



Government of **Western Australia**
Department of **Health**

Credentialing and Defining Scope of Clinical Practice for Dental Practitioners Standard

**Clinical Governance, Safety and Quality
Policy Framework**

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1.0 Background

The Credentialing and Defining Scope of Clinical Practice for Dental Practitioners Standard (the Standard) recognises the establishment of the Dental Board of Australia (DBA) and the Australian Health Practitioner Regulation Agency (AHPRA) in 2010. This Standard also takes into account the devolved governance model in the WA health system, the result of the *Health Services Act 2016 (WA)*¹ introduced on 1 July 2016.

This Standard defines the credentialing and scope of clinical practice requirements and processes, and applies to all dental practitioners (for the exception of oral and maxillofacial surgery specialists) working within the Health Service Providers (HSPs) of the WA health system. This includes those working in both a hospital setting and a community dental setting such as Dental Health Services (DHS). This Standard strengthens and clarifies the roles, responsibilities and functions within the credentialing system.

This Standard mandates the use of the CredWA credentialing system for dental practitioners working in a hospital setting within the WA health system but also allows a level of flexibility for community based dental services (DHS) until a transition to an electronic credentialing system occurs.

This Standard has been developed in consultation with key stakeholders from within WA public dental health including DHS as well as other HSPs.

This Standard falls under the MP0084/18 - *Credentialing and Defining the Scope of Clinical Practice Policy*.

Recruitment, selection and appointment processes sit outside the scope of this Standard and are to be referred to in the *Employment Policy Framework*.

This Standard does not replace HSP policies and procedures (however titled) which manage the credentialing of dental practitioners but to the extent of any inconsistency this Standard prevails.

2.0 Definitions

For the purpose of this Standard the following definitions apply:

Applicant: a dental practitioner who has submitted an application for credentialing.

Appointing Officer: a senior officer (however titled) of a Health Service Provider (HSP) who has delegated authority or is otherwise authorised to offer employment or other engagement to a dental practitioner at a health care facility or group of health care facilities. Appointing officers are commonly but not exclusively Principal Administrators.

Approval date: the date of the Credentialing Committee's final determination of credentialing and scope of clinical practice.

Approved officer: a senior dental officer, who by virtue of position has delegated authority to make determinations in relation to the credentialing of dental practitioners within the WA health system. Approved officers currently are: Head of Special Dental Services, Dental Health Services and Fiona Stanley Hospital; Manager of Community Dental Services, Dental Health Services; Head of Dental Department, Perth Children's Hospital; and the Chief Dental Officer.

Australian Health Practitioner Regulation Agency (AHPRA): the organisation responsible for the administration of the National Registration and Accreditation Scheme across Australia.

Chief Executive: the Chief Executive of a HSP.

Clinical practice: the professional activity undertaken by dental practitioners for the purposes of investigating patient symptoms and preventing and/or managing illness, together with associated professional activities related to patient care.

Commencement date: the date in which a credentialing period begins. In the CredWA system, the term “Start Date” refers to the commencement of the credentialing period.

Competency: the demonstrated ability (e.g. qualifications and clinical work history) to undertake clinical practice at an expected level of safety and quality.

Comprehensive documentation: the documentation or information that all Credentialing Committees should retain as a part of their formal records. Retained documentation includes supporting evidence that was reviewed and decisions made about credentialing and determining the scope of clinical practice for each dental practitioner within their organisation.

Continuing professional development (CPD): how health practitioners maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives.

Credentialing and Scope of Practice Committee (Credentialing Committee): the formally constituted committee of practitioners and managers, who analyse and verify information submitted by an applicant, conduct peer review (where necessary) and make a determination on the scope of clinical practice for a dental practitioner.

Credentials: the formal qualifications, training and experience of the dental practitioner.

Credentialing: the formal process used to verify the qualifications, experience, and professional standing of dental practitioners for the purpose of forming a view about their competence, performance and professional suitability to provide safe, high quality health care within specific organisation environments.

CredWA: the state-wide electronic system that supports the credentialing process for certain Health Professionals, whilst complying with WA Credentialing and Scope of Clinical Practice Policies.

Defining scope of clinical practice: the process of delineating the extent of an individual dental practitioner’s clinical practice within a particular organisation based on the individuals credentials, competence, performance and professional suitability, together with the needs and capabilities of the health facility.

Dental Board of Australia (DBA): National Health Practitioner Board for dental practitioners established under section 31 of the *Health Practitioner Regulation National Law (WA) Act 2010*.

Dental practitioner: a person registered with the DBA in accordance with the Health Practitioner Regulation National Law (WA) Act. For the purpose of this document only, the term dental practitioner applies to all dental practitioners for the exception of the specialty of oral and maxillofacial surgery for which the *Credentialing and Defining Scope of Clinical Practice for Medical Practitioners Standard*³ applies.

Dentistry: involves the assessment, prevention, diagnosis, advice, and treatment of any injuries, diseases, deficiencies, deformities or lesions on or of the human teeth, mouth or jaws or associated structures. The aforementioned range of activities are considered to be the practice of dentistry and cover the widest range of any procedures that a person educated in dentistry can carry out.

Engagement: the process by which the health care facility appoints a non-salaried dental practitioner to provide dental services for a specified period of time in either a remunerated or unremunerated capacity.

Executive Director: a health professional who is the Executive Director of a HSP.

Health care facility: a place or places (however titled) in which a dental practitioner undertakes clinical practice including, but not limited to, a hospital or community health setting under the control of a HSP.

Health Service Providers (HSP): are separate board governed statutory authorities, legally responsible and accountable for the delivery of health services for their local areas and communities. In WA these are: Child and Adolescent Health Service, East Metropolitan Health Service, North Metropolitan Health Service (which includes Dental Health Services), South Metropolitan Health Service, and WA Country Health Service.

Health Services Act: *the Health Services Act 2016 (WA).*

Peer review: the evaluation of a practitioner's clinical and work performance by other practitioners in the same field in order to assure, maintain and/or enhance the quality of clinical and work performance. Peer review may be conducted as part of a routine clinical practice, as a professional activity or as part of a specifically coordinated review activity.

Principal Administrator: the senior officer (however titled) with responsibility for the general management of a health care facility or group of health care facilities. Principal Administrators are commonly but not exclusively titled Executive Director or Regional Director.

Region: one of the administrative divisions of the WA Country Health Service which are Great Southern, South West, Wheatbelt, Goldfields, Mid-West, Pilbara and Kimberley.

Scope of clinical practice: the dental services that an individual dental practitioner is approved to provide at a health care facility.

Specialist: a dental practitioner who is registered by the DBA as a specialist, who is employed (or engaged) by a HSP to practice in that field of speciality. For the purpose of this document, the term specialist applies to all dental specialities for the exception of oral and maxillofacial surgery. For the credentialing of oral and maxillofacial surgeons, the Credentialing and Defining Scope of Clinical Practice for Medical Practitioners Standard³ applies.

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

3.0 Purpose

The purpose of this Standard is to ensure there is a procedure for credentialing and defining the scope of clinical practice for all dental practitioners employed (or engaged) by the WA public health system.

This Standard provides guidance for dental practitioners, executives and administrative staff on the credentialing and defining scope of clinical practice process, as well as the rights and responsibilities of those involved in the credentialing process.

This Standard is not a mechanism for dealing with discipline matters. Nor is it to be relied upon as a substitute for specific legal or professional advice.

The key principles include:

- patient safety: by ensuring dental practitioners practice within their capability of education and training and within the capacity of the HSP in which they are working
- consistency: by aligning with the *National Safety and Quality Health Service (NSQHS) Standards*² and the WA health system credentialing processes
- natural justice and procedural fairness: by ensuring that credentialing and defining the scope of clinical practice processes are fair and consistent throughout the decision making process.

The Standard 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 dental practitioners with respect to treatment, admissions, transfer or discharge of a patient
- allow dental practitioners to work in isolation without appropriate supervision and support systems
- impose the delivery of health care on a dental practitioner where the facilities, supervision and support are inadequate or unavailable.

This Standard has been developed and adapted from the *Credentialing and Defining Scope of Clinical Practice for Medical Practitioners Standard*³ and the *National Standard for Credentialing and Defining the Scope of Clinical Practice*⁴ to meet the specific needs of dental practitioners in the WA health system.

4.0 Scope

The Standard applies to all dental practitioners employed (or engaged) by a HSP who are required under the *Health Practitioner Regulation National Law (WA) Act 2010*⁵ to be registered with the DBA. This includes:

- dental specialists (excluding oral and maxillofacial surgery specialists)
- dentists
- dental hygienists
- dental prosthetists
- dental therapists
- oral health therapists.

The Standard also applies to those practitioners who have limitations placed upon their registration by the DBA.

4.1 Exclusions

This Standard does not apply to the speciality of oral and maxillofacial surgery for which the Credentialing and Defining Scope of Clinical Practice for Medical Practitioners Standard³ applies.

Additionally, this Standard does not apply to those in the oral health workforce that are not required under the Health Practitioner Regulation National Law (WA) Act⁵ to be registered with the DBA. This includes:

- dental assistants
- dental technicians
- non-clinical support staff
- students of a dental practitioner field listed in Section 4.0.

5.0 Dental practitioner obligations

The processes of employment or engagement and credentialing are independent from each other, although they usually occur simultaneously. Once engaged by a HSP, dental practitioners are required to comply with all relevant Policy Frameworks, policies and contractual obligations relating to their employment or engagement as well as have a clear understanding of the DBA Registration Standards.⁶

Dental practitioners are not permitted to practice their field of dentistry without being registered with the DBA. Dental practitioners are responsible for:

- providing the necessary information to their relevant Credentialing Committee to enable an informed decision to be made about the appropriateness of their credentials and the recommended scope of clinical practice
- complying with the approved scope of clinical practice
- participating in clinical governance activities, which may include assisting in the credentialing and defining the scope of clinical practice of other dental practitioners
- participating in performance review programs
- notifying their employer(s) if there are any restrictions and/or conditions placed on their registration by the DBA.

6.0 Health Service Provider obligations

HSPs have a responsibility to ensure that all health care provided to patients is safe, appropriate and within the capability and role of the service.

Credentialing and defining the scope of clinical practice for dental practitioners is a core responsibility of HSPs to ensure that applicants are appropriately skilled and competent to undertake their clinical workload.

All health care facilities are required to be covered by a Credentialing and Scope of Practice Committee (hereafter known as a Credentialing Committee) that operates under this Standard.

Credentialing Committees may be created at any level of a HSP (for example: region, site or department). However a HSP wide Credentialing Committee has the benefit of

supporting the management of dental practitioners who work across multiple health care facilities within the HSP.

HSPs will maintain one of the following arrangements:

- local Credentialing Committees covering each health care facility
- Credentialing Committees covering any combination of health care facilities
- a single Credentialing Committee covering all health care facilities.

HSPs that operate multi-purpose sites must ensure that the credentialing of dental practitioners who provide services in these facilities is carried out to at least the minimum standard required for facility accreditation to the NSQHS.² The scope of clinical practice should be consistent with the normal primary care role provided by the dental practitioner.

7.0 Credentialing Committee obligations

Credentialing Committees ensure that a rigorous peer review process is undertaken for credentialing and defining the scope of clinical practice for dental practitioners.

It is the responsibility of the Credentialing Committee to verify a dental practitioner's credentials and determine a scope of clinical practice in accordance with the clinical services framework, as per the *WA Health Clinical Services Framework 2014-2024*⁷ or its replacement.

The determinations made by a Credentialing Committee are to specify the scope of clinical practice, any conditions attached and reasons for any limitations on the duration of credentialing approval or the scope of clinical practice.

A determination by a Credentialing Committee cannot of itself give rise to employment or other engagement of a dental practitioner.

Dental practitioners must be credentialed and have a prescribed scope of clinical practice before commencing clinical practice in any capacity.

Credentialing Committee determinations inform an Appointing Officer of the terms of employment or engagement, as they relate to the scope of clinical practice which may be offered to a dental practitioner.

It is the responsibility of the HSP to establish a local Credentialing Committee specifically for dental practitioners where there is a critical volume of dental practitioners requiring credentialing (for example DHS). However, if a low volume of dental practitioners to be credentialed applies (such as in a hospital setting), and a local Credentialing Committee already exists, the HSP may utilise this forum for dental practitioner credentialing. Regardless of the forum by which a dental practitioner is credentialed, the credentialing process outlined in this Standard remains the same.

In hospital settings, for Credentialing Committee determinations in relation to dental practitioners, one of the following approved officers (Table 1) must be called upon to assist with the process and approve the final decision. Choice of the approved officer (or their delegate) is dependent on their area of expertise and does not follow a hierarchy of order.

Table 1: Approved officers in the WA health system

Position	Area of expertise
Head of Special Dental Services, DHS	Adult hospital based special needs or medically compromised dentistry
Head of Special Dental Services, Fiona Stanley Hospital	Adult hospital based special needs or medically compromised dentistry
Chair, DHS Credentialing Committee	General dentistry (paediatric and adult) in metropolitan areas as well as regional and remote
Head of Dental Department, Perth Children's Hospital	Paediatric hospital based special needs or medically compromised dentistry
Chief Dental Officer	In circumstances where expertise required is not covered by the above positions

Under exceptional circumstances, the following approved delegates must be called upon in relation to credentialing in a hospital setting:

- Executive Director Medical/Clinical Services (or equivalent) - only in cases of temporary, urgent or emergency credentialing
- Director General or approved delegate - only in cases of disaster credentialing.

Where local credentialing processes are in place, HSPs must ensure that dental practitioners are included within these processes. Where there is an absence of local processes to cover dental practitioners, the following appendices provide examples of documents that may assist in the establishment of such processes:

Appendix 1 Template Terms of Reference for the Credentialing Committee

Appendix 2 Additional Guidance for the Credentialing Committee

8.0 Credentialing and defining the scope of clinical practice process

Credentialing is the formal process used to verify the qualifications, experience and professional standing of dental practitioners for the purpose of ascertaining their competence, performance and professional suitability to provide safe, high quality health care services within a particular health care facility.

Defining the scope of clinical practice is the process of delineating and articulating the extent of an individual dental practitioner's clinical practice in a particular health care facility based on the individual's credentials, competence, performance and professional suitability, and in consideration of the needs and capabilities of the health care facility. It defines the clinical practice that a dental practitioner is permitted to conduct at a particular health care facility. A scope of clinical practice is sometimes referred to as clinical privileges.

The credentialing and defining the scope of clinical practice process consists of three distinct stages:

1. **initial credentialing** which involves a review and verification of a dental practitioner's qualifications, skills, experience and competencies (refer Section 8.1)

2. **defining the scope of clinical practice** for a dental practitioner within a specific health care facility (refer Section 8.2)
3. **renewal** of credentials and the scope of clinical practice (also known as re-credentialing) to confirm that a dental practitioner has maintained or improved their qualifications, skills and competencies and that the health care facility still requires, and is able to support, the defined scope of clinical practice (refer Section 10.0).

Initial credentialing and defining the scope of clinical practice is to be included as part of the initial employment or engagement process, however it is an independent process under the governance of the local Credentialing Committee.

8.1 Initial credentialing

The following processes are adapted from the Credentialing and Defining Scope of Clinical Practice for Medical Practitioners Standard³ and the DHS' *Credentialing for Dental Practitioners Policy*.⁸

8.1.1 Invitation to submit a credentialing application

Upon application for a position of employment or engagement within a HSP as a dental practitioner within a hospital setting, applicants are invited to submit their clinical profile via the CredWA system which then enables the credentialing process to commence. For dental practitioners seeking employment or engagement with DHS, applicants will be provided with the appropriate forms with their job application to enable the credentialing process to begin. The employment and credentialing processes may occur simultaneously however they are separate processes.

8.1.2 Committee review/consideration of application

Upon completion of a profile within CredWA or completion of credentialing forms (for DHS) as well as submission of all relevant supporting documentation to support the dental practitioner's request for credentialing, the credentialing application shall be considered at the next scheduled Credentialing Committee meeting.

The Credentialing Committee shall make a determination:

- prior to the dental practitioner's first day of clinical practice
- on an on-going basis at least every five years.

Where exceptional circumstances require a dental practitioner to commence clinical practice prior to a formal determination, in a hospital setting the hospital Executive Director Medical/Clinical Services (or equivalent), or in the community dental setting, the DHS Manager Central Clinical and Support Services (MCCSS), must approve a temporary credentialing and scope of clinical practice prior to the commencement of clinical practice (Section 9.0). For credentialing in a hospital setting, approval for temporary credentialing must occur in consultation with the chair of the local Credentialing Committee and an approved dental practitioner delegate (Section 7.0). Hereafter, the hospital Executive Director Medical/Clinical Services (or equivalent) will be referred to as the Executive Director.

Where local credentialing processes are in place, HSPs must ensure that dental practitioners are included within these processes. Where there is an absence of local processes to cover dental practitioners, the following appendices provide examples of documents that may assist in the effective management of the credentialing and defining scope of clinical practice process:

- Appendix 3** Credentialing and Scope of Clinical Practice Procedural Checklist
- Appendix 4** Credentialing, Renewal of Credentialing and Defining Scope of Clinical Practice Checklist
- Appendix 5** Documentation the Credentialing Committee is required to retain as part of its records

8.2 Defining the scope of clinical practice

The National Standard for Credentialing and Defining the Scope of Clinical Practice⁴ suggests several approaches for defining the scope of clinical practice. The 'core scope of clinical practice' approach refers to the range of clinical activities that any appropriately trained practitioner would be expected to be competent to perform.*

All dental practitioners are expected to practice within the definition of their dental practitioner division (as defined by the DBA).

The dental practitioner's scope of practice (as defined by the DBA) covers a full range of activities and responsibilities. Within each profession, registered dental practitioners must only perform those dental procedures for which they have been educated and trained in through programs of study approved by the DBA, and in which they are competent. An individual's scope of practice, within the profession in which they are registered, may vary from practitioner to practitioner and may be more specifically defined than the scope of the dental profession dependent on the setting in which the dental practitioner operates.

Although the scope of clinical practice for dental practitioners is defined by the DBA, the local Credentialing Committee is required to make the determination that a dental practitioner is competent to perform within this scope of clinical practice. This involves:

- reviewing the scope of clinical practice required by the particular health care facility and requested by the applicant
- identifying the issues to be considered in making a determination.

Determinations regarding defining the scope of clinical practice shall involve consultation by the local Credentialing Committee with at least one of the approved dental practitioner delegates listed in Section 7.0.

The local Credentialing Committee's determination date is the commencement date of the dental practitioner's credentialing and scope of clinical practice. The only exception to this is where applications are noted only. For example: locums who have been credentialed under a temporary credentialing and scope of clinical practice process (Section 9.0).

Appendix 6 Determining the Scope of Clinical Practice Checklist is provided as an example for HSPs where there is an absence of local processes to cover dental practitioners.

* In the absence of a national standard specific to the meet needs of dental practitioners, the National Standard for Credentialing and Defining the Scope of Clinical Practice⁴, as the most recent document, has been tailored to guide the development of this Standard and meet the specific needs of dental practitioners in the WA health system.

8.3 Duration of scope of clinical practice

Decisions regarding the duration of a dental practitioner's credentialing and scope of clinical practice shall be at the discretion of the local Credentialing Committee up to a maximum of five years.

For matters relating to the duration of a temporary scope of clinical practice refer to Section 9.0.

8.4 Inconclusive committee determinations

The credentials of a dental practitioner should be verified prior to appointment, ideally at the application stage prior to shortlisting or at the interview stage. However, in the instance where the credentials of a dental practitioner have not been verified prior to appointment, inconclusive committee determinations may result in termination of the dental practitioner's application.

8.5 Portability of a defined scope of clinical practice

The scope of clinical practice granted to a dental practitioner is health care facility specific within the hospital setting and (due to the mobility of staff) is organisation wide for dental practitioners employed by DHS. Information concerning a dental practitioner's scope of clinical practice can be shared with other HSPs with the prior approval of the dental practitioner.

8.6 New clinical service, procedure or intervention

A dental practitioner may request additional scope of clinical practice where there is an introduction of new clinical services, procedures and technology or interventions.

Examples include:

- a new technology or procedure is introduced outside of the dental practitioner's existing approved scope of clinical practice
- the dental practitioner is introducing an established technique or clinical intervention into the particular health care facility for the first time
- the dental practitioner acquires enhanced skills or competencies that they wish to integrate into their work practice
- the dental practitioner is introducing a new technique or clinical intervention into the particular health care facility for the first time as part of a human trial and/or research.

HSPs are required to ensure that for each health care facility there are policies and processes that define the requirements for introducing new clinical services, procedures or other interventions.

8.7 Dental practitioner request for review

Once a determination has been made in relation to a dental practitioner's application, the dental practitioner can request a review of the Credentialing Committee's determination.

On receipt of a request to review a determination, the local Credentialing Committee will invite the dental practitioner to make a submission to the local Credentialing Committee in order to understand the basis for the review request before a final determination is made. The dental practitioner may consider whether they wish to speak with their private professional indemnity provider or engage legal counsel as part of this process.

When preparing a submission, the dental practitioner is to be encouraged to address each concern or matter as outlined by the local Credentialing Committee, and provide additional information which will assist the local Credentialing Committee to better understand the dental practitioner's perspective.

The submission the dental practitioner makes may be oral, written or both, although the dental practitioner should be encouraged to provide a written submission in the first instance. The dental practitioner must then be provided with the option to support their written submission with an oral presentation to the local Credentialing Committee. If the oral presentation is recorded, the dental practitioner must firstly provide consent and be provided with a copy of the recording.

The local Credentialing Committee has an obligation to ensure that the process is fair to the dental practitioner and all other parties. All evidence considered by the local Credentialing Committee as part of the determination and review processes must be made available to the dental practitioner. Anonymous or undocumented complaints are not to be considered as appropriate evidence.

If the dental practitioner does not accept the local Credentialing Committee's final determination, the dental practitioner is to be informed of the credentialing appeal process (Section 13.0).

There is no obligation for a dental practitioner to respond to any queries regarding the review request of the local Credentialing Committee, nor to review submissions. However, conclusions about the dental practitioner's clinical practice and the subsequent determination of the local Credentialing Committee are based on available information. The local Credentialing Committee can only make a determination based on the information that has been provided.

Appendix 8 Credentialing Committee Review Flowchart is provided as an example for HSPs where there is an absence of local processes to cover dental practitioners.

9.0 Temporary credentialing and scope of clinical practice

Temporary credentialing is known as 'interim' credentialing for the purposes of the CredWA system.

Where exceptional circumstances require a dental practitioner to commence clinical practice prior to a formal determination, in the hospital setting the Executive Director (or delegate to Head of Department), or in the community dental setting, the DHS MCCSS (or delegate to Head of Unit), must have approved a temporary credentialing and scope of clinical practice prior to the commencement of clinical practice (Section 9.0). Approval for temporary credentialing in a hospital setting must occur in consultation with the chair of the local Credentialing Committee and an approved officer (Table 1, Section 7.0).

A temporary scope of clinical practice can be approved by the Executive Director (in the hospital setting) or by DHS MCCSS (in the community dental setting) and is valid until the next local Credentialing Committee meeting. The local Credentialing Committee has discretionary authority to determine an appropriate scope of practice for the duration of the temporary credentialing period (up to an initial maximum of 90 days). A temporary scope of clinical practice can be approved in the following circumstances:

1. short-term appointments where the period of employment or engagement will cease prior to convening of the next local Credentialing Committee meeting (e.g. short term locum appointments). These approvals are to be tabled at the next local Credentialing

Committee meeting for purposes of governance and notification to the committee membership.

2. where an application is pending ratification at a meeting of the full local Credentialing Committee. The next local Credentialing Committee meeting must occur before the interim credentialing period expires.

As a minimum, before approving a temporary scope of clinical practice, the Executive Director or DHS MCCSS must ensure the following requirements are satisfied:

- the dental practitioner has current registration in the appropriate category with the DBA
- the scope of clinical practice is consistent with any conditions or undertakings on that registration
- the dental practitioner provides an up-to-date curriculum vitae with no unexplained gaps in employment
- the dental practitioner holds the qualifications mandatory to the appointment (registration can be accepted as providing evidence)
- a reference check from the candidate's most recent place of employment (or, in the case of locums, the most recent locum posting) is undertaken. This may be obtained as a verbal reference, but must be documented by the officer who received the reference.

Where temporary credentialing is approved it is the responsibility of the Executive Director or DHS MCCSS to ensure that they are satisfied that the dental practitioner does not present a risk to the safety and well-being of patients and/or staff.

9.1 Extending temporary credentialing and scope of clinical practice status

Temporary credentialing and scope of clinical practice may be extended past the initial 90 days for an additional maximum of 90 days in a hospital setting only. Approval must be given by the Executive Director (or delegate to Head of Department). The extension of temporary credentialing and scope of clinical practice in a hospital setting may occur only under one of the following circumstances:

- the dental practitioner is under review by the DBA and the local Credentialing Committee's decision is pending the outcome of an DBA decision
- the dental practitioner is under review by the local Credentialing Committee pending the outcome of an internal investigation or a health care facility clinical supervised performance review process
- the dental practitioner's application is pending the submission of additional documentation required by the local Credentialing Committee.

9.2 Urgent credentialing and scope of clinical practice

An urgent situation occurs where there is a visiting dental practitioner who has existing, relevant scope of clinical practice within another HSP. Urgent credentialing and scope of clinical practice is not applicable in a community dental setting as all credentialed DHS dental practitioners are able to work across all DHS sites.

The Head of Department or their delegate can give verbal approval for a temporary scope of clinical practice of less than 24 hours. Approval can only be given on the condition that the Head of Department of the endorsing facility confirms and provides evidence of that scope.

Use of this clause can only be invoked via the Executive Director and will always involve confirmation of the credentials of the dental practitioner and consultation with the relevant Head of Department.

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 local Credentialing Committee meeting.

9.3 Emergency situations scope of clinical practice

Emergency credentialing and scope of clinical practice is unlikely to occur in a community dental setting due the level of service that DHS provides and the transportability of credentials among the DHS dental practitioner workforce.

However, an emergency situation may arise in a hospital setting and occurs where no other credentialed dental practitioner is available. In this instance, a dental practitioner can be authorised by the Head of Department or their delegate to provide whatever clinical care is deemed necessary to preserve the health and life of a patient.

Use of this clause can only be invoked via the Executive Director and will always involve confirmation of the credentials of the dental practitioner and consultation with the relevant Head of Department.

A temporary scope of clinical practice determination in the above circumstances will not exceed the course of immediate care and may not be extended.

HSP policies and processes must include provision for credentialed dental practitioners to administer necessary treatment outside their authorised scope of clinical practice in emergency situations.

The particulars of the service provided which was outside the dental practitioners scope of clinical practice must be provided to the Head of Department as soon as reasonably practicable.

9.4 Disaster situations scope of clinical practice

Dental practitioners engaged or deployed in response to disasters or other disruptive events may be granted temporary credentialing and scope of clinical practice at the discretion of the Director General or their delegate as per Section 28 of the Health Services Act. HSPs must ensure that records relating to the deployment of a dental practitioner under these circumstances are appropriately maintained following the event.

A temporary scope of clinical practice determination in the above circumstances will not exceed the duration of the response and recovery phases of the disaster or disruptive event and may not be extended.

10.0 Scheduled renewal of credentials and scope of practice process

Scheduled renewal of credentials and of scope of clinical practice is the responsibility of the HSP. This is to ensure the credentials of dental practitioners are relevant and that the dental practitioner remains competent to provide the defined scope of practice. HSPs must have in place mechanisms for renewing or maintaining scope of clinical practice.

Renewal of credentials and scope of clinical practice must occur at a maximum of five year intervals for hospital settings and one year for a community dental setting. There is no obligation on a local Credentialing Committee to endorse the same scope of clinical practice as previously granted.

The local Credentialing Committee, at a minimum, must follow the same process used for initial credentialing and defining scope of clinical practice as set out in Section 8.0 when considering renewals, including provisions for request for review and appeal.

The local Credentialing Committee may consider other material they believe relevant to safe practice, including but not limited to:

- reports from the Health and Disability Services Complaints Office, the DBA or AHPRA
- indemnity history and status, including audits of litigation matters
- clinical review and audit
- information made available from internal investigations
- performance appraisals

A dental practitioner who is aggrieved by a determination of the local Credentialing Committee with respect to their application for renewal of credentials and of scope of clinical practice may appeal the local Credentialing Committee decision as per Section 13.0.

11.0 Unscheduled credentialing and scope of practice review process

A review of a dental practitioner's credentials and/or scope of clinical practice shall be undertaken by the local Credentialing Committee at the request of the HSP Chief Executive, Executive Director, or the dental practitioner to whom the credentials and scope of clinical practice applies. Staff members who have concerns about a dental practitioner's scope of clinical practice should refer these issues to the Head of Department/Unit.

The dental practitioner to whom the credentials and scope of clinical practice applies may present to the local Credentialing Committee any material they believe is relevant to demonstrate their safe practice, including items not noted on the original application form.

An unscheduled review of a dental practitioner's credentials and/or scope of clinical practice may occur in the following situations:

- in response to the introduction of new technologies
- with the attainment of new qualifications, on application by the dental practitioner as appropriate
- in response to the outcome of a performance review (whether a planned or impromptu review meeting)
- in response to the outcome of an investigation following a complaint to the Health and Disability Services Complaints Office
- the DBA indicates a review is appropriate

11.1 Inconclusive committee determinations

If the local Credentialing Committee has any uncertainty about the credentials or scope of clinical practice of a dental practitioner, it is to raise the matter with the dental practitioner concerned and provide them an opportunity to respond in writing.

The local Credentialing Committee will request a written submission from the dental practitioner when it:

- is unclear about an aspect of the application
- requires further information on the scope of clinical practice that has been requested
- is unclear or seeking further information about the review of the scope of clinical practice.

While there is no obligation for an applicant to provide a response to issues raised by the local Credentialing Committee, conclusions about the dental practitioner's clinical practice and the subsequent determination of the local Credentialing Committee are based on available information. If a written response is not provided, the local Credentialing Committee will still be required to make a determination on the information that has been made available to the local Credentialing Committee.

If the local Credentialing Committee remains in doubt after the provision of additional information, it is to determine an appropriately varied scope of clinical practice and refer the matter to the Head of Department (within the hospital setting) or the relevant Regional Dental Officer (within the community dental setting) for immediate action. This may involve a requirement for additional training or further experience under supervision.

If the dental practitioner does not accept the local Credentialing Committee's final determination, the dental practitioner is to be informed of the credentialing appeal process (Section 13.0).

Appendix 7 Inconclusive Credentialing Committee Determination Flowchart is provided as an example for HSPs where there is an absence of local processes to cover dental practitioners.

12.0 Variation, suspension or termination of scope of clinical practice

In response to determinations from the local Credentialing Committee, the right to vary, suspend or terminate the scope of clinical practice of a dental practitioner (in a hospital setting) will be held by the HSP Chief Executive, Executive Director or Head of Department/Unit. Within DHS, this right will be held by the General Manager or their delegate. The dental practitioner must be advised in writing of the decision to vary, suspend or terminate their scope of clinical practice, including the evidence on which the determination was based, and of the Credentialing Appeals Process.

The scope of a dental practitioner's clinical practice can be varied if the:

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

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

- AHPRA registration is cancelled or modified in a way that precludes them from practising
- employment or engagement contract expires or is terminated
- appropriate and adequate indemnity cover or insurance ceases
- there is a risk to the safety and well-being of patients and/or staff
- the practitioner otherwise departs from generally accepted standards of dental practice in their conduct
- the practitioner is found to have made a false declaration through omission or false information which justifies such action
- an instance of serious, negligent or wilful misconduct occurs;
- the practitioner is subject to a criminal investigation or has been convicted of a serious offence.

The scope of a dental practitioner's clinical practice must be varied, suspended or terminated in line with any variations, suspensions or terminations imposed by the DBA. This does not preclude the local Credentialing Committee from imposing additional restrictions that may, or may not, be related to the DBA restrictions.

A local Credentialing Committee has the authority to credential any dental practitioner on general or limited on a case by case basis.

Appendix 9 Additional Guidelines for Variation, Suspension or Termination of Scope of Clinical Practice Process is provided as an example for HSPs where there is an absence of local processes to cover dental practitioners.

13.0 Credentialing appeal process

The dental practitioner who has had their requested scope of clinical practice denied in a hospital setting, suspended, or varied from the original request may appeal the decision to the HSP Chief Executive. Within DHS, dental practitioners may appeal the decision to the General Manager. The appeal may be lodged only after the local Credentialing Committee has had the opportunity to examine submissions from the dental practitioner and to reconsider the initial decision.

The HSP Chief Executive is responsible for the formation of a Credentialing Appeal Panel. The Credentialing Appeal Panel is independent to the local Credentialing Committee. The Credentialing Appeal Panel's recommendations are to be made to the HSP Chief Executive for consideration and decision. The HSP Chief Executive's decision is final. Appeals must be lodged in writing to the HSP Chief Executive within seven days of receipt of the local Credentialing Committee's final decision.

For appeals in relation to dental practitioners in a hospital setting, an approved officer as outlined in Table 1 must be called upon to assist with the process and approve the final decision. Choice of the approved officer (or their delegate) is dependent on their area of expertise and does not follow a hierarchy of order.

An appeal in accordance with this section can be lodged once the review process provided under Section 8.7 (Dental Practitioner Request for Review) has been concluded and a final determination is made and provided to the dental practitioner.

Appendix 10 Guidelines for Credentialing Appeal Panel and **Appendix 11** Credentialing Appeal Process Flowchart are provided as examples for HSPs where there is an absence of local processes to cover dental practitioners.

14.0 Other considerations

14.1 Retention of information

It is a condition of application that the credentials of a dental practitioner are retained by the HSP. This requirement also applies to the dental practitioners as part of the renewal process. The HSP is responsible for ensuring that information on the credentialing process and the use of retained information is provided and available to applicants and currently credentialed dental practitioners as part of this process.

14.2 Performance appraisal

The HSP is responsible for ensuring that annual performance appraisals are conducted with dental practitioners.

At the time of a scheduled renewal of credentials and scope of practice, the local Credentialing Committee may request and consider performance appraisals as part of the renewal process.

14.3 Continuing professional development

The DBA requires that all dental practitioners participate in regular continuing professional development (CPD) that is relevant to their scope of clinical practice. Dental practitioners are required to confirm their participation in CPD on a regular basis as part of their AHPRA registration.

Although the DBA does not currently require the submission of evidence of CPD on a regular basis, dental practitioners may be required to submit CPD documentation to the local Credentialing Committee at both the initial credentialing and at the renewal and review stages.

15.0 References

1. Health Services Act 2016 (WA), (2016).
2. Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards. 2nd ed. Sydney: ACSQHC; 2017. Available from: <https://www.safetyandquality.gov.au/wp-content/uploads/2017/12/National-Safety-and-Quality-Health-Service-Standards-second-edition.pdf>.
3. Western Australian Department of Health. Credentialing and Defining Scope of Clinical Practice for Medical Practitioners Standard. Perth: Western Australian Department of Health; 2017.
4. Australian Council for Safety and Quality in Health Care. Standard for Credentialing and Defining the Scope of Clinical Practice. Canberra: Australian Council for Safety and Quality in Health Care, 2004.
5. Health Practitioner Regulation National Law (WA) Act, (2010).
6. Dental Board of Australia. Registration Standards 2017. Available from: <http://www.dentalboard.gov.au/Registration-Standards.aspx>.
7. Western Australian Department of Health. WA Health Clinical Services Framework 2014-2024 Perth: Western Australian Department of Health; 2015. Available from: <http://ww2.health.wa.gov.au/Reports-and-publications/WA-Health-Clinical-Services-Framework-2014-2024>.
8. Dental Health Services. Credentialing for Dental Practitioners. Perth: Dental Health Services; 2018.

16.0 Relevant legislation

Australian Council for Safety and Quality in Healthcare (2004). *Standard for Credentialing and Defining the Scope of Clinical Practice. A National Standard for Credentialing and Defining the Scope of Clinical Practice of Medical practitioners, For Use in Public and Private Hospitals*, available at:

<http://www.safetyandquality.gov.au/wp-content/uploads/2012/01/credentl.pdf>

Department of Health (2017). Health Technology, Governance Policy MP 0072/17.

Legislative Council. (1990). Guidelines Relevant to Minister and Officers involved in Legal Proceedings. Tabled 10 July 1990.

Public Sector Commission. (2001). Standards in Human Resource Management.

Appendix 1: Template Terms of Reference for the Credentialing Committee

HSPs must adopt formal Terms of Reference for all established Credentialing Committees, which are consistent with the principles set out in the Standard. If used, this template should be adapted to the standard format ordinarily used by the HSP Committees.

1. Name

The Credentialing and Scope of Clinical Practice Committee is to be known as the Credentialing Committee of the *(name of Health Service Provider or Health Facility or Health Care Facilities, as the case requires)*.

2. Purpose

The purpose of the Credentialing Committee, is to support the delivery of high quality health care and ultimately better patient outcomes by providing *(Name)* with a rigorous peer review process for credentialing and defining scope of clinical practice of medical and dental practitioners engaged by the Health Service Provider.

This requires reviewing the credentials, of all specialists, senior medical practitioners and junior medical officers as prescribed in the *Credentialing and Defining Scope of Clinical Practice for Medical Practitioners Standard*, as well as all dental practitioners as prescribed in the *Credentialing and Defining Scope of Clinical Practice for Dental Practitioners Standard*, so as to determine appropriate scope of clinical practice.

3. Accountability

The Credentialing Committee is accountable to and reports to the Chief Executive.

4. Conduct of the Credentialing Committee

The Credentialing Committee will conduct itself at all times in good faith, according to the rules of procedural fairness and 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 form the basis of all phases of credentialing and defining scope of clinical practice processes.

5. Role and Function and Responsibilities of the Credentialing Committee

The Credentialing Committee is to undertake and provide advice on the processes of credentialing and defining the scope of clinical practice:

- prior to start date or reappointment of a medical or dental practitioner
- at re-credentialing
- unscheduled review of credentialing and scope of clinical practice
- upon request for review of determinations
- upon introduction of new technologies.

The Credentialing Committee is to:

- determine the type and level of information required for credentialing of existing medical or dental practitioners

- review and verify training and qualifications to ensure a medical or dental practitioner's experience and skills support the scope of clinical practice required for the position
- 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
- determine the appropriate scope of clinical practice for a medical or dental practitioner
- review the scope of clinical practice of all medical and dental practitioners at regular intervals or at the request of the Principal Medical Administrator or Principal Administrator or the medical or dental practitioner to whom the credentials and scope of clinical practice apply
- determine a scope of clinical practice following the regular review period or requested review
- notify a medical or dental practitioner of the decision concerning the medical or dental practitioner's scope of clinical practice at the time of the initial appointment and at any future regular reviews
- undertake an initial review of its own determinations if so requested by the medical or dental practitioner
- use the state-wide credentialing system known as CredWA as the tool to facilitate credentialing and scope of clinical practice of medical or dental practitioners
- ensure medical and dental practitioners understand and consent to the retention of information gathered as a part of credentialing and scope of clinical practice processes
- fully document and keep confidential all Committee proceedings unless directed otherwise by the Chief Executive or by law
- conduct itself in good faith, according to the rules of procedural fairness and natural justice, without conflicts of interest or bias, and in a manner that does not breach relevant legislation.

6. Membership of the Committee

Standing membership:

- Principal Medical Administrator as Chair
- between three and six medical practitioners, appointed by the Chief Executive, reflecting the mix of clinical services provided at the health care facility.

The Committee will co-opt members from time to time including:

- a university nominee who is a medical practitioner where a clinical academic application is to be considered
- a nominee of a vocational college of which each of the applicants under consideration are members or eligible to be members

- at least one medical practitioner from the medical speciality of each of the applicants under consideration
- a Human Resources Officer from the Health Service Provider
- for Credentialing Committee determinations in relation to dental practitioners, one of the following approved delegates will be called upon to assist with the application process and grant final approval:
 - Head of Special Dental Services, DHS
 - Manager of Community Dental Services, DHS
 - Head of Dental Department, Perth Children's Hospital
 - Chief Dental Officer
 - Executive Director Medical/Clinical Services (or equivalent) - only in cases of temporary, urgent or emergency credentialing
 - Director General or approved delegate - only in cases of disaster credentialing.
- other relevant experts as deemed appropriate.

The Credentialing Committee will not make a determination on credentialing or defining the scope of clinical practice unless at least one of those members present at the meeting, either as a standing member or as a co-opted member, is a Fellow of the relevant vocational college of each of the applicants being considered.

A quorum will comprise two thirds of the Standing membership plus those required to be co-opted for the immediate matters under consideration by the Committee.

7. Appointment

Nominations for membership of the Credentialing Committee are to be called every two to three years by the Chief Executive. The Chief Executive is to appoint standing members for a period of two to three years.

In the absence of the Chair, another of the Standing members shall be elected to act as the Chair. The Deputy Chair is to perform all functions of the Chair when the Chair is unavailable or unable to perform their functions.

The Chair is to be the authorised channel of communication of all decisions of the Credentialing Committee.

8. Proxies

Standing members of the Credentialing Committee may nominate another medical practitioner as a proxy to attend meetings when any of them are unable to attend. The Chair is to be advised of the proxy prior to the meeting.

9. Conflict of Interest

A member of the Credentialing Committee, who has duties or interests in conflict with their duties or interests on the Committee whether direct, indirect, financial, material or otherwise, must withdraw or declare a possible conflict of interest to the Chair. Where a possible conflict of interest is declared it must be dealt with in accordance with the Health Service Provider Conflict of Interest Policy.

10. Confidentiality

The proceedings of the Credentialing Committee are to be confidential unless decided otherwise by the Chief Executive or as required by law.

11. Frequency of Meetings

The Credentialing Committee is to meet according schedule agreed by Credentialing Committee members. The Chair may cancel a meeting if there is insufficient business to warrant holding a meeting or a quorum will not be reached. An additional meeting may be held at the discretion of the Chair.

12. Notice of Meetings

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

13. Absences

Any elected member who misses three consecutive meetings of the Credentialing Committee without evidence of a good cause is to be deemed to have resigned.

14. Decisions

Decisions of the Credentialing Committee are to be by the majority. The Chair is to have the casting vote.

15. Secretary

A Secretary is to be appointed by the Chair and is to issue agendas and supporting material at least five working days in advance of each meeting. The Secretary is to prepare minutes of each meeting, to be formally adopted at the subsequent meeting of the Credentialing Committee. The Secretary is to keep separate files of at least the following:

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

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

16. Determinations

The Credentialing Committee determinations are to specify the scope of clinical practice, any conditions attached and the reasons for any limitations on the duration or scope of clinical practice.

17. Adoption, Review and Amendment of Terms of Reference

The Terms of Reference are to be reviewed at a minimum every three years.

Terms of Reference may be altered and amended by recommendation to the Chief Executive.

Revision dates:

Date of revision	Revision prepared by	Comments

Appendix 2: Additional Guidance for the Credentialing Committee

Credentialing Committee's review of the Scope of Clinical Practice

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

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

If a Credentialing Committee does not believe there is sufficient information or requires clarification on any aspect of an application prior to making a determination, the application may be held over and a request seeking clarification or further information will be made in writing to the applicant. This information should be tabled at the next scheduled Credentialing Committee meeting. On receipt of the additional information, a Credentialing Committee can reassess the application based on all available information and make a determination.

Credentialing Committee's role with new procedures and treatments

Once the hospital or community dental setting has determined that a new procedure will be introduced, the Credentialing Committee will then review a medical or dental practitioner's competence to perform the new technology, procedure or intervention.

Medical or dental practitioners who wish to provide new procedures and treatment modalities will require amendments to their clinical scope of clinical practice. A medical or dental practitioner will be required to initiate a re-credentialing process and present the new technology or procedure (which is currently outside of the medical or dental practitioner's scope of clinical practice) to a Credentialing Committee. The date of the Credentialing Committee's determination shall be documented as the approval date of credentialing for the new procedure. A medical or dental practitioner cannot be approved for modified credentialing by any other means.

Factors that a Credentialing Committee needs to consider in making a determination include:

- that the new clinical service, procedure or intervention is approved according to the particular Health Service Provider or health care facility's policy
- the minimum credentials, including evidence of competence, required to enable a Credentialing Committee to make an informed decision are provided.

Probation periods can be prescribed 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, a Credentialing Committee must define:

- the purpose and timelines of any probationary period
- any training or supervisory requirements
- the method of evaluation to be undertaken.

Credentialing Committee's Determinations

When a Credentialing Committee has considered all aspects of a medical or dental practitioner's application, a Credentialing Committee will minute the Credentialing Committee's final determination. This should include any limitations such as supervision requirements, conditions or undertakings on registration and the period of the scope of clinical practice.

Determinations by a Credentialing Committee to a variation of the role delineation can include the determinations as listed in the above 'Credentialing Committee's review of the Scope of Clinical Practice'.

Dissolution of a Credentialing Committee

Dissolution of a Credentialing Committee can be undertaken following consultation with relevant stakeholders including the Australian Medical Association (AMA). The reasons for dissolution must be clearly documented and retained as a part of a Credentialing Committee's formal records. The Chief Executive may dissolve a Credentialing Committee and replace it with another committee to manage credentialing and scope of clinical practice processes.

Appendix 3: Credentialing and Scope of Clinical Practice Procedural Checklist

- Formally constitute a Credentialing Committee for all medical or dental practitioners**
 - Terms of Reference
 - Delegations manual defines lines of responsibility throughout the health care facility
 - Minutes and determinations of the Credentialing Committee
- Appoint Committee Members**
 - List of Credentialing Committee members
- Confirm the Principal Medical Administrator**
 - Delegations manual defines lines of responsibility throughout the health care facility
- Standard policy and processes are in place and available to Health Service Provider staff for credentialing and defining the scope of clinical practice, including:**
 - Initial credentialing and defining scope of clinical practice
 - Renewal of credentials and scope of clinical practice
 - Temporary credentialing
 - In an emergency situation
 - In a disaster
 - New clinical procedures, technologies and treatments
 - Unplanned review of credentials and/or scope of clinical practice
 - Dissemination of information to medical or dental practitioners and relevant health service staff
 - Policy and procedures manual
 - Pro-forma for seeking referee feedback
 - Letters notifying medical or dental practitioner of outcomes
 - Minutes and determinations of the Credentialing Committee
 - Audit to verify consistency of application of agreed and documented processes
- Policy and procedures for credentialing and defining the scope of clinical practice are readily available to medical or dental practitioners**
 - 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**
 - 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 Credentialing Committee members in meeting their responsibilities**
 - Education and training program developed
 - Attendance at education sessions
 - Information provided to Credentialing Committee members to ensure awareness of responsibilities and issues associated with credentialing and defining the scope of clinical practice
- Standard process for monitoring medical or dental practitioner compliance against scope of clinical practice granted**
 - Performance review mechanism confirms medical or dental practitioner complying with scope of clinical practice granted
- Appeals mechanism in place**
 - 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 Credentialing Committee**
 - 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 credentialing and defining the scope of clinical practice within each health care facility as part of the Health Service's Clinical Governance Framework**
 - Credentialing and defining the scope of clinical practice is an initiative identified in each of the Health Service Providers' Clinical Governance Frameworks
 - Status of credentialing and defining the scope of clinical practice initiatives are reported to the Department 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**
 - Policy and procedures manual
 - Credentialing Committee meeting records
 - Audit reports

Appendix 4: Credentialing, Renewal of Credentialing and Defining Scope of Clinical Practice Checklist

The following information or evidence should be reviewed prior to making a decision on whether or not a dental practitioner will be credentialed (and/or have credentials renewed) and defining a scope of clinical practice:

- Current DBA registration in the appropriate category
 - Applications for dental practitioners on Limited Registration must show conditions and the recommended position title, supervision details and area of need dates under 'Notations – Registration Requirements'.
- Position Title
 - The position title of the dental practitioner must be consistent with their DBA Registration and the Workforce Data Policy MP 0091/18.
 - At all times, position titles for dental practitioners who have Limited Registration must reflect the position title indicated in the 'Notations – Registration Requirements' section located under the applicant's Registration Type, regardless of the appointment position the dental practitioner has been contracted in.
- Current Curriculum Vitae with employment and education history
 - A complete review of an applicant's employment or engagement history, with details of all clinical positions held by the applicant, including location, nature and duration.
 - 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 12 months, which may include volume and outcomes.
 - Clinical audit or peer review activities.
- Reviews
 - Initial Credentialing – Two written references. These are peer reviews and considered opinions of at least two professional referees of the same discipline, who are able to advise on the applicant's clinical skills, competency and suitability for the scope of clinical practice being sought. The referees' opinions must be obtained directly from the referees, not via the applicant, and should be able to comment on practice within the last 12 months.
 - Renewal of credentials and scope of clinical practice – Performance Review Report or Continuing Professional Development Report provided by the applicant's Head of Unit within the last 12 months. The report should review the dental practitioner's competence and performance in the position and scope of clinical practice under consideration, and in particular their ability to provide health care services at the expected level of safety and quality. This review must also include information about the applicant's past performance, including evidence of participation in clinical governance activities,

undertaking continuing medical education and participation in teaching and research.

- Continued Professional Development (CPD)
 - o Summary of clinical activity for at least the past 12 months which may include a logbook, if maintained.
- Declarations and Undertakings
 - o The dental practitioner needs to declare any prior or current disciplinary actions, professional sanctions, criminal investigations or convictions, or any other matters reportable under the Health Practitioner Regulation National Law (WA) Act 2010 (WA).
 - o Any physical or mental conditions or substance abuse problem that could affect the dental practitioner's ability to perform the scope of clinical practice.
- Consent - Ensures the dental practitioner understands and consents to the retention of information gathered as a part of the credentialing and scope of clinical practice process.
- A completed scope of clinical practice – This should be consistent with any conditions, notations or undertakings upon the dental practitioner's registration.

Appendix 5: Documentation the Credentialing Committee is required to retain as part of its records

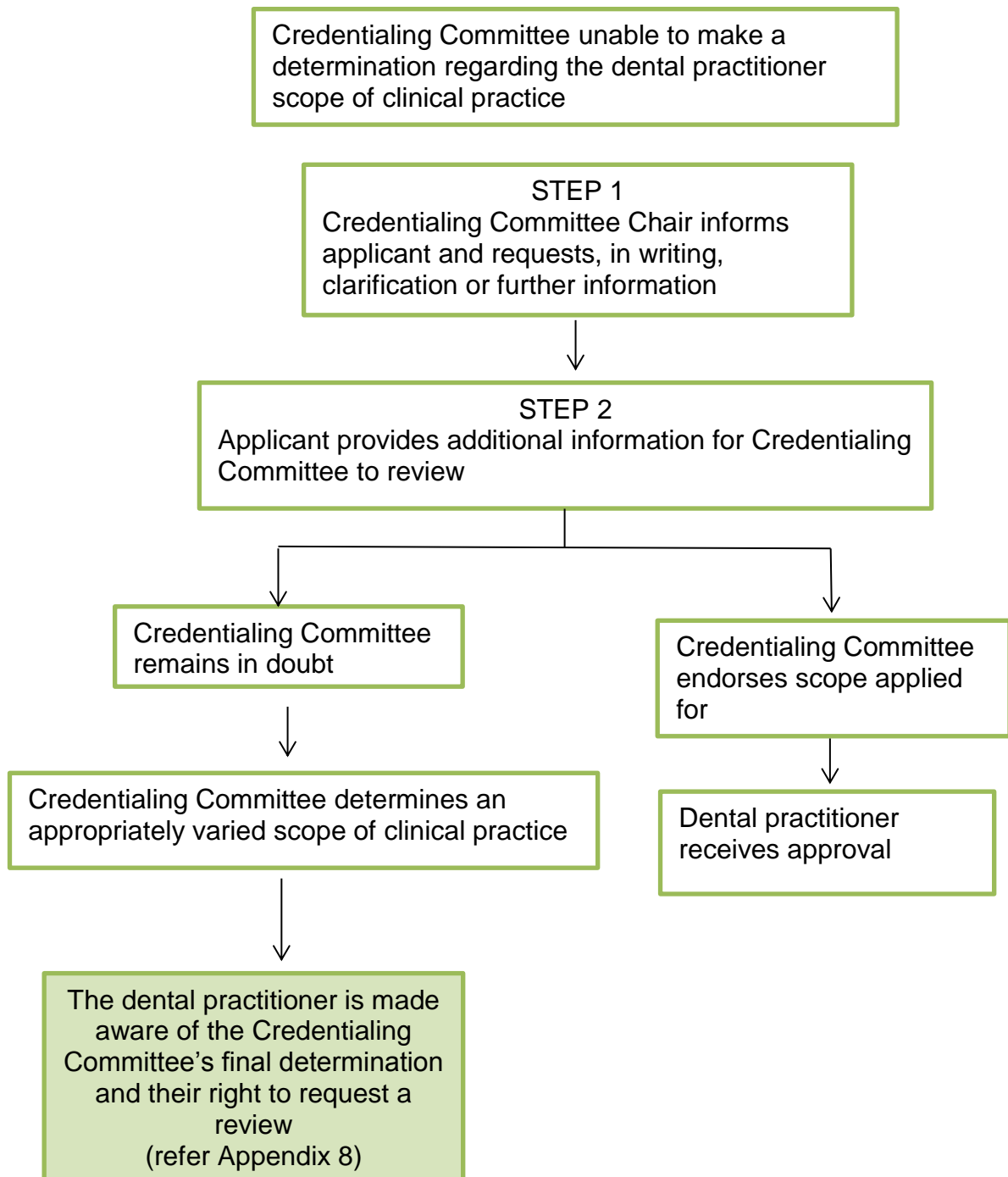
- Names of dental practitioners whose credentials were examined
- Specific registration documents and credentials that were examined, and in what format
- Any concerns about a dental practitioner's competence or performance
- Evidence reviewed regarding a dental practitioner's competence or performance in the position or scope of clinical practice under consideration
- Whether an invitation was extended to and accepted by a dental practitioner to present in person to the Credentialing Committee
- The identity of any support person who assisted a dental practitioner at any presentation
- Additional information that was presented by a dental practitioner
- Conclusions about a dental practitioner's competence and performance in the position or scope of clinical practice under consideration and in particular their 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 Credentialing Committee's determinations regarding a dental practitioner's scope of clinical practice
- Record management and maintenance of applications with a suspended or varied scope of clinical practice, including legal correspondence

Appendix 6: Determining the Scope of Clinical Practice Checklist

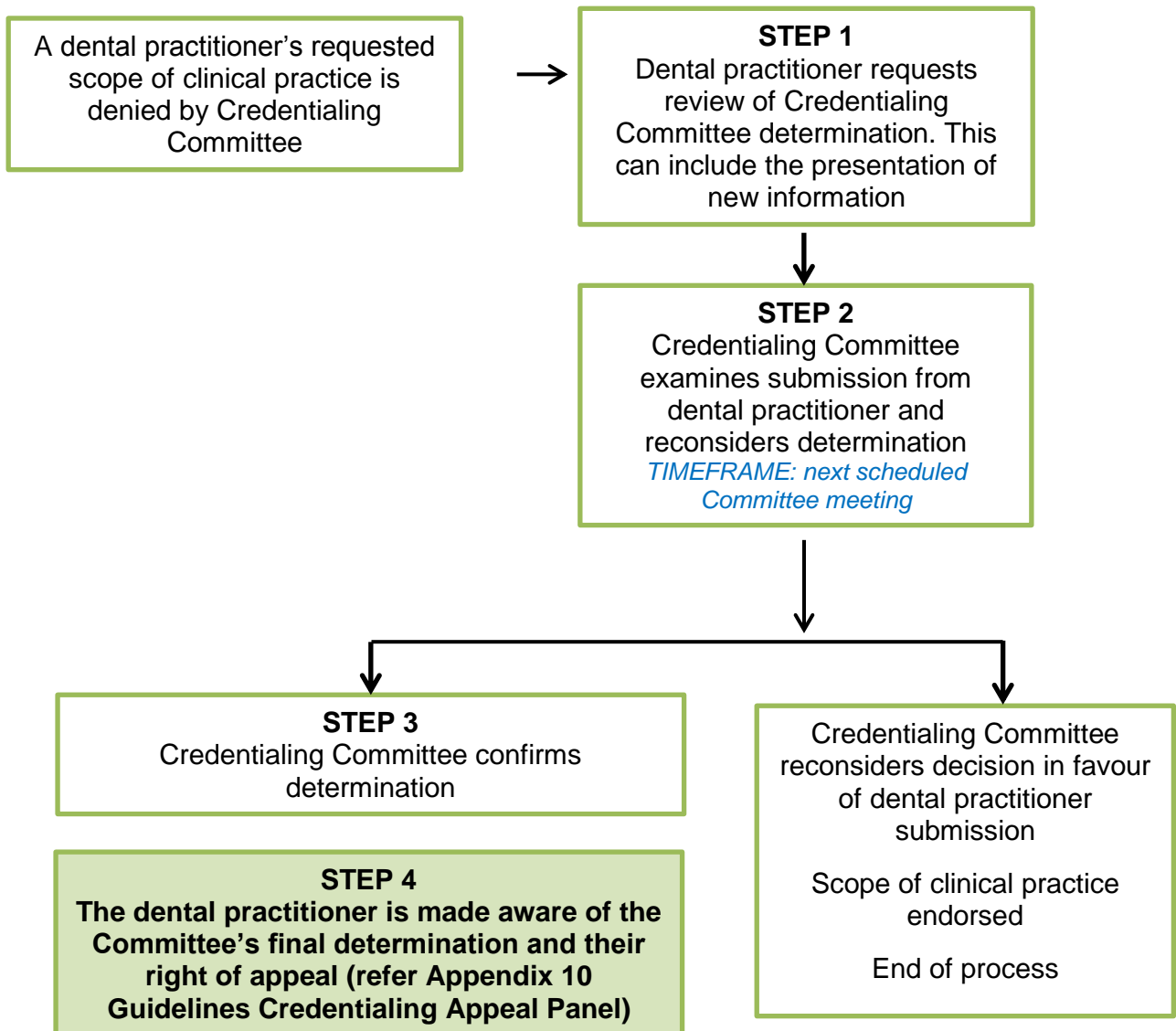
The following information or evidence should be reviewed prior to making a decision on the scope of clinical practice of a dental practitioner:

- Outcomes of the credentialing process, including referee reports and feedback from other and/or past employers
- Roles and responsibilities of the position
- Standards, guidelines, policies and/or recommendations by the specialty medical college, society or association
- Benefit of the particular treatment, procedure or intervention to patients
- 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 or committee (e.g. ethics committee and Head of Unit or Department)
- Skill mix of the health care facility and the availability of support, facilities and equipment
- The dental practitioner's particular expertise and experience and the recency of that experience
- The volume of clinical activity undertaken by the dental practitioner over the past 12 months
- The Hospital or Health Service's role delineation, as defined by the current *WA Health Clinical Services Framework*
- Evidence-based information in credible publications regarding competence in and performance of the requested scope of clinical practice
- The level of information and evidence to be reviewed will differ based on the seniority of the position

Appendix 7: Inconclusive Credentialing Committee Determination Flowchart



Appendix 8: Credentialing Committee Review Flowchart



Appendix 9: Additional Guidelines for Variation, Suspension or Termination of Scope of Clinical Practice Process

Credentialing Committees are encouraged to develop a process for the reduction, suspension or termination of a dental practitioner's scope of clinical practice. This process should include a Credentialing Committee's:

- outcome or recommendation from the Chair to the dental practitioner
- advice for the dental practitioner to appear before the Credentialing Committee with representation, if so requested by the dental practitioner
- advice to the dental practitioner on their Appeal rights
- final outcome of a Credentialing Committee's decision

Examples where a dental practitioner's scope of clinical practice may be varied, suspended or terminated include if:

- the health care facility does not have, or elects not to have, the facilities and/or clinical support for the requested procedure or field of practice
- the outcome of an investigation following a complaint to the Health and Disability Services Complaints Office or the DBA indicates a review is appropriate
- a dental practitioner ceases to be registered with the DBA
- a dental practitioner ceases to have appropriate and adequate indemnity cover or insurance
- a dental practitioner is found to have made a false declaration through omission or false information which justifies such action
- a dental practitioner's employment or engagement contract expires or is terminated
- a dental practitioner engages in serious or wilful misconduct
- a dental practitioner presents a risk to the safety and well-being of patients and/or staff
- a dental practitioner otherwise departs from generally accepted standards of dental care in their conduct
- a dental practitioner is subject to criminal investigation or has been convicted of a serious offence
- a dental practitioner has been identified through onsite performance review or peer reference processes as performing substandard to clinical, professional, or ethical standard expectations. Some examples of specific reasons include:
 - making continued poor or incorrect decisions
 - inability to work unsupervised
 - failure to collaborate or consult with colleagues and other stakeholders where it is a requirement of the role
 - inability to make clinical decisions within the scope of the job requirements, leading to unnecessary referral of decisions to others.

A dental practitioner is to be advised of an immediate review of their credentialing and scope of clinical practice by the Credentialing Committee Chair and their right to the provision of any necessary personal or professional support.

In notifying a dental practitioner of a Credentialing Committee's determination with respect to reducing, suspending or terminating their defined scope of clinical practice, the dental practitioner is to be advised of any modifications, restrictions or request denials and the reasons for these being made. The dental practitioner is to be given a reasonable opportunity to comment with respect to any issues of concern prior to a final determination being made by the Credentialing Committee. At this time the dental practitioner is to also be advised of the appeal process.

If a dental practitioner is applying for scope of clinical practice across multiple sites (for the exception of DHS where all dental practitioners are credentialed across multiple sites) across a health service, then each Principal Medical Administrator must be informed of the Credentialing Committee outcome any modification, restriction and/or denial.

A Credentialing Committee will, subject to principles of confidentiality and appeal rights, also advise the relevant Heads of Department.

All information and correspondence regarding a Credentialing Committee's decision on modification, restriction and/or denial of scope of clinical practice is to be provided by the Committee Chair in writing. The principles of procedural fairness and natural justice and probity must be observed by a Credentialing Committee. Therefore a Credentialing Committee must be clear in determining if a dental practitioner can continue to practice under the temporary credentialing process or should be suspended or terminated.

If the nature of the matter results in the suspension or termination of a dental practitioner and the Principal Medical Administrator believes in good faith that the safety and quality of health care in another institution is subsequently at risk, the matter is to be referred to the Principal Medical Administrator of that Health Care Facility.

Appendix 10: Guidelines for Credentialing Appeal Panel

1. A dental practitioner whose request for a re-review of a Credentialing Committee's determination has been denied, withheld or granted in a modified form to that requested has the right to appeal the decision. The procedure is:
 - The appellant to inform the Chair of the Credentialing Committee of their intention to proceed to an appeals process within seven days of receiving notification of the result of the re-review from the Credentialing Committee.
 - The appellant to advise the Chief Executive in writing of the intention to undertake the appeal process.
 - The Chief Executive must appoint a Credentialing Appeal Panel whose membership will be entirely independent to that of the Credentialing Committee.
2. The Credentialing Appeal Panel membership is to include:
 - an independent Chair who is either a medical or dental practitioner and is not the Principal Medical Administrator nor a member of the Credentialing Committee
 - a senior dental practitioner from the same clinical discipline as the appellant
 - a professional nominee of the appellant, who is a dental practitioner
 - a dental practitioner nominated by the relevant college where the college agrees to make a nominee
 - where the appellant so requests, the Chief Executive must seek a nominee of the Australian Dental Association, who is a dental practitioner
 - other members who the Chief Executive, on the advice of the independent Chair, decides will bring specific expertise to the Credentialing Appeal Panel.
3. Appointments to the Credentialing Appeal Panel will be on an ad-hoc basis to consider particular appeals and will not involve persons previously concerned with the subject of the appeal.
4. The Credentialing Appeal Panel should convene within 28 working days of receipt of a request for a formal hearing. During this time the appellant should not have visiting and/or admitting rights except within the scope of those visiting rights already granted and not in dispute.
5. At all times the principles of procedural fairness and natural justice are to apply and the appellant given every opportunity to have all available information brought forward for consideration.
6. The Credentialing Appeal Panel will call for written or verbal comment from relevant dental practitioners and Associations or Colleges as to the clinical competence of the appellant in the area of dispute.
7. The appellant is entitled to attend the Credentialing Appeal Panel and to be accompanied by a barrister, solicitor or another person. Such individuals may not represent the appellant but will be in an advisory capacity.
8. Hearings of the Credentialing Appeal Panel are to be closed.

9. Decisions of the Credentialing Appeal Panel are to be by majority of members with the Chair having a casting vote if necessary.
10. The Credentialing Appeal Panel to submit a written recommendation to the Chief Executive within 14 days of the agreed decision.
11. The Chief Executive will consider the Credentialing Appeal Panel recommendation and make a final decision.
12. The Chief Executive will advise the Chair of the Credentialing Committee in writing of the decision.
13. Final outcome of the Credentialing Appeal Panel and the decision of the Chief Executive are to be advised in writing to the appellant within seven days of the final decision which includes reasons for the decision to the appellant.
14. The appellant is eligible to reapply for credentialing or definition of scope of clinical practice if the appeal is refused.

Credentialing Appeals General Principles

15. The appeal process is intended to allow for reconsideration of any adverse decision and for new information to be brought forward if available. In the event that a Credentialing Appeal Panel is required, where possible take the following format:
 - All available information is to be presented to the members. There should be no specific time limit set for the meeting and members should be prepared to debate fully the issues until a solution is achieved.
 - At all times the principles of procedural fairness and natural justice are to apply and the appellant given every opportunity to have all available information brought forward for consideration.
 - Minutes recording the result of the Appeal Panel deliberations are to be kept. Each party is to be given the opportunity to speak seeking clarification and identification of the issues. Every opportunity should be taken to seek options for change and resolution. The aim of the process is to clearly identify the issues and arrive at a solution which, wherever reasonably practicable, is acceptable to all parties.

Credentialing Appeal Panel Roles and Responsibilities

16. The Credentialing Appeal Panel is to:
 - In the absence of exceptional circumstances, hear and determine the appeal on the evidence and matters raised.
 - Not involve persons previously concerned with the subject of the appeal.
 - Not be bound to the rules of evidence but may inform itself on any matter it thinks just and obtain legal advice to assist in its processes and deliberations.
 - Determine the matter according to equity, good conscience, and the substantial merits of the case without being constrained by legal technicalities or legal forms.
 - Afford procedural fairness to all persons but may proceed to hear any appeal if documents or information are not provided within time limits specified by the panel.

- Act as rapidly as practicable.
- Prepare a written report setting out:
 - conclusions arrived at including any dissenting view of a panel member
 - reasons for arriving at those conclusions
 - materials:
 - o referred or provided to the panel
 - o relied upon in arriving at the conclusions.
- Give the appellant adequate opportunity to provide submissions before preparing the report.
- With the consent of the Chief Executive, take legal advice concerning the appeal and may in its discretion keep this advice confidential to itself.
- Otherwise determine the manner in which the appeal is to be conducted.
- Report and provide its recommendations to the Chief Executive and may make such recommendations concerning the appeal as it considers appropriate to best protect the interests of all parties.

Procedural Fairness

17. The Credentialing Appeal Panel must at all times:
- Ensure the principles of procedural fairness are applied throughout the process.
 - Ensure there is no victimisation of complainants, respondents, witnesses or anyone involved in the process.
 - Listen to the appellant's concerns and allegations.
 - Ask questions and gain an understanding of the concerns.
 - Ensure the appellant has the opportunity to present their version of events.
 - Treat all appeals seriously, sensitively and promptly.
 - Ensure that confidentiality is maintained.

Quorum

18. The quorum for the Credentialing Appeal Panel is to be all members. An alternate member is to be provided if an original nominee is not available.

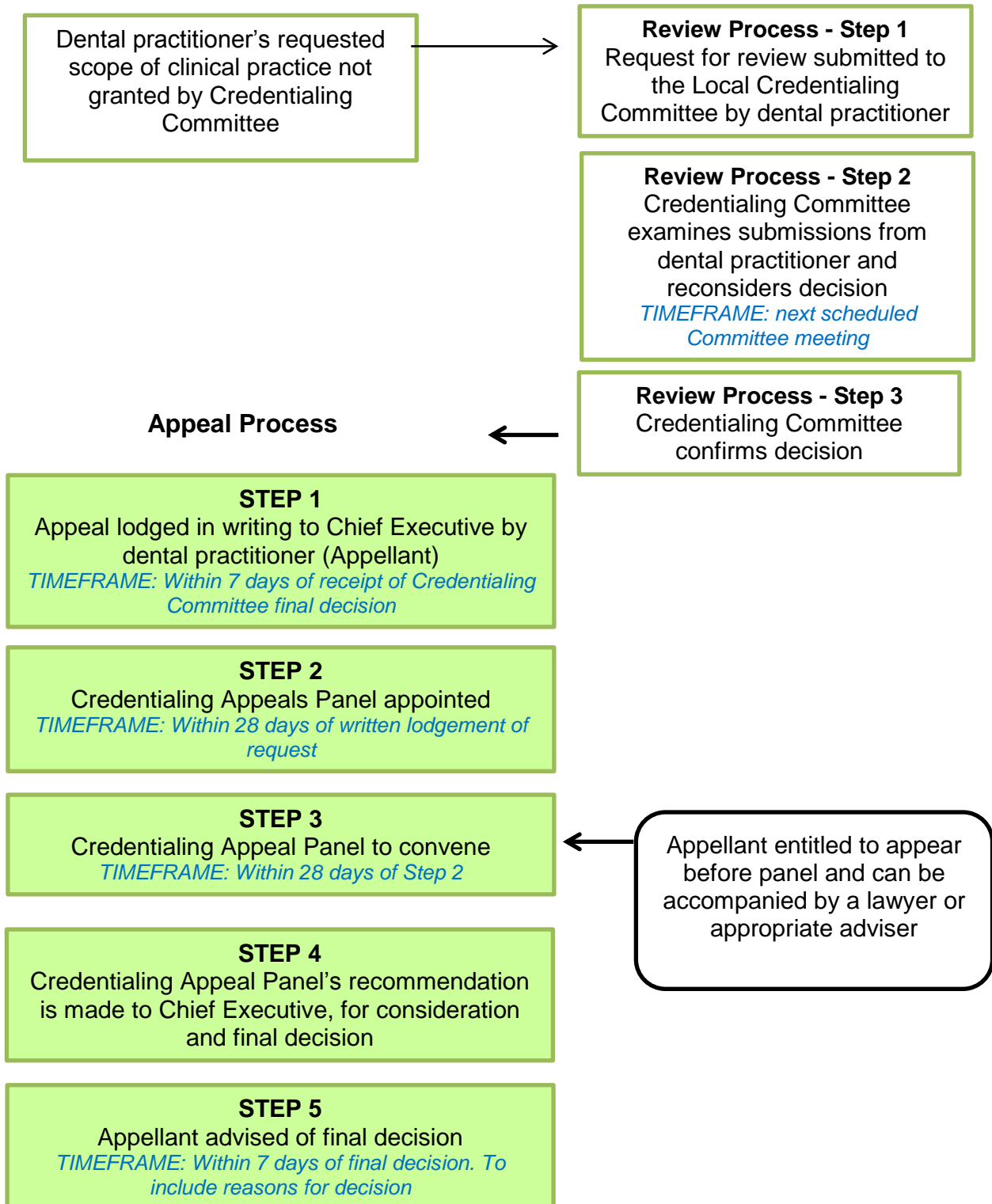
Dental Practitioner Support

19. The appellant is entitled to appear before the panel and can be accompanied by a support person. This person may be a barrister or a solicitor however their role is to advise, not represent, the appellant. Both the appellant and the Credentialing Appeal Panel will be given the opportunity to have all available information brought forward for consideration.

Administrative Costs

20. The administrative costs of the Credentialing Appeal Panel, including any fees for members of the Credentialing Appeal Panel, will ordinarily be borne by the Chief Executive. The legal costs of each party will be borne by the party.

Appendix 11: Credentialing Appeal Panel Process Flowchart





**This document can be made available in alternative formats
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