



Credentialing and Defining the Scope of Clinical Practice Policy

Dental Practitioners Standard

Annual Reporting Template

Instructions

The [Credentialing and Defining the Scope of Clinical Practice Policy](#) is a mandatory policy within the Clinical Governance, Safety and Quality Policy Framework. Credentialing Committees are required to provide the Office of the Chief Dental Officer with a report by 31 March each year as part of the compliance monitoring of the policy. The report must cover the policy requirements outlined below.

- 1) Provide information on your HSP/Hospital/Directorate Credentialing Committee and contact details
- 2) Under the Status column, use the drop down options for each policy requirement
- 3) For any item with a Status of In Development, Under Review or Not Started, please provide further information in the Comments column.

Please email the completed report to royalstreetcredentialing@health.wa.gov.au

Credentialing Committee:	
<i>Health Service/Hospital/Groups covered by this Committee (list):</i>	

NB compliance with the policy will be assessed at HSP level; however, you may choose to seek and report information at hospital or directorate level (i.e. separate reports) where there may be variations in the status of each policy requirement.

Contact Name			
Email/Phone			
Principal Administrator			
Signature/HE		Date:	

Policy Requirement	Status	Comments
<p><i>In relation to the Credentialing and Scope of Clinical Practice Policy has your HSP/Hospital/Directorate Credentialing Committee...</i></p>	<p>Completed/Ongoing In Development Under Review Not Started</p>	<p>Please provide comments where the status is <i>In Development</i>, <i>Under Review</i> or <i>Not Started</i></p>
<p>Formally constituted a Credentialing Committee with endorsed Terms of Reference, defined lines of responsibility and accurate record keeping processes.</p> <p>(Standard Ref: Appendix 3)</p>		
<p>Developed and implemented local guidelines and/or processes for initial and renewal of credentials.</p> <p>(Standard Ref: Section 10)</p>		
<p>Developed and implemented local policies or processes for new clinical services, procedures and technologies or interventions</p> <p>(Standard Ref: Section 8.6)</p>		
<p>Developed and implemented local guidelines and/or processes for temporary, emergency and disaster credentialing.</p> <p>(Standard Ref: Section 9.0)</p>		
<p>Developed and implemented audits to verify the consistency of application to agreed and documented processes.</p> <p>(Standard Ref: Appendix 3)</p>		

Supporting Documentation

In relation to each policy requirement, please attach any additional information in support the Status for your HSP/Hospital/Directorate Credentialing Committee