



# Credentialing and Defining the Scope of Clinical Practice Policy

## Medical 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 Medical 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 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](mailto:royalstreetcredentialing@health.wa.gov.au)

Health Service 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 group or hospital level (i.e. separate reports) where there may be variations in the status of each policy requirement.*

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

Policy Requirement	Status	Comments
<p><i>In relation to the Credentialing and Scope of Clinical Practice Policy has your HSP/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><a href="#">(Standard Ref: Appendix 3)</a></p>		
<p>Developed and implemented local guidelines and/or processes for initial and renewal of credentials.</p> <p><a href="#">(Standard Ref: Section 8.1, Section 10)</a></p>		
<p>Developed and implemented local guidelines and/or processes for new clinical procedures, technologies and treatments.</p> <p><a href="#">(Standard Ref: Section 8.3)</a></p>		
<p>Developed and implemented local guidelines and/or processes for temporary, emergency and disaster credentialing.</p> <p><a href="#">(Standard Ref: Section 8.6)</a></p>		
<p>Developed and implemented audits to verify the consistency of application to agreed and documented processes.</p> <p><a href="#">(Standard Ref: Appendix 3)</a></p>		

## Supporting Documentation

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