by the *WA Clinical Services Framework 2005-2015*¹⁹
- Standards, guidelines or policies published by the speciality medical college, society or association
- Evidence-based information in credible publications regarding competence and performance for the requested scope of clinical practice
- Skill mix of the health care facility
- Availability of support, facilities and equipment.

The level of information/evidence to be reviewed will differ based on the seniority of the position.

Appendix 5

Checklist

Re-credentialling

The following information/evidence should be reviewed prior to making a decision on whether or not the medical practitioner will be re-credentialled:

- Roles and responsibilities of the position
- Current Clinical Service Framework capabilities assigned to the health care facility
- Evidence of current registration, including any conditions of registration
- Education, training and experience gained since the last review, including medical college or specialist society endorsement or accreditation
- Summary of clinical activity since last review or at least for the past twelve months, which may include volume and outcomes e.g. log book (if maintained)
- Clinical audit or peer review activities
- Performance management reports
- Current scope of clinical practice at health care facility
- Scope of clinical practice sought
- Education, training, experience and outcome information if new scope of clinical practice is being sought
- Evidence of professional indemnity insurance (type and scope)
- Future aspirations of the medical practitioner
- Other relevant information such as complaints and/or patient satisfaction feedback.

Declaration by the credentialling committee

By agreeing to re-credential a medical practitioner, members of the Credentialling Committee are declaring that to the best of their knowledge and belief:

- the medical practitioner's scope of clinical practice has not been suspended, terminated or reduced at other health care facilities
- the medical practitioner does not have any relevant current or past matters or reviews, current or past litigation, unresolved disputes or any other matters reportable under the *Medical Practitioners Act 2008*²⁶
- the medical practitioner has no physical or mental conditions or substance abuse problem that could affect his or her ability to perform the scope of clinical practice sought.




Appendix 6

Checklist

Application/information package

An application/information package should contain the following information:

- The position description
- Advice about the need to nominate at least two referees
- Advice that written confidential referee reports will be obtained
- Advice that reference checks will be conducted
- Advice about the type of professional sanction, disciplinary action or criminal conviction or investigation which may preclude the processing of an application for credentialling and defining the scope of clinical practice
- Advice that a criminal record screening check and where appropriate, a working with children check will be conducted^{15,16}
- Advice that the following documentation is to be submitted for consideration by the Credentialling Committee:
 - A comprehensive Curriculum Vitae
 - A statement addressing the selection criteria
 - Advice about the applicant's residency status, including supporting documentation (if required)
 - A copy of the applicant's registration with the Medical Board of WA and whether there are any conditions attached to the registration which would limit the applicant's ability to fulfil the requirements of the position
 - Advice about the Medical Board of WA's and AMC's processes for verifying the applicant's undergraduate and postgraduate qualifications through the US Educational Commission for Foreign Medical Graduates (ECFMG) International Credentials Services (EICS)
 - A statement setting out the applicant's appointments and scope of clinical practice held at other health care facilities, and whether any restrictions have been placed on his or her scope of clinical practice
 - A statement regarding prior or current disciplinary actions, professional sanctions, criminal investigations or convictions, or any other matters reportable under the *Medical Practitioners Act 2008*²⁶
 - A statement setting out the scope of clinical practice sought by the applicant
 - Evidence of the type and scope of current professional indemnity insurance
 - A signed authorisation permitting the Area/Statewide Health Service or Hospital/Health Service to obtain relevant information from a professional registration organisation that relates to any conditions placed on practice, and the nature of any unresolved complaints

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- A signed authorisation for the Credentialling Committee to obtain information about the applicant's past performance, which may include information on the following: evidence of participation in clinical governance activities, undertaking continuing medical education, participation in teaching and research, other evidence deemed appropriate by the health care facility to demonstrate the provision of clinical care
 - A declaration that the medical practitioner has no physical or mental condition or substance abuse problem that could affect his or her ability to perform the scope of clinical practice sought
 - A declaration confirming that all information provided is accurate at the time of appointment.
 - Closing date for applications to be received
 - Address at which applications are to be lodged
 - Contact person for inquiries.

The application/information package should include any other forms or documentation required by the Area/Statewide Health Service or Hospital/Health Service to support recruitment, selection, appointment and engagement. This should be confirmed with the Area/Statewide Health Service or Hospital/Health Service's Human Resources Manager.



Appendix 7

Generic terms of reference

Credentialling and scope of clinical practice committee

NB – Sections in grey italics to be completed as appropriate

1. Name

The Credentialling and Scope of Clinical Practice Committee shall be known as the Credentialling Committee of the *[Name of Hospital/Health Service]*.

2. Purpose

The purpose of the Credentialling Committee is to support the delivery of high quality health care and ultimately better patient outcomes, by providing the *[Name of Hospital/Health Service]* with a rigorous peer review process for credentialling and defining the scope of clinical practice of medical practitioners employed/engaged by the health care facility.

3. Accountability

The Credentialling Committee is accountable to the *[Area/Statewide Health Service]* Board and will report to the Appointing Officer (as the delegate of the Board) of the *[Name of Hospital/Health Service]*.

4. Conduct of the credentialling committee

The Credentialling Committee will conduct itself at all times in good faith, according to the rules of natural justice, without conflicts of interest or bias, and in a manner which does not breach relevant legislation.

The principles of equity, merit and probity shall form the basis of all phases of credentialling and defining the scope of clinical practice processes.

5. Function and responsibilities of the credentialling committee

The Credentialling Committee will:

- i) review and verify training and qualifications to ensure the medical practitioner's experience and skills support the scope of practice required for the position
- ii) review the clinical services being requested with regard to the role delineation, needs and capability of the health service and the degree of available supervision at the health service where the scope of clinical practice is being requested
- iii) recommend to the Appointing Officer the appointment of a medical practitioner and the appropriate scope of clinical practice for that medical practitioner
- iv) review the scope of clinical practice of all appointed medical practitioners at regular intervals e.g. **three or five** yearly intervals, or at the request of the Appointing Officer, Director of Medical/Clinical Services or the medical practitioner to whom the credentials and scope of clinical practice apply

- v) recommend a scope of clinical practice following the regular review period or requested review
- vi) notify medical practitioners and the relevant health care facility/unit of the decision concerning the medical practitioners' scope of clinical practice at the time of the initial appointment and at any future regular reviews
- vii) develop and uniformly apply agreed criteria/guidelines on the verification and evaluation of credentials and define the scope of clinical practice
- viii) develop and implement a policy on the type and level of information required for initial credentialling of existing medical practitioners
- ix) undertake an initial review of its own recommendations if so requested by the medical practitioner to whom the credentials and scope of practice apply or at the request of the Appointing Officer
- x) develop, maintain and periodically review a database, which records essential information regarding medical practitioners' credentials and scopes of clinical practice
- xi) ensure medical practitioners understand and consent to the retention of information gathered as a part of the credentialling and scope of clinical practice processes
- xii) fully document and keep confidential all Committee proceedings unless directed otherwise by the Appointing Officer or by law
- xiii) conduct itself in good faith, according to the rules of natural justice, without conflicts of interest or bias, and in a manner that does not breach relevant legislation.

6. Membership of the credentialling committee

Elected members:

- Director of Medical/Clinical Services
- At least three medical practitioners, nominated by the Appointing Officer, reflecting the mix of clinical services provided at the health care facility
- A nominee of the Medical/Clinical Staff Association (if available)
- A University nominee who is a medical practitioner (for academic appointments), a nominee of the relevant specialist college, other nominees of the health care facility.

Co-opted members will include:

- at least one medical practitioner from the medical speciality of the applicant under consideration
- a Human Resources Officer from the Area Health Service/Health Care Facility
- other relevant experts as deemed appropriate.

The Credentialling Committee will not undertake any process of credentialling or defining the scope of clinical practice unless at least one medical practitioner practises in the speciality being requested is present.

7. Appointment

Nominations for membership of the Credentialling Committee shall be called every *two to three* years by the Appointing Officer. The Appointing Officer shall appoint the members for a period of *two to three* years.

8. Chairperson

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

In the absence of the Chairperson, another core member of the Credentialling Committee who has been elected by the Committee as Deputy Chairperson, shall act as Chair. The Deputy Chairperson shall also perform other functions of the Chairperson when the Chairperson is unavailable or unable to perform his or her functions.

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

9. Proxies

Core members of the Credentialling Committee may nominate another medical practitioner as a proxy to attend meetings when any of them are unable to attend. The Chairperson shall be advised of the proxy prior to the meeting.

10. Conflict of interest

A member of the Credentialling Committee, who has duties or interests 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.

The member shall withdraw from the Credentialling Committee for the duration of the deliberation in question, prior to any discussions or decisions on the matter being taken unless the Committee determines the conflict is trivial or unlikely.

Where the Chairperson has excused a person from the Credentialling Committee for that matter it may co-opt an alternative person to sit on the Credentialling Committee for the purpose and duration of the period during which such matter is under consideration.

11. Confidentiality

The proceedings of the Credentialling Committee are to be confidential, unless decided otherwise by the Appointing Officer, or as required by law.

12. Frequency of meetings

The Committee shall meet every *X weeks/months* according to date and time agreed by Committee members. The Chair may cancel a meeting if there is insufficient business to warrant holding a meeting. An additional meeting may be held at the determination of the Chair.

13. Notice of meetings

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

14. Quorum

A quorum shall comprise two thirds of the elected members (or proxy) of the Credentialling Committee.

15. Absences

Any elected member who misses three consecutive meetings of the Credentialling Committee without good cause being shown shall be deemed to have resigned.

16. Decisions

Decisions of the Committee shall be by the majority. The Chairperson shall have the casting vote.

17. Secretary

A Secretary shall be appointed by the Director of Medical/Clinical Services, and shall issue agendas and supporting material at least five working days in advance of each meeting. The Secretary shall prepare minutes of each meeting, to be formally adopted at the subsequent meeting of the Credentialling Committee. The Secretary shall keep separate files of at least the following and forward them to the succeeding Secretary:

- agendas, minutes and supporting documents;
- correspondence prepared by and on behalf of the Credentialling Committee; and
- other material kept to support the decisions and/or processes of Credentialling Committee.

The Secretary's files are the property of the Hospital/Health Service and must be preserved in accordance with the *State Records Act 2000*.

18. Recommendations

The Credentialling Committee recommendations are to be forwarded to the Appointing Officer for approval. The recommendation/s shall specify the scope of clinical practice recommended, any conditions attached thereto and the reasons for any limitations on the duration or scope of clinical practice.

19. Adoption, review and amendment of terms of reference

The Terms of Reference shall be endorsed by the Credentialling Committee and adopted by the Appointing Officer.

The Terms of Reference shall be reviewed annually/every two or three years.

These Terms of Reference may be altered/amended by recommendation to the Appointing Officer.

Revision dates:

Date of revision	Revision prepared by	Comments



Appendix 8

Checklist

Responsibilities and deliverables of the area Health Service in credentialling and defining the scope of clinical practice for medical practitioners

Formally constitute a credentialling committee for all medical practitioners

Examples of how the Area/Statewide Health Service may demonstrate achievement:

- Terms of Reference
- Delegations manual defines lines of responsibility throughout the health care facility
- Minutes and recommendations of the Credentialling Committee.

Appoint committee members

Examples of how the Area/Statewide Health Service may demonstrate achievement:

- List of Credentialling Committee members

Confirm the appointing officer

Examples of how the Area/Statewide Health Service may demonstrate achievement:

- Delegations manual defines lines of responsibility throughout the health care facility

Standard policy and processes are in place, and available to health service staff, for credentialling and defining the scope of clinical practice, including:

- Initial credentialling and defining scope of clinical practice
- Re-credentialling
- Temporary credentialling
- In an emergency situation
- In a disaster
- New clinical procedures, technologies and treatments
- Unplanned review of credentials and/or scope of clinical practice
- Suspension of medical practitioners' rights to practice
- Dissemination of information to medical practitioner and relevant health service staff

Examples of how the Area/Statewide Health Service may demonstrate achievement:

- Policy and procedures manual
- Credentialling and scope of clinical practice application form
- Pro-forma for seeking referee feedback
- Letters notifying medical practitioner of outcomes/recommendations
- Minutes and recommendations of the Committee
- Audit to verify consistency of application of agreed and documented processes

Policy and procedures for credentialling and defining the scope of clinical practice are readily available to medical practitioners

Examples of how the Area/Statewide Health Service may demonstrate achievement:

- Policy and procedures manual
- Information available on staff notice board
- Information raised in hospitals newsletters, flyers or bulletins
- Information available on health care facility intranet

Maintenance of comprehensive documentation

Examples of how the Area/Statewide Health Service may demonstrate achievement:

- Copies of documentation
- Procedure for retaining relevant documentation
- Audit to verify consistency of application of agreed and documented processes

Education and training mechanism in place to support committee members in meeting their responsibilities

Examples of how the Area/Statewide Health Service may demonstrate achievement:

- Education and training program developed
- Attendance at education sessions
- Information provided to Committee members to ensure awareness of responsibilities and issues associated with credentialling and defining the scope of clinical practice

Maintenance of a register of medical practitioners' credentials and defined scopes of clinical practice

Examples of how the Area/Statewide Health Service may demonstrate achievement:

- Register
- Audit of register to verify currency of information

Standard process for monitoring medical practitioner compliance against scope of clinical practice granted

Examples of how the Area/Statewide Health Service may demonstrate achievement:

- Performance management mechanism confirms medical practitioner complying with scope of clinical practice granted

Appeals mechanism in place

Examples of how the Area/Statewide Health Service may demonstrate achievement:

- Policy and procedures manual detailing the appeals mechanism
- Evidence of the appeals mechanism being used
- Audit to verify consistency of application of agreed and documented processes

Process for regularly monitoring and reviewing the performance of the credentialling committee

Examples of how the Area/Statewide Health Service may demonstrate achievement:

- Review report produced
- Evidence of implementation of recommendations arising from review
- Audit to verify consistency of application of agreed and documented processes

Report on status of credentialling and defining the scope of clinical practice within each health care facility as part of the Area Health Service's Clinical Governance Framework

Examples of how the Area/Statewide Health Service may demonstrate achievement:

- Credentialling and defining the scope of clinical practice is an initiative identified in each of the Area Health Service's Clinical Governance Frameworks
- Status of credentialling and defining the scope of clinical practice initiatives are reported to the Department of Health as a part of its regular Clinical Governance report
- Audit to verify consistency of application of agreed and documented processes

Considered mechanism for providing relevant information to patients and the community

Examples of how the Area/Statewide Health Service may demonstrate achievement:

- Policy and procedures manual
- Committee meeting records
- Audit reports

Appendix 9

Checklist

Documentation the committee for the credentialing and scope of clinical practice must retain as part of its records

- Name of medical practitioners whose credentials were examined.
- Specific registration documents and credentials that were examined, and in what format.
- Specific registration documents and credentials that were verified by the US Educational Commission for Foreign Medical Graduates (ECFMG) International Credentials Services (EICS) (If applicable).
- Any concerns about the medical practitioner's competence or performance.
- Evidence reviewed regarding the medical practitioner's competence or performance in the position or scope of clinical practice under consideration.
- Whether an invitation was extended to and accepted by the medical practitioner to present in person to the Committee.
- The identity of any support person who assisted the medical practitioner at any presentation.
- Additional information that was presented by the medical practitioner.
- Conclusions about the medical practitioner's competence and performance in the position or scope of clinical practice under consideration, and in particular his or her ability to provide health care services at the expected level of safety and quality.
- The organisation's ability to provide the necessary facilities and clinical and non-clinical support services.
- The Committee's recommendations or decisions regarding the medical practitioner's scope of clinical practice.



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Department of Health

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