

Department of Health

health

Credentiailling and defining
the scope of clinical practice
for medical practitioners

CREDENTIALLING
& defining
THE scope of
clinical practice
for MEDICAL
practitioners
in VICTORIAN
HEALTH SERVICES

Credentialling and defining
the scope of clinical practice
for medical practitioners
in Victorian health services
– a policy handbook

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Foreword

The need for a clear and well-developed process for credentialling and defining the scope of clinical practice of doctors is well recognised.

This document outlines the principles behind a comprehensive process for credentialling and defining the scope of clinical practice for all health services in Victoria, and provides guidance in implementing those principles. This policy sets out clear expectations regarding the commitment required from health services to support and maintain high-quality medical services and the need to strengthen the existing role of the medical manager to ensure this occurs.

The Victorian Government is committed to ensuring that there is strong governance and accountability in the delivery of publicly funded health services. A comprehensive system of credentialling and defining the scope of clinical practice is one mechanism by which the community can be assured of a competent clinical workforce. This works towards ensuring the reform priority, 'Expanding service, workforce and system capacity', in the *Victorian Health Priorities Framework 2012-2022: Metropolitan Health Plan* will occur at all public health services.

The Department of Health is committed to ensuring the principles identified here are implemented. We look forward to continuing to work with the health sector and the medical profession to progress the objectives of this policy, now in its third iteration (August 2011), which will help to ensure high-quality medical services in Victoria.



Fran Thorn
Secretary

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Executive summary

It is essential that all medical practitioners who have independent responsibility for patient care in Victorian health services are appropriately credentialled and have their scope of clinical practice defined in accordance with their level of skill and experience, and the capability and need of the health service in which they work. The definition of a health service for this purpose means all public hospitals, public health services and multipurpose services established under the *Health Services Act 1988*.

The former Australian Council for Safety and Quality in Health Care developed a national standard to guide this important process, *Standard for credentialling and defining the scope of clinical practice* (2004).

Building on this national standard, the Victorian Department of Health formulated a consistent approach for credentialling and defining the scope of clinical practice of senior doctors with independent responsibility for patient care to be implemented in all Victorian publicly funded health services.

The first statewide version of the *Credentialling and defining scope of clinical practice for medical practitioners in Victorian public health services* policy was released in July 2007. It applies to all senior medical staff appointed to a public health service, public hospital or multipurpose service.

The policy was updated in 2009 with an expanded appeals process, changes to the forms (including dentist-specific forms), and added requirements for referee checks and working with children certification.

In 2009 the policy was also extended to include the credentialling of general practitioners and other senior doctors who provide services to residents of publicly operated residential aged care facilities.

In 2010 the department developed *Partnering for performance – a performance development and support process for senior medical staff* (Department of Health 2010). It provides a process for regularly reviewing a senior doctor's performance, and supports the credentialling cycle and the ongoing relationship between the doctor and organisation for which they work.

This 2011 update includes changes to reflect the *Health Practitioner Regulation National Law Act 2009*, which came into effect on 1 July 2010. The Australian Health Practitioner Regulation Agency is now responsible for the registration and accreditation of 10 health professions across Australia.

This update also includes further guidance for health services on verification processes.

It is expected that health services should have fully implemented this policy by October 2012.

1. Introduction

The department is committed to establishing robust processes for credentialling and defining the scope of clinical practice for clinicians appointed to Victorian public health services.

The need for a uniform system of credentialling and defining the scope of clinical practice applies equally to all healthcare professionals treating patients. This policy, however, was developed to apply to senior medical practitioners with independent responsibility for patient care. The department is currently working with a number other health professional groups, including nurse practitioners and midwives, to adapt the forms and other resources to their credentialling and scope of practice needs.

The policy does not apply to hospital-employed junior medical staff because these staff are under supervision.

2. The purpose of credentiailling and defining the scope of clinical practice

There are a number of key principles that underpin the need for credentiailling and defining the scope of clinical practice:

- maintain and improve the safety and quality of care that patients receive from health professionals
- sustain the confidence of both the public and healthcare professions through demonstrable impartiality
- support and embed good practice.

It requires a system that is sufficiently flexible to work effectively for different healthcare needs and approaches, and is able to adapt to future changes.

Credentiailling and defining the scope of clinical practice are essential components of a broader system of organisational management of relationships with medical practitioners, clinical governance and health service accreditation.

A robust process of credentiailling and defining the scope of clinical practice is essential to the provision of services that are safe and of high quality by ensuring:

- services are provided within the capability and needs of the health service and its respective campuses
- medical practitioners appointed to the health services are competent and able to fulfil the tasks and responsibilities of their appointment
- a positive environment for medical practitioners, with a clear recognition of the resources required to support high-quality services.

Health services have a responsibility to ensure that all services provided to patients are safe, appropriate and within the capability and role of the service. This entails recognition by boards of health services of their responsibility to establish systems that will ensure services undertaken are within the scope of the doctor's practice.

Health service boards must also ensure adequate systems are in place for services to be provided by medical practitioners in accordance with identified community needs and within the capability of the health service.

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

3. The national standard

The former Australian Council for Safety and Quality in Health Care developed the *Standard for credentialling and defining the scope of clinical practice* (2004) ('the national standard').

The rationale for developing a national standard was attributed to the increasing:

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

The national standard:

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

4. Definitions

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

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

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

Appointment is defined as the employment or engagement of a medical practitioner to provide services within an organisation according to conditions defined by general law and supplemented by contract.

The terms ‘defining the scope of clinical practice’ and ‘clinical privileging’ are often used interchangeably. The department recognises that the term ‘clinical privileging’ is widely used in health service documentation, including organisational by-laws, while ‘defining the scope of clinical practice’ is the term used in the national standard. In this document, the term ‘defining the scope of clinical practice’ is used to be consistent with the national standard. The department encourages hospitals to develop consistent language and use the term ‘defining the scope of clinical practice’.

5. The regulation of medical practitioners

The practice of medical practitioners is subject to a number of forms of regulation. A medical practitioner must have:

- current registration with the Australian Health Practitioner Regulation Agency (AHPRA)
- both a provider and prescriber number from Medicare Australia for patient access to the Medicare and Pharmaceutical Benefits Schemes.

Medical practitioners may have specialist registration with AHPRA (and will be listed on the specialist register). Currently, the ways in which to qualify for specialist registration are:

- by holding a qualification approved by the Medical Board of Australia – all approved qualifications are fellowships of specialist colleges accredited by the Australian Medical Council (AMC)
- by holding a specialist qualification that has not been approved by the Medical Board of Australia when the applicant has successfully completed an assessment by the relevant specialist college
- by holding a qualification that is not approved by the Medical Board of Australia, but which previously qualified that person under the national law or a previous law for specialist registration.

Specialists cannot be allocated a provider or a prescriber number relevant to a particular specialty unless specialist registration has been granted. However, there continue to be doctors appointed to Victorian public hospitals who have independent responsibility for patient care but who do not have specialist registration. These doctors will have general or limited registration with AHPRA.

International medical graduates are subject to a variety of regulatory processes, depending on the type and location of their practice. The various bodies that may be involved in determining the breadth of their work include the AMC, the specialist colleges, AHPRA and, in the case of general practitioners in rural settings, the Rural Workforce Agency of Victoria.

Therefore, even before a medical practitioner can practise in a health service, there are a number of steps designed to assure the community that they are qualified to practise in their designated area of clinical practice.

6. The Victorian approach

It is essential that all medical practitioners who have independent responsibility for care of patients in Victorian health services are appropriately credentialled and have their scope of clinical practice defined in accordance with both their level of skill and experience, as well as the capability and need of the health service.

6.1 Medical management

The national standard provides guidance on how the structure and processes of credentialling and defining the scope of clinical practice should be implemented.

It specifies that the:

... governing body of a health service should allocate a defined organisational committee to ensure effective processes of credentialling and defining the scope of clinical practice.

The standard also highlights that:

... the effectiveness of processes of credentialling and defining the scope of clinical practice depends on the contribution of professional peers who must verify credentials, evaluate competence and performance and recommend the appropriate scope of clinical practice in the context of the organisation's needs and capability.

(Australian Council for Safety and Quality in Health Care 2004)

The oversight of an appropriately skilled and qualified medical manager (director of medical services (DMS) or an appropriately authorised medical leader) is essential for the overall management of medical staff and for ensuring that systems for credentialling and defining scope of clinical practice are effective. It is the responsibility of the DMS/medical leader to convene the credentialling and defining the scope of clinical practice committee at appropriate times. As DMS/medical leaders have a pivotal role in the management of the process for credentialling and scope of clinical practice, they must have the requisite qualifications, skills and knowledge to complete this task.

The DMS or medical leader's appointment will vary across the state from full-time, as in the larger health services, to part-time appointments in the small rural health services. The Department of Health recognises that very small rural services may have different requirements and arrangements. As a general guide, large health services will require access to a full-time DMS, while rural health services will vary but should have ready access to DMS support on a regular and as-needed basis. A number of rural public health services may share a DMS within a sub-regional grouping.

Shared DMS appointments should aim to achieve geographical continuity, taking into account referral and travel patterns and health service locations. Such shared appointments should allow the DMS to develop an understanding of the local population's health needs. Such groupings can assist in facilitating credentialling across a geographic area while still allowing for health-service-specific scope of practice processes.

The DMS/medical leader should have their credentials and scope of clinical practice defined through the usual organisational process.

6.2 The process of credentialling and scope of clinical practice

In Victorian health services the department requires that appropriate policies and processes be in place for credentialling and scope of clinical practice for all medical practitioners with independent responsibility for patient care. This must occur prior to appointment, on an ongoing basis at least once in every five-year period and at times where an unplanned review is requested either by the individual medical practitioner or by an authorised person within the health service (for example, the introduction of new services or where significant underperformance is suspected).

Refer to *Partnering for performance* (Department of Health 2010) for further guidance.

All health services must have credentialling and defining the scope of clinical practice committees, which are responsible for undertaking the process. These committees should be convened by the DMS/medical leader and meet regularly.

Refer to Appendix 1: Committee terms of reference and membership.

Members of these committees must have relevant expertise for their role and must not have a conflict of interest. To avoid conflicts of interest, health services may need to ensure there is appropriate external expertise that can be drawn upon.

The process of credentialling could be undertaken at a local, sub-regional, regional or even state level. However, scope of clinical practice must be undertaken at the individual health service level. Therefore:

- a single health service committee could undertake both credentialling and scope of clinical practice, or
- several health services could establish a sub-regional or regional committee that undertakes credentialling for all member health services. However, in order to define a scope of clinical practice for a clinician's work in a particular health service, that health service must have a robust process to ensure the scope of practice is defined specifically for that health service. A representative from that health service should therefore be on the committee in order to provide local knowledge. The establishment of such joint committees would be facilitated through the appointment of a shared DMS/medical leader and may be particularly relevant to rural health services.

6.3 Linking scope of clinical practice to the role of the health service

Prior to recruiting a medical practitioner, a position description establishes the core competencies required and the duties to be undertaken. The clinical needs of the health service determine the core competencies required of its practitioners and provides the parameters in which the scope of clinical practice should be defined.

Determining the range of services to be provided at each health service campus will also be informed by service planning decisions and capability-based planning frameworks. As planning frameworks are developed in other clinical areas they will also need to be considered in the scope of clinical practice. Planning frameworks will also assist health services in identifying minimum requirements and expected competencies of clinicians.

6.4 The appointment process

Health service boards are responsible for ensuring the health service has appropriate processes for making medical appointments. The national standard allows for different structural approaches to appointment including either:

- retained in toto by the governing body, which may be advised by an appointments committee or a senior manager
- formally delegated by a governing body to a senior manager who may be advised by an appointments committee, or
- formally delegated to an appointments committee that reports to the governing body or a senior manager.

Regardless of the structure for appointment, it is important that the governing body is informed and knowledgeable about the appointment process and its responsibility. The involvement of the DMS/medical leader to advise on medical appointments is fundamental to ensuring that relevant information is provided and processes are transparent.

Credentialling and defining the scope of clinical practice of the individual practitioner is the precursor to appointment by the health service and consequent provision of a contract, which defines the rights and obligations of each party. This policy should inform any contractual arrangement between the health service and a medical practitioner.

Medical staff appointments should not be made without the medical practitioner being appropriately credentialled and having their scope of clinical practice defined.

The health service must obtain relevant and comprehensive information when credentialling and defining the scope of clinical practice for a medical practitioner. The credentialling process should be documented using the department's policy forms or equivalent. As a minimum, the health service must obtain the information outlined in the templates provided in Appendices 2, 3 and 4.

Refer to Appendices 2, 3 and 4: Application/re-credentialling/change scope of practice forms.

Further, health services should obtain references from at least two referees, preferably within the specialty being applied for, who are independent of the applicant, with no conflict of interest, and who can attest to the applicant's professional performance within the previous three years. References must be verified verbally. A referee report template is provided in Appendix 5.

Refer to Appendix 5: Referee report template.

The organisation must inform medical practitioners in a timely manner of the outcome of its recommendations and the period of applicability for any scope of clinical practice that is granted.

A medical practitioner should not retain their appointment if, on review, they do not maintain the requirements for credentialling and defining of their scope of clinical practice.

Basic credentials such as medical registration should be checked annually, and the medical practitioner's scope of clinical practice should be reviewed in line with a regular performance development and support process as outlined in *Partnering for performance* (Department of Health 2010).

6.4.1 Acts, charters and by-laws

In making decisions about credentialling and the scope of clinical practice of applicants, health services should ensure they comply with all relevant laws, including anti-discrimination laws, the *Health Records Act 2001* and the *Charter of Human Rights and Responsibilities Act 2006*.

Hospital by-laws should be reviewed in light of this policy and the national standard.

In addition, the health service must also comply with any applicable legislation relating to criminal history (such as the *Working with Children Act 2005* or the *Aged Care Act 1997*). Where this legislation does not apply, if a national police record check or advice from an applicant reveals a prior conviction, or they have been found guilty of an offence, the health service will need to determine whether this is relevant, bearing in mind the inherent responsibilities associated with the proposed appointment. This would include considering factors such as the nature of the offence and time elapsed.

For a description of time limits on the disclosure of offences and exemptions please refer to the Victoria Police website at <www.police.vic.gov.au/content.asp?Document_ID=274>.

6.4.2 Appeals process

An appeals process must be available and managed independently of the credentialling and scope of practice committee and the appointments committee. The appeals process will allow for reconsideration of any decision and for new information to be presented.

The medical practitioner who has had their request for scope of practice denied, withheld or varied from the original request has a right to appeal the decision.

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

Further appeals can be made by the doctor. This would depend on the nature of their engagement by the organisation (for example, contract or employment model). Legal advice should be sought.

6.5 Other considerations

6.5.1 Guidance on verification processes

Health services have an obligation to verify a doctor's credentials and the verification process must be rigorous. The health service must ensure the doctor is who they say they are, and is presenting bona fide documentation. If a health service uses a recruitment agency to source applicants, the health service is still responsible for undertaking their own verification process.

Refer to Appendix 6: *Guidance on the verification process*, which defines the elements in the verification process for the initial appointment, annual credentials review and re-credentialling.

6.5.2 Appointment of dentists

Credentialling and defining the scope of clinical practice in dentistry allows a dental practitioner to provide clinical services at a health service. Health services may consider the credentialling and scope of practice of a dentist under various circumstances. These include, but are not limited to:

- dentists being employed by hospitals with dental clinics on a locum (casual), part-time or full-time basis
- private dentists seeking to make use of hospital operating theatres – usually for patients requiring treatment under general anaesthetic.

Guidelines have been prepared by the Australian Dental Association Victorian Branch (ADAVB) to assist Victorian public and private hospitals in the process of credentialling and defining the scope of practice of dentists seeking to be engaged by or to make use of facilities in Victorian hospitals.

Refer to Appendix 4: Application/re-credentialling/change scope of practice form – dentists.

6.5.3 Public sector residential aged care facilities

Guidelines have been developed in consultation with the sector to support the credentialling of general practitioners and other senior doctors who provide services to residents of publicly operated residential aged care facilities (RACF).

Refer to Appendix 7: Guidelines for credentialling medical practitioners in public sector RACF.

6.5.4 Urgent staffing situations

When health services need clinicians urgently, the governing body should delegate to the DMS/medical leader the responsibility of undertaking credentialling and defining the scope of clinical practice on an urgent basis.

Urgent credentialling and defining the scope of clinical practice decisions need to be followed up as soon as practicable by the formal processes undertaken by the established credentialling and scope of clinical practice committee and appointments committee. The timeframe for undertaking the formal process should be consistent with the hospital by-laws and would generally occur within six months.

Verbal confirmation of the medical practitioner's competence, performance and appropriateness for the position is required from at least one professional referee.

Refer to Appendix 3: Application form – urgent situations.

6.5.5 Temporary staffing situations

When health services need senior doctors temporarily, and in the event that the relevant committees cannot be immediately convened, the board should delegate the responsibility of undertaking credentialling and defining the scope of clinical practice to the DMS/medical leader on a temporary basis.

Temporary credentialling and defining the scope of clinical practice decisions need to be followed up as soon as practicable by the formal processes undertaken by the established credentialling and scope of clinical practice committee and appointments committee. The timeframe for undertaking the formal process should be consistent with the hospital by-laws and would generally occur within six months.

6.5.6 Emergency clinical situations

Policies and processes related to credentialling, scope of clinical practice and appointment should include provision for credentialled medical practitioners to administer necessary treatment outside their authorised scope of clinical practice in emergency situations. This may be where a patient may be at risk of serious harm if treatment is not provided and no medical practitioner with an appropriate authorised scope of clinical practice is available and where more appropriate options for alternative treatment or transfer are also not available.

6.5.7 Third-party arrangements

A health service may have an arrangement with a third party to provide clinical or clinical support services, for example, diagnostic imaging companies and pathology companies.

The agreement between the third party and the health service board must include appropriate provisions clearly specifying the procedures to be followed to ensure the doctors employed by the third party have been appropriately credentialled, either by the third party or by the health service.

In addition, where it is foreseeable that medical staff employed by the third party will physically attend or directly communicate with patients of the health service, they must have their scope of clinical practice defined by the health service according to the principles and guidelines contained within this policy.

6.5.8 Junior medical staff

This policy generally does not apply to hospital-employed junior medical staff.

Prior to appointment, the health service will know the qualifications of these practitioners and will have an understanding of what tasks they can perform. Importantly, they will be supervised and their performance will be monitored and managed.

However, general practice registrars who undertake independent patient care in a health service must be credentialled and have a scope of clinical practice defined by the health service.

6.5.9 Introduction of new clinical services, procedures and interventions

These are defined as new services, procedures or interventions that are being introduced into a health service for the first time, even if they have already been established in other health services. Health services should have in place policies, structures (for example, appropriate committees) and procedures for determining whether such services should be introduced based on considerations including safety, cost, support services and staff training. Such decisions should also be informed by service planning decisions and capability-based planning.

Refer to the department's *Guidance for Victorian public health services to establish technology/clinical practice committees* at <www.health.vic.gov.au/newtech/comguide>.

Where new services are introduced, medical practitioners wishing to include such services within their scope of clinical practice must formally undergo appropriate credentialling and scope of clinical practice processes specifically for that service.

6.6 Partnering for performance – a performance development and support process

In 2010 the department introduced *Partnering for performance – a performance development and support process for senior medical staff* (Department of Health 2010).

Ongoing performance development and support is an essential adjunct to credentiailling, scope of clinical practice and appointment processes. *Partnering for performance* provides guidance to health services for regularly reviewing a senior doctor's performance, and supports the credentiailling cycle and the ongoing relationship between the doctor and the organisation for which they work.

Refer to Appendix 8: Credentiailling and defining scope of practice diagram.

Partnering for performance is available at <www.health.vic.gov.au/clinicalengagement/pasp>.

6.7 Ongoing maintenance and improvement of skills

The Medical Board of Australia requires that all medical practitioners participate in regular continuing professional development (CPD) that is relevant to their scope of practice in order to maintain, develop, update and enhance their knowledge, skills and performance to ensure they deliver appropriate and safe care. The health service or the medical college may have additional requirements.

While medical practitioners must confirm their participation in CPD as part of their annual registration renewal, AHPRA does not currently sight evidence of CPD. Presentation of CPD documentation (for example, a copy of a college certificate) should therefore form part of the health service's regular credentiailling and scope of clinical practice process at both initial application stage and when re-credentiailling.

Appendices

Appendix 1. Credentialling committees

1.1 Terms of reference and membership

1.2 Letter of appointment to a health service committee

Appendix 2. Application/re-credentialling/change scope of practice form – general practitioner and specialist (except dentists)

Appendix 3. Application form - urgent situations

Appendix 4. Application/re-credentialling/change scope of practice form – dentists

Appendix 5. Referee report.

Appendix 6. Guidance on the verification process

Appendix 7. Guidelines for credentialling medical practitioners in public sector Residential Aged Care Facilities (RACF)

Appendix 8. Credentialling and defining scope of clinical practice diagram

Appendix 1: Credentialling committees

1.1 Terms of reference and membership

1. Role of the committee

Consultation and provision of advice on:

- the range of clinical services, procedures or other interventions that can be provided safely in the specific organisational setting
- the facilities and clinical and non-clinical support services reasonably necessary to sustain the safe, high-quality provision of specific clinical services, procedures or other interventions
- the minimum credentials necessary for a medical practitioner to competently fulfill the duties of a specific position, or a scope of clinical practice, within the specific organisational environment
- information that should be requested of, and provided by, applicants for appointment to specific positions or for a specific scope of clinical practice.

Undertake the processes of credentialling and defining the scope of clinical practice:

- at initial appointment
- at re-credentialling
- as part of a peer-based review of significant underperformance unable to be managed at the local level as outlined in *Partnering for performance – peer review* (Department of Health 2010).

Standard rules of conduct for committees apply. The committee should comply with all relevant legal requirements, including privacy, trade practices, whistleblower and equal opportunity legislation, and operate according to the laws of natural justice, without conflicts of interest or bias.

The committee should regularly monitor and evaluate its performance on the basis of key performance indicators.

2. Membership of the committee

The committee should be composed of a core membership of:

- medical practitioners from a range of clinical disciplines who have the necessary skills and experience to provide independent, high-quality advice including at least one from the relevant field
- a member of senior management who will act as secretary
- a member with high-level skills and experience in human resources management, or have ready access at each meeting to a senior human resources professional with the relevant skills and experience.

The committee may co-opt members, who may include:

- additional medical practitioners with specific clinical skills and experience relevant to the scope of clinical practice being requested
- a member or nominee of the governing body
- a nominee of the relevant professional college, association or society
- a university nominee who is a medical practitioner (as relevant)
- a member who brings expertise in consumer or community issues.

The designated quorum should include a majority of medical practitioners and a member of senior management.

3. Managing potential conflicts of interest

Examples of where there are potential conflicts of interest in credentiailling and defining the scope of clinical practice include:

- medical practitioners who own or manage an organisation in which they also conduct clinical practice
- situations where the decision-maker is in competition with the reviewee and stands to benefit from any negative outcome for the person under review
- situations where the decision-maker is related to a person in competition with the reviewee, and that related person stands to benefit from any negative outcome for the person under review
- situations where the decision-maker stands to benefit from a positive outcome for the reviewee, either because they hope to obtain a similar positive outcome if their practice was under review, or because they will gain some benefit from the work of the person under review.

4. Appointment of the committee chair

This is a senior position that should be ideally held by a senior medical executive. The chair must have previous experience in the area of credentiailling and defining the scope of clinical practice.

5. Length of appointments to the committee

To be determined by the organisation.

6. Frequency of meetings

This needs to be determined by the organisation based on their own requirements and the volume of work of the committee.

7. Indemnity of committee members

Organisations should:

- ensure committee members know their obligation to act in 'good faith' at all times
- provide appropriate indemnity insurance for committee members (refer to the Victorian Managed Insurance Authority *Professional indemnity insurance policy*)
- ensure external experts are formally invited in writing to participate and that a written acceptance is received.

8. Maintenance of records

Comprehensive records should be kept of all deliberations and recommendations relevant to the processes of credentiailling and defining the scope of clinical practice of medical practitioners.

The period for retention of records should correspond with limitation periods defined by the various statutes of limitations or state health department requirements.

9. Appeals committee

- The credentialling and scope of clinical practice appeals committee should:
 - comprise a majority of medical practitioners from a range of disciplines who have the necessary skills and experience to provide informed and independent advice
 - include within its membership at least one medical practitioner who practises in the field relevant to the scope being reviewed
 - include a nominee of the relevant college, association or society
 - include a nominee (medical practitioner) of the person who is the subject of the appeal.
- The appeals committee should consider all relevant material, including any information the medical practitioner may wish to present, and information from the credentialling and scope of clinical practice committee.
- Details of the proceedings of the appeals committee are confidential.
- The appeals body informs the health service's board of its findings. The board then makes a final determination and informs the medical practitioner in writing.

10. Support for medical practitioners

- Where a medical practitioner's credentials and/or scope of clinical practice are the subject of an appeal, they have the right to be accompanied by a support person. This person may be a barrister or solicitor and their role is to advise, but not represent, the medical practitioner.

Source: Adapted from Australian Council for Safety and Quality in Health Care 2005.

1.2 Letter of appointment to a health service committee

Health services may have different policies, arrangements and committees responsible for credentialling, scope of clinical practice and making recommendations about medical staff appointments. This template can be modified by the health service to suit a particular situation and could apply to:

- a credentialling committee
- a credentialling and scope of clinical practice committee
- a medical appointments committee.

Dear <insert name of committee appointee>

I am pleased to inform you of your appointment to the <insert name of relevant committee> of <insert name of health service> for a period of <insert number of years> years, commencing <insert date>.

The board has given the committee an important role in contributing to the safety and quality of this health service, with responsibility for determining the <insert appropriate term(s) such as credentiailling OR credentiailling and scope of clinical practice OR recommending appointment> of medical practitioners.

The role of the committee includes <insert relevant phrases that fit with policies and terms of reference, for example:

- provision of advice on the minimum credentials necessary for a medical practitioner to competently fulfil the duties of a specific position or a scope of clinical practice within the health service
- consideration of each medical practitioner's credentials and performance in the context of the organisation's needs and capability and recommendation of the scope of clinical practice that is appropriate
- making recommendations regarding the appointment of medical practitioners>.

The committee will provide its recommendations to the <insert board or relevant senior manager or relevant committee according to organisational structure and policies>.

The committee will meet <insert frequency appropriate to health service> to ensure all medical practitioners are <insert appropriate term for the role of the committee, for example, appropriately credentiailled and have their scope of clinical practice defined>.

Members of the committee are insured under *VMIA Professional indemnity insurance policy* in respect of liabilities that may arise in the course of the conduct of committee members' duties subject to the policy's terms and conditions.

Members are obliged to act in 'good faith' and must disqualify themselves from acting on any matter before the committee if they have a material or perceived personal (including pecuniary) interest in the outcome of the matter. Committee members are also required to maintain confidentiality of the committee's proceedings.

Please find enclosed copies of the health service's policies on credentiailling and scope of clinical practice and medical appointments, and the committee's terms of reference, and a copy of the Department of Health's *Credentiailling and defining scope of clinical practice for medical practitioners in Victorian health services* (2011) and *Partnering for performance* (2010) policies.

Members are requested to acknowledge they have read the attached health service and Department of Health policies and accept their appointment to the committee by signing below and returning a copy of this letter to the health service.

I thank you for agreeing to undertake this very important work on behalf of the health service.

Yours sincerely

<Insert name of board chair>

Committee member name: _____

Committee member signature: _____

Date: _____

This template letter was developed in consultation with the Victorian Managed Insurance Authority.

Appendix 2: Application/re-credentialling/change scope of practice – general practitioner and specialist

<Insert health service name>

Senior medical staff with independent responsibility for patient care

This form sets a minimum information standard. Information may be added, but not deleted.

Name of medical practitioner

Surname

First name

Middle name

This is a:

New application Re-credentialling Application for change of scope of practice

Please note: If you need to correct any error in your application, please initial the correction.

1. Application for scope of clinical practice

I wish to apply to undertake a scope of practice for

(for example, general practitioner, general surgeon, thoracic surgeon).

The health service must verify medical registration, which can be accessed on the Medical Board of Australia website at <www.medicalboard.gov.au>.

Please attach the following to this form:

All applications/re-credentialling

- A copy of the current medical indemnity insurance certificate (if applicable); initial applications need to supply a certified copy
- Copies of relevant visa documents (if applicable)

New appointments only

- Current curriculum vitae
- Certified copies of all specialist or other qualifications, other than a primary medical degree, if these are not listed on the Medical Board of Australia website at <<http://www.ahpra.gov.au/Registration/Registers-of-Practitioners.aspx>>
- Proof of identification: 100-point test
- Working with children check (if applicable)

2. Applicant contact details

Surname _____

Given name(s) _____

Previous name(s) _____

Date of birth _____ Place of birth _____

Residency status

(only applicable for re-credentiailling/altered scope of practice if changed since last application at this health service)

Australian citizen Permanent resident Temporary resident

Professional address

Postcode _____

Postal address *(if different to professional address above)*

Postcode _____

Phone (BH) _____ Phone (AH) _____

Fax _____ Mobile/pager _____

Email address _____

Do you have a Medicare provider number for this location? Yes No

If NO, please note that you will be required to obtain one. The organisation can assist.

Site(s): _____

Provider number(s): _____

If YES, is it subject to any restrictions? Yes No

If restrictions apply, please provide full details.

Do you have a prescriber number? Yes No

Prescriber number: _____

3. All qualifications including your primary medical degree

- **New appointments** – please list all your qualifications.
- **Re-credentialling (or if applying to extend current scope of practice)** – please list any new qualifications obtained since your last appointment.

Please provide certified copies of new qualifications obtained.

Qualifications	University/organisation	Year obtained
Primary medical degree		
<hr/>		
Others		

Re-credentialling only

Are you requesting a change to your existing scope of practice?

Yes No

General practitioners

- If YES, please go to section 4.
- If NO, please go to section 6.

Specialists

- If YES, please go to section 5.
- If NO, please go to section 6.

4. General practitioners – new applicants and change of scope of practice only (*specialists please go to section 5*).

4a. What scope of clinical practice are you applying for?

I wish to apply to define my scope of clinical practice to undertake the following (please select from the following groups):

<input type="checkbox"/> Group 1	<input type="checkbox"/> Management of health service public patients <input type="checkbox"/> Management of health service private inpatients <input type="checkbox"/> Emergency care <input type="checkbox"/> Minor surgery – the Royal Australasian College of Surgeons’ Minor Surgery Course for GPs can be used as a guide in determining relevant procedures <input type="checkbox"/> Geriatrics, including residential care
<input type="checkbox"/> Group 2 Procedural	<input type="checkbox"/> Obstetrics <input type="checkbox"/> Anaesthetics <input type="checkbox"/> Procedural internal medicine <input type="checkbox"/> Surgery, other than minor surgery procedures as outlined in Group 1 <input type="checkbox"/> Paediatrics
<input type="checkbox"/> Group 3 Diagnostic imaging	Please specify modality/modalities for which scope of clinical practice is sought: Please provide evidence of appropriate radiation licence. (Please refer to online guidelines at < www.health.vic.gov.au/environment/radiation >).
<input type="checkbox"/> Group 4 Non-procedural	Please specify: <input type="checkbox"/> Psychiatry <input type="checkbox"/> Alcohol and drugs of dependence <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Palliative care <input type="checkbox"/> Public health/infectious diseases <input type="checkbox"/> Other (please provide details)

General practitioners only

4b. Other training and clinical experience

- New applications, or
- Application for a change in your scope of practice – please specify information relevant to change only.

With respect to your response to question 4a, please provide details of clinical experience and post-qualification training in the following areas.

Include the title of the specific course(s) undertaken or training undertaken or experience gained, the organisation offering the course, and the qualification obtained.

(If you received training in a specific area while working at a particular hospital or clinic, please list that hospital/clinic. If your training was received as part of rotations at a specific hospital, please list the relevant hospital.)

Type	Organisation providing training	Date	Requested in scope of clinical practice?	
Management of hospital inpatients			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Emergency medical care			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Minor surgery			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Geriatric care			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Paediatric care			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Obstetric care			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Anaesthetics			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Procedural internal medicine			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Surgery, other than minor surgery listed above			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Diagnostic imaging			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Psychiatric care			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Alcohol/drugs of dependence			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Rehabilitation medicine			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Palliative care			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Public health/infectious diseases			Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please provide further details/evidence to support your application for the proposed scope of clinical practice you are requesting from the health service. (If you require further space please attach a separate page.)

General practitioners please now go to section 6.

5. Specialists only – new applicants and change of scope of practice only

5a. Specialty information

Primary specialty

Qualifications to support this specialty:

Sub-specialty

(Please provide supporting information in 5b.)

or area of special interest (if applicable)

Other specialty

(if applicable)

Qualifications to support this specialty:

Sub-specialty

(Please provide supporting information in 5b.)

or area of special interest (if applicable)

Other clinical practice

Are you applying to reduce your current scope of practice? Yes No

If yes, please outline reasons for the proposed reduction of scope of practice.

Scope of clinical practice sought including, where relevant, the type of procedures you wish to undertake: (please use additional pages if required)

5b. Other training and clinical experience – new applicants and change of scope of practice only

Please provide details of relevant clinical experience and post-qualification training to support your application.

Include the title of course(s) undertaken, the organisation offering the course(s) and the qualification(s) obtained.

6. Clinical appointments

Please provide details on all current and previous clinical appointments held within the past five years (including names of organisations and dates of appointment) or other places of practice (for example, general practice, other hospitals or non-public-hospital-based specialty practice).

Organisation	Name and type of appointment	When did you work in that role?
		to
		to
		to
		to
		to
		to
		to
		to
		to

7. Medical registration and other matters

Please refer to <www.medicalboard.gov.au> for definitions.

What is your Medical Board of Australia registration number?

Is this <i>general</i> registration?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is this <i>specialist</i> registration?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If yes, please specify	
Is this <i>limited</i> registration?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If yes, please specify:	
	Area of need <input type="checkbox"/>	
	Public interest <input type="checkbox"/>	
	Teaching or research <input type="checkbox"/>	
If you have <i>limited</i> registration, and/or you are to be supervised or under a college peer-review process, please provide details of this process.		
Have you ever been formally disciplined (by an employer or other organisation) in the course of your work as a medical practitioner?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been the subject of prior disciplinary decision(s) or ruling(s) imposed by any registration board either in Australia or elsewhere?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Do you currently have any conditions, restrictions, undertakings, reprimands or notations placed on your registration or your clinical practice either in Australia or any other country?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever had any conditions, restrictions, undertakings, reprimands or notations placed on your registration either in Australia or elsewhere?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been denied a scope of clinical practice that you requested?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever chosen to reduce your scope of practice?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has your right to practise ever been withdrawn, suspended, terminated or reduced by an organisation, employer or professional body?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been convicted or found guilty of any criminal offence, including a drug- or alcohol-related offence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you the subject of current or pending criminal charges?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you answered yes to any of the above, please provide full details. Or, if you prefer, provide the information in a sealed envelope marked 'Confidential for medical director only' appended to this application, and indicate here that additional information is provided separately in this manner.

Are you registered as a medical practitioner in any other country?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	If yes, please specify.		
Have you ever been registered as a medical practitioner in any other country?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	If yes, please specify.		
Do you have a current working with children check? - see website* This is required for staff regularly providing services to children in paediatric wards. <i>Please attach a photocopy of your current card.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Card number: _____		
	Expiry date: _____		

*Working with children information can be found at
<www.justice.vic.gov.au/wps/wcm/connect/justlib/Working+With+Children/Home>.

8. Medical indemnity insurance information

Current private medical indemnity insurance cover (if applicable).

Name of insurer:

Please attach a copy of your current policy renewal certificate. New appointments need to attach a certified copy.

Policy number:

Expiry date:

Is your proposed scope of private clinical practice reflected in or covered by your current medical indemnity insurance? Yes No N/A

Have there ever been, or are there currently pending, medical indemnity claims, settlements or judgements against you? Yes No

Has your current or any previous medical defence organisation/insurer ever excluded or reduced any specific area of practice, or terminated or denied coverage? Yes No

If the answer to either of the above two questions is YES, please provide a detailed explanation and specify the name of the relevant medical defence organisation/insurer.

If you require further space to answer any questions, please attach separate pages, identified with the relevant section number.

9. Academic appointments/teaching experience

Please provide details of current and previous university or hospital teaching appointments held within the past five years (including organisations and dates of appointment).

Organisation	Status/level	Term of appointment
		to
		to
		to
		to
		to
		to
		to
		to

10a. Continuing professional development

Have you met the continuing professional development requirements of the Medical Board of Australia? Yes No

Refer to AHPRA's registration standard for details at www.medicalboard.gov.au/Registration-Standards.aspx.

Provide a copy of your current college certificate, annual statement of participation or evidence of relevant continuing professional development (such as a CPD logbook).

10b. Quality activities (new appointments only)

For doctors undergoing re-credentiailling these activities should be recorded through the *Partnering for performance* process, for example, participation in clinical review/audit/peer-review activities.

Have you participated in regular clinical reviews, audits and/or peer-review activities in any clinical setting? Yes No

If YES, please provide details of these activities (provide attachments if necessary).

11. Grand rounds/health service educational activities

Are you prepared to conduct a grand round or other educational activities at this health service? Yes No

12. Health status

Do you have a disability or health issue that:

Yes No

- may impact on your ability to perform any of the cognitive and physical functions that would fall within the scope of practice that you are seeking in this application?
 - may require special equipment, facilities or work practices to enable you to perform any aspect of the scope of practice you are seeking in this application?
 - may be relevant to determining your scope of practice?
-

If you answered YES, please provide details of the disability or health issue and its likely, or possible, impact on your ability to carry out the sought scope of practice. Details of any special equipment facilities or work practices required should be included.

This information can be provided on this form or, alternately, you can provide the information in a sealed envelope marked 'Confidential for medical director only' appended to this application. Indicate here if additional information is being appended.

This information is sought to enable an assessment to be made as to whether you can safely perform the inherent and reasonable requirements of the work that you seek to perform at the health service or whether any reasonable adjustments might be required to ensure you can work at the health service in a way that ensures patient safety.

13. Referees (new appointments or expanding scope of practice only)

Please provide details of at least two referees who preferably work largely within the specialty being applied for, who have been in a position to judge your experience and performance during the previous three years and who have no conflict of interest in providing a reference.

Referee 1

Name	
Current position	
Professional address	
Postcode	
Phone (BH)	Phone (mobile)
Email address	

Referee 2

Name	
Current position	
Professional address	
Postcode	
Phone (BH)	Phone (mobile)
Email address	

Referee 3

Name	
Current position	
Professional address	
Postcode	
Phone (BH)	Phone (mobile)
Email address	

14. Agreement/undertakings

I understand that in assessing my application for appointment as a medical practitioner the health service will make additional enquiries as to my suitability for the position.

New applications only

I understand the health service will conduct a routine police check.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

New appointments and expanding scope of practice only

I authorise the health service to seek information from my referees as to my past experience, performance and current fitness to practise.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

I agree to familiarise myself with relevant hospital by-laws, policies and procedures and to abide by them.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
---	------------------------------	-----------------------------

All applications

I accept that the health service will obtain information relevant to my application from the Medical Board of Australia and any other authority that regulates health practitioners.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

I authorise the health service to obtain information relevant to my application from my current and any previous medical indemnity organisation/insurer.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

I authorise the health service to obtain information relevant to my supervision requirements (where applicable).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

I authorise the health service to seek information from other persons as the health service considers appropriate, including any relevant health service, college or other professional organisation.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
---	------------------------------	-----------------------------

I agree to abide by the organisation's and state and national confidentiality and privacy laws and policies and understand that breaches may result in the cessation of my appointment.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
---	------------------------------	-----------------------------

I agree to notify the director of medical services/medical leader of any event/situation that may impact on my ability to exercise my scope of clinical practice, whether it be due to medical registration matters, or otherwise. This includes matters about which I consider that the director/medical leader would wish to be informed and, as a minimum, includes the kinds of information covered in this application (such as any criminal charges or convictions, or reductions in registration or insurance).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

I agree to participate in this health service's performance development and support process (<i>Partnering for performance</i> or equivalent).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
---	------------------------------	-----------------------------

I agree to promptly notify the director of medical services/medical leader of any adverse clinical incident I am involved in, or become aware of.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
---	------------------------------	-----------------------------

I agree to work within my defined scope of clinical practice and to make a further application should I seek to extend the scope of clinical practice granted to me. Yes No

Should any question as to my scope of clinical practice arise, I agree that the health service may make such enquiries as it considers necessary to assess whether that scope of clinical practice is appropriate. Yes No

15. Declaration

I hereby declare that the information contained in this application is true and correct.

Signature of applicant

Date

If, for any reason, you are unable to sign the declaration above, please explain the circumstances.

Please note: the information collected on this form will be used by the <insert health service name> Credentialling and Scope of Clinical Practice Committee(s) to assist in the determination of your application. Information provided on this form will not be used, or disclosed, for any other purpose.

<Insert health service name> operates in accordance with federal and state privacy legislation, including adherence to the national privacy principles. Copies of <insert health service name> privacy and confidentiality policies are available upon request.

Health service use only

Applicant name

Item	Checked/comments
1. Proof of identification	<input type="checkbox"/>
2. Working with children certificate (if applicable)	<input type="checkbox"/>
3. Contact details provided	<input type="checkbox"/>
4. Provider number	<input type="checkbox"/>
5. Prescriber number	<input type="checkbox"/>
6. Qualifications	<input type="checkbox"/>
7. Training and experience (if required)**	<input type="checkbox"/>
8. Clinical appointments (if required)**	<input type="checkbox"/>
9. Medical registration	<input type="checkbox"/>
10. Medical indemnity cover currency	<input type="checkbox"/>
11. Academic appointments / teaching experience	<input type="checkbox"/>
12. Continuing professional development	<input type="checkbox"/>
13. Grand rounds (if applicable)	<input type="checkbox"/>
14. Health status	<input type="checkbox"/>
15. Referees (if required)**	<input type="checkbox"/>
16. Existing contract/employment arrangements checked and relevant documentation available (if required)**	<input type="checkbox"/>
17. Declaration signed	<input type="checkbox"/>

** Not required for reappointment at same health service with no change in scope of practice.

Other comments:

Application details checked by <insert name>

Signature

Date

Letter to applicant advising outcome of application

Yes

Copy attached

100 points – verification details

Type of check	Available points	Notes
Passport (current or expired by less than two years, not cancelled)	70	<p>Must contain name and a photo.</p> <p>Select one only.</p>
Citizenship certificate (Australian only)		
Birth certificate (original or extract)		
Birth card issued by the Victorian Registry of Births, Deaths and Marriages		
Written reference	40	Select one only.
Written reference from an acceptable referee from a financial institution		<p>Referee to have known the signatory for at least 12 months.</p> <p>Both signatory and referee must sign the reference.</p>
Driver's licence. Renewed, interim, provisional, truck or learner's	40	<p>Must contain name, expiry date, a photo or signature.</p>
Other acceptable government-issued licences include boat, gun or pilot	40	
Public Service Employee Identification Card	40	
Pension or government Health Care Card (reference number required)	40	
Identification card issued by a tertiary education institute	40	
Letter from a current employer (current or must have been employed by the employer within the past two years)	35	<p>Must be on letterhead or company seal.</p> <p>Both employer and employee's signature must be on the letter, along with the name and address of the employee.</p>
Medicare card	25	
Overseas or international driver's licence or Proof of Age card	25	
Financial institution's credit card, cash card or passbook	25	<p>Only one current card/passbook can be accepted from each financial institution. You may supply details from several different institutions but cannot solely rely on this form of identification.</p>

Type of check	Available points	Notes
Rating authorities Rate notice (current). Provide the deposited plan (DP) number	35	
Public utility (water rate notice, electricity, gas or telephone account – no mobile accounts). Take a <i>current</i> notice with you.	25	
Statement from landlord, managing agent or owner of customer premises	25	Take letter, rental contract or rent receipt with you.

Appendix 3: Application for credentialling and scope of clinical practice – urgent situations

<Insert health service name>

Senior medical staff/doctors with independent responsibility for patient care

Will be formally reviewed at the next scheduled credentialling and scope of clinical practice committee meeting

Name of medical practitioner

Surname

First name

Middle name

Please note: If you need to correct any error in your application, please initial the correction.

1. Application for scope of clinical practice

I wish to apply to undertake a scope of practice for

(for example, general practitioner, general surgeon, thoracic surgeon).

The health service must verify medical registration, which can be accessed on the Medical Board of Australia website at <www.ahpra.gov.au/Registration/Registers-of-Practitioners.aspx>.

Please attach the following to this form:

- A copy of your current medical indemnity insurance certificate (if applicable); initial applications need to supply a certified copy
- Proof of identification: 100-point check
- Current curriculum vitae
- Certified copies of all specialist or other qualifications, other than a primary medical degree, if these are not listed on the Medical Board of Australia website at <www.ahpra.gov.au/Registration/Registers-of-Practitioners.aspx>.
- Working with children check (if applicable)

2. Applicant and contact details

Surname _____

Given name(s) _____

Previous name(s) _____

Date of birth _____ Place of birth _____

Residency status

Australian citizen Permanent resident Temporary resident

Professional address _____

_____ Postcode _____

Postal address *(if different to professional address above)* _____

_____ Postcode _____

Phone (BH) _____ Phone (AH) _____

Fax _____ Mobile/pager _____

Email address _____

3. Scope of clinical practice – urgent situations

Position/classification defined:

Scope of clinical practice requested:

4. Medical registration matters

Do you have a Medicare provider number for this location? Yes No

If NO, please note that you will be required to obtain one. The organisation can assist.

Site(s):

Provider number(s):

If YES, is it subject to any restrictions? Yes No

If restrictions apply, please provide full details.

Do you have a prescriber number? Yes No

Prescriber number:

Do you have a current working with children check? - see website* Yes No NA

This is required for staff regularly providing services to children in paediatric wards.

Please attach a photocopy of your current card.

Card number:

Expiry date:

*Working with children information can be found at www.justice.vic.gov.au/wps/wcm/connect/justlib/Working+With+Children/Home.

Have you ever been convicted or found guilty of any criminal offence, including a drug- or alcohol-related offence? Yes No

Are you the subject of pending criminal charges? Yes No

If you answered YES, provide full details. Or, if you prefer, provide the information in a sealed envelope marked 'Confidential for medical director only' appended to this application, and indicate here that additional information is provided separately in this manner.

5. Verification with most recent employer of employment history and that the applicant is appropriate for this position

Name and title of most recent employer(s)		
Contact details		
Comments		

6. Verification with one professional referee

Verbal confirmation is required by at least one professional referee of the medical practitioner's competence and performance, and that they are appropriate for this position.

Name and title

Contact details

Name and title

Contact details

Comments

7. Declaration

I hereby declare that I have not been subject to any prior change to the defined scope of clinical practice, or denial, suspension, termination or withdrawal of the right to practise (other than for organisational need and/or capability reasons) in any other organisation and that I have not been subject to any prior disciplinary action or professional sanctions imposed by any registration board.

I hereby declare that the information contained in this application is true and correct.

I acknowledge that this application is for urgent credentiailling and defining scope of practice only, and that should I submit an ongoing application upon which I would be assessed in accordance with the separate processes governing such appointments.

Signature of applicant

Date

All applications are considered by the health service's credentiailling and scope of clinical practice committee.

If for any reason you are unable to sign the declaration above, please explain the circumstances.

Please note: The information collected on this form will be used by the <insert health service name> Credentiailling and Scope of Clinical Practice Committee(s) to assist in the determination of your application. Information provided on this form will not be used or disclosed for any other purpose.

<Insert health service name> operates in accordance with federal and state privacy legislation, including adherence to the national privacy principles. Copies of <insert health service name> privacy and confidentiality policies are available upon request.

Health service use only – for urgent situations

Applicant name _____

	Checked (✓)
1. Contact details provided	<input type="checkbox"/>
2. Proof of identity	<input type="checkbox"/>
3. Medical registration and medical indemnity currency	<input type="checkbox"/>
4. Working with children check	<input type="checkbox"/>
5. Verification with most recent employer(s)	<input type="checkbox"/>
6. Referee(s)	<input type="checkbox"/>
7. Declaration signed	<input type="checkbox"/>
8. Other comments:	

Application details checked by <insert name>: _____

Signature

Date

The next scheduled meeting of the Credentialling and Scope of Clinical Practice Committee at which this application will be reviewed is _____ <insert date>

100 points – verification details

Type of check	Available points	Notes
Passport (current or expired by less than two years, not cancelled)	70	Must contain name and a photo. Select one only.
Citizenship certificate (Australian only)		
Birth certificate (original or extract)		
Birth card issued by the Victorian Registry of Births, Deaths and Marriages		
Written reference	40	Select one only.
Written reference from an acceptable referee from a financial institution		Referee to have known the signatory for at least 12 months. Both signatory and referee must sign the reference.
Driver's licence. Renewed, interim, provisional, truck or learner's	40	Must contain name, expiry date, a photo or signature.
Other acceptable government-issued licences include boat, gun or pilot	40	
Public Service Employee Identification Card	40	
Pension or government Health Care Card (reference number required)	40	
Identification card issued by a tertiary education institute	40	
Letter from a current employer (current or must have been employed by the employer within the past two years)	35	Must be on letterhead or company seal. Both employer and employee's signature must be on the letter, along with the name and address of the employee.
Medicare card	25	
Overseas or international driver's licence or Proof of Age card	25	
Financial institution's credit card, cash card or passbook	25	Only one current card/passbook can be accepted from each financial institution. You may supply details from several different institutions but cannot solely rely on this form of identification.

Type of check	Available points	Notes
Rating authorities Rate notice (current). Provide the deposited plan (DP) number	35	
Public utility (water rate notice, electricity, gas or telephone account – no mobile accounts). Take a <i>current</i> notice with you.	25	
Statement from landlord, managing agent or owner of customer premises	25	Take letter, rental contract or rent receipt with you.

Appendix 4. Application/re-credentialling/change of scope of practice form – dentists

<Insert health service name>

Dentists with independent responsibility for patient care

This form sets a minimum information standard. Information may be added, but not deleted.

Surname

First name

Middle name

Please note: If you need to correct any error in your application, please initial the correction.

This is a:

New application Renewal/re-credentialling Altered scope of practice

1. Application for scope of clinical practice

I wish to apply to undertake a scope of practice for

(for example, oral health practitioner, specialist dentist).

The health service must verify registration, which can be accessed on the Dental Board of Australia website at <www.ahpra.gov.au/Registration/Registers-of-Practitioners.aspx>.

Please attach the following to this form:

All applications/re-credentialling

- A copy of your current professional indemnity insurance certificate (if applicable)
- Copies of relevant visa documents (if applicable)

New appointments only

- Current curriculum vitae
- Certified copies of all specialist or other qualifications, other than a primary dental degree, if not listed on the Dental Board of Australia
- Proof of identification - 100 point check

2. Applicant contact details

Surname _____

Given name(s) _____

Previous name(s) _____

Date of birth _____ Place of birth _____

Residency status

(only applicable for re-credentialling/altered scope of practice if changed since last application at this health service)

Australian citizen Permanent resident Temporary resident

Professional address _____

Postcode _____

Postal address *(if different to professional address above)* _____

Postcode _____

Phone (BH) _____ Phone (AH) _____

Fax _____ Mobile/pager _____

Email address _____

Do you have a Medicare provider number for this location? Yes No

If NO, please note that you will be required to obtain one. The organisation can assist.

Site(s): _____

Provider number(s): _____

If YES, is it subject to any restrictions? Yes No

If restrictions apply, please provide full details. _____

Do you have a prescriber number? Yes No

Prescriber number: _____

3. All qualifications, including your basic dental degree

New appointments only – please provide certified copies of qualifications obtained.

Re-credentialling (or if applying to extend current scope of practice) – please provide certified copies of new qualifications obtained.

Qualifications	University/organisation	Year obtained
Primary dental degree		
Others		
Re-credentialling only	Are you requesting a change to your existing scope of practice? • If YES, please go to section 4. • If NO, please go to section 5.	Yes <input type="checkbox"/> No <input type="checkbox"/>

4. Application for scope of clinical practice – new applicants and change of scope of practice only

I wish to apply to define my scope of clinical practice to undertake the following.
(Tick all relevant boxes.)

<input type="checkbox"/> Group 1 Oral health practitioner	<input type="checkbox"/> General dentistry <input type="checkbox"/> Dental therapy <input type="checkbox"/> Dental hygiene <input type="checkbox"/> Dental prosthetics
<input type="checkbox"/> Group 2 Specialist dentistry	<input type="checkbox"/> Dento-maxillofacial radiology <input type="checkbox"/> Endodontics <input type="checkbox"/> Oral and maxillofacial surgery* <input type="checkbox"/> Oral medicine <input type="checkbox"/> Oral surgery <input type="checkbox"/> Orthodontics <input type="checkbox"/> Paediatric dentistry <input type="checkbox"/> Periodontics* <input type="checkbox"/> Prosthodontics* <input type="checkbox"/> Special needs dentistry * including surgical/prosthetic placement of implants
<input type="checkbox"/> Group 3 Allied health professional	<input type="checkbox"/> Physiotherapy <input type="checkbox"/> Medical imaging technology – dental radiography
<input type="checkbox"/> Group 4 Relative analgesia (using nitrous oxide and oxygen)	Please attach evidence of completion of relative analgesia training within the past 24 months.
<input type="checkbox"/> Group 5 Conscious sedation	Please attach evidence of appropriate training – the minimum standard for endorsement would be a graduate diploma in conscious sedation from the Westmead Hospital or University of Sydney, or training from an alternative institution acceptable to the Dental Board of Australia.
<input type="checkbox"/> Group 6 Private practice rights	Refer to <insert health service name> policies and procedures for particular instructions.

5. Clinical appointments

- New applications, or
- Application for a change in your scope of practice – please specify information relevant to change only

If relevant, please provide details on all current and previous clinical appointments held within the past five years (including names of organisations and dates of appointment), or other places of practice (for example, private practice).

Organisation	Name and type of appointment	Term of appointment
		to
		to
		to
		to
		to
		to
		to

6. Dental registration matters

Please refer to <www.dentalboard.gov.au> for definitions.

What is your Dental Board of Australia registration number?

Is this *general* registration? Yes No

Is this *specialist* registration? Yes No

If YES, please specify.

Is this *limited* registration? Yes No

If you have a limited registration, and/or you are to be supervised, please provide details (including name and location of supervisor and frequency of supervision).

Do you currently have any conditions, restrictions, undertakings, reprimands or notations placed on your registration or your clinical practice (either in Australia or any other country)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
In the past, have you ever had any conditions, restrictions, undertakings, reprimands or notations placed on your registration (either in Australia or elsewhere)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been the subject of a disciplinary decision/ruling in the course of your work as an oral health practitioner?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been the subject of a prior disciplinary decision/ruling or professional sanction imposed by any registration board, whether in Australia or elsewhere?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been denied a defined scope of clinical practice?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your right to practise ever been withdrawn, suspended, terminated or reduced by an organisation, employer or professional body?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been convicted or found guilty of any criminal offence, including a drug- or alcohol-related offence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you the subject of pending criminal charges?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you answered YES to any of the above, please provide full details or, if you prefer, provide the information in a sealed envelope marked 'Confidential for director of medical services or equivalent only' appended to this application, and indicate here that additional information is provided separately in this manner.

Are you registered as a dental practitioner in any other country?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If YES, please specify.
Do you have a current working with children check? - see website* <i>Please attach a photocopy of your current card.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
	Card number: _____
	Expiry date: _____

*Working with children information can be found at <www.justice.vic.gov.au/wps/wcm/connect/justlib/Working+With+Children/Home>.

7. Indemnity information

Current dental indemnity cover (if applicable)*

*Essential for rights to private practice.

Please attach a copy of your current policy renewal certificate.

Name of insurer:

Policy number:

Expiry date:

Is your proposed scope of clinical practice reflected in, or covered by, your current dental indemnity insurance?

Yes No

Has there ever been or are there currently pending any claims, settlements or judgements against you?

Yes No

Has your current or any previous dental insurer ever excluded or reduced any specific area of practice, or terminated or denied coverage?

Yes No

If the answer to any of the above is YES, please provide a detailed explanation and specify the name of the relevant dental insurer on a separate attachment.

8. Academic appointments/teaching experience

If relevant, please provide details of current and previous teaching appointments held within the past five years (including the organisation and dates of appointment).

Organisation	Status/level	Term of appointment
		to
		to
		to
		to
		to
		to
		to

9. Continuing professional development

Have you met the continuing professional development requirements of the Dental Board of Australia? Yes No

Please provide evidence of relevant continuing professional development.

10. Quality activities (for example, participation in peer review or clinical audit activities)

For dentists undergoing re-credentialling these activities should be recorded through the *Partnering for performance* process, for example, participation in clinical review/audit/peer-review activities.

Have you participated in regular clinical reviews, audits and/or peer-review activities in any clinical setting? Yes No

Provide details of these quality/peer review activities.

11. Health status

Do you have a disability or health issue that:

Yes No

- may impact on your ability to perform any of the cognitive and physical functions that would fall within the scope of practice that you are seeking in this application?
 - may require special equipment, facilities or work practices to enable you to perform any aspect of the scope of practice you are seeking in this application?
 - may be relevant to determining your scope of practice?
-

If you answered YES, please provide details of the disability or health issue and its likely, or possible, impact on your ability to carry out the sought scope of practice. Details of any special equipment facilities or work practices required should be included.

This information can be provided on this form or, alternately, you can provide the information in a sealed envelope marked 'Confidential for medical director only' appended to this application. Indicate here if additional information is being appended.

This information is sought to enable an assessment to be made as to whether you can safely perform the inherent and reasonable requirements of the work that you seek to perform at the health service or whether any reasonable adjustments might be required to ensure that you can work at the health service in a way that ensures patient safety.

12. Referees (new appointments only)

Please provide details of at least two referees, preferably within the specialty being applied for, who have been in a position to judge your qualifications and experience during the previous three years and who have no conflict of interest in providing a reference.

Referee 1

Name	
Current position	
Professional address	
Postcode	
Phone (BH)	Phone (mobile)
Email address	

Referee 2

Name	
Current position	
Professional address	
Postcode	
Phone (BH)	Phone (mobile)
Email address	

Referee 3

Name	
Current position	
Professional address	
Postcode	
Phone (BH)	Phone (mobile)
Email address	

13. Agreement/undertakings

I understand that in assessing my application, <the health service> will make additional enquiries as to my suitability for the position.

New applications only

I understand that the health service will conduct a police check. Yes No

New appointments and expanding scope of practice only

I authorise the health service to seek information as to my past experience, performance and current fitness to practise from my referees. Yes No

I agree to familiarise myself with relevant hospital by-laws, policies and procedures, and to abide by them. Yes No

All applications

I accept that the health service will obtain information relevant to my application from the Dental Board of Australia and any other authority that regulates health practitioners. Yes No

I authorise the health service to obtain information relevant to my application from my current and any previous dental insurer. Yes No

I authorise the health service to obtain information relevant to my supervision requirements (where applicable). Yes No

I authorise the health service to seek information from other persons as the health service considers appropriate, including any relevant health service, college or other professional organisation. Yes No

I agree to abide by the organisation's and state and national confidentiality and privacy laws and policies and understand that breaches may result in the cessation of my appointment. Yes No

I agree to notify the director of medical services or their delegate of any event/ situation that may have an impact on my ability to exercise my scope of clinical practice, whether it be due to dental registration matters, or otherwise. This includes matters about which I consider that the director of medical services or their delegate would wish to be informed and, as a minimum, includes the kinds of information covered in this application (such as any criminal charges or convictions, or reductions in registration or insurance). Yes No

I agree to participate in this health service's performance development and support process (*Partnering for performance* or equivalent). Yes No

I agree to promptly notify the director of medical services or their delegate of any adverse clinical incident I am involved in, or of which I become aware. Yes No

I agree to work within my defined scope of clinical practice and to make a further application should I seek to extend the scope of clinical practice granted to me. Yes No

Should any question as to my credentialling or clinical practice arise, Yes No
I agree that the health service may make such enquiries as it considers
necessary to assess whether that credentialling or my scope of clinical
practice is appropriate.

14. Declaration

I hereby declare that the information contained in this application is true and correct.

Signature of applicant

Date

Please note: if for any reason you are unable to sign the declaration above, please explain the circumstances.

Please note: The information collected on this form will be used by the <insert health service name> Credentialling and Scope of Clinical Practice Committee(s) to assist in the determination of your application. Information provided on this form will not be used or disclosed for any other purpose.

<Insert health service name> operates in accordance with federal and state privacy legislation, including adherence to the national privacy principles. Copies of <health service name> privacy and confidentiality policies are available upon request.

Health service use only

Applicant name _____

Item	Checked/comments(✓)
1. Proof of identification	<input type="checkbox"/>
2. Contact details provided	<input type="checkbox"/>
3. Provider number	<input type="checkbox"/>
4. Prescriber number	<input type="checkbox"/>
5. Qualifications	<input type="checkbox"/>
6. Training and experience (if required)**	<input type="checkbox"/>
7. Clinical appointments (if required)**	<input type="checkbox"/>
8. Dental registration	<input type="checkbox"/>
9. Dental indemnity cover currency	<input type="checkbox"/>
10. Academic appointments/teaching experience	<input type="checkbox"/>
11. Continuing professional development	<input type="checkbox"/>
12. Grand rounds (if applicable)	<input type="checkbox"/>
13. Health status	<input type="checkbox"/>
14. Referees (if required)**	<input type="checkbox"/>
15. Existing contract/employment arrangements checked and relevant documentation available (if required)**	<input type="checkbox"/>
16. Declaration signed	<input type="checkbox"/>
17. Working with children certificate (if applicable)	<input type="checkbox"/>

*** Not required for reappointment at same health service with no change in scope of practice.*

18. Other comments: _____

Application details checked by <insert name>:

Signature _____

Date _____

Letter to applicant advising outcome of application Yes Copy attached

100 points – verification details

Type of check	Available points	Notes
Passport (current or expired by less than two years, not cancelled)	70	Must contain name and a photo. Select one only.
Citizenship certificate (Australian only)		
Birth certificate (original or extract)		
Birth card issued by the Victorian Registry of Births, Deaths and Marriages		
Written reference	40	Select one only.
Written reference from an acceptable referee from a financial institution		Referee to have known the signatory for at least 12 months. Both signatory and referee must sign the reference.
Driver's licence. Renewed, interim, provisional, truck or learner's	40	Must contain name, expiry date, a photo or signature.
Other acceptable government-issued licences include boat, gun or pilot	40	
Public Service Employee Identification Card	40	
Pension or government Health Care Card (reference number required)	40	
Identification card issued by a tertiary education institute	40	
Letter from a current employer (current or must have been employed by the employer within the past two years)	35	Must be on letterhead or company seal. Both employer and employee's signature must be on the letter, along with the name and address of the employee.
Medicare card	25	
Overseas or international driver's licence or Proof of Age card	25	
Financial institution's credit card, cash card or passbook	25	Only one current card/passbook can be accepted from each financial institution. You may supply details from several different institutions but cannot solely rely on this form of identification.

Type of check	Available points	Notes
<p>Rating authorities</p> <p>Rate notice (current). Provide the deposited plan (DP) number</p>	35	
<p>Public utility (water rate notice, electricity, gas or telephone account – no mobile accounts). Take a <i>current</i> notice with you.</p>	25	
<p>Statement from landlord, managing agent or owner of customer premises</p>	25	Take letter, rental contract or rent receipt with you.

Appendix 5: Referee report

Health services should obtain references from at least two referees, preferably within the specialty being applied for, who are independent of the applicant, with no conflict of interest, and who can attest to the applicant's professional performance within the previous three years.

All written references must be verified verbally.

The following document provides a standardised telephone interview for the purposes of obtaining or verifying a reference.

Name of applicant

Application number/file number/personnel number

Clinical specialties applied for

Telephone interviewer

Date of interview

Reference provided by

Current position of referee

Contact details of referee

Introduction

<Insert name of applicant> has applied for credentialling and defining their scope of clinical practice at <insert name of organisation>. They have listed you as a referee.

Based on your professional knowledge of <insert name of applicant>, we would appreciate a comprehensive appraisal of them.

This interview will take approximately 10 minutes and will cover clinical competence, ability to work with others, personal integrity and other information relevant to this practitioner's qualifications and practice.

Before we start this interview, there are two points that are important for you to be informed about:

1. I advise you (the referee) that the information that you provide in relation to the applicant may be accessible by the applicant at their request, or by others as required by law or under the *Freedom of Information Act 1982* and/or the *Information Privacy Act 2000*. If you would like to see the written comments about this conversation, you can request them from me as the person undertaking the referee checks.
2. The information you provide in relation to the applicant is subject to the usual protection under defamation law. It is a complete defence to a defamation claim if the words complained of are the truth or a fair comment made in the public interest. The statements you make will attract qualified privilege, that is, in order for the applicant to succeed in a defamation claim they would have to prove that your words were motivated by malice.

Are you happy to proceed with this reference?

1. Relationship of referee to applicant

How long have you known <insert name of applicant>?

In what capacity have you worked with <name of applicant>?

Over what period of time did you work with <name of applicant> in this capacity?

2. Professional knowledge, skills and attitude

How would you describe <name of applicant>'s professional knowledge?

How would you describe <name of applicant>'s technical skills?

How would you describe <name of applicant>'s clinical judgement?

How would you describe <name of applicant>'s participation in her/his <omit as appropriate> continuing medical education?

How would you describe <name of applicant>'s participation in her/his <omit as appropriate> continuing professional development?

How would you describe <name of applicant>'s ability to work with others?

How would you describe <name of applicant>'s communication with patients? <insert other fields as relevant to the position description, for example, leadership or management>

<Name of applicant> is requesting that their scope of clinical practice be defined in <insert as appropriate>. Based on your experience with <name of applicant> do you agree that this is appropriate?

Yes No Other

Comments:

Please explain any reservations or concerns regarding the scope of clinical practice requested by the applicant:

To your knowledge, has <name of applicant> ever been the subject of disciplinary action through the course of her/his <omit as appropriate> employment as a medical practitioner?

Yes

No

No information

If yes, please explain:

Do you have any additional comments, information, or recommendations that may be relevant to <name of applicant>'s application?

Signature of interviewer

Date

This template was adapted from Australian Council for Safety and Quality in Health Care 2005.

Appendix 6: Guidance on the verification process

The credentialling and scope of practice process is a key governance responsibility. Verification of a doctor's credentials is a critical element of this process. There have been a number of high-profile cases across Australia where the verification process has been inadequate, leading to failure of the credentialling process and leaving patients, organisations and doctors vulnerable.

The verification process must be rigorous. The health service must ensure the doctor is who they say they are, and is presenting bona fide documentation.

If an organisation uses a recruitment agency to source applicants, the organisation is still responsible for undertaking their own verification process as outlined in Tables 1–3 overleaf.

In general, organisations will experience greater levels of certainty and thus protection if they have obtained sufficient information about the doctor. The *Credentialling and defining the scope of clinical practice for medical practitioners in Victorian health services* policy (Department of Health 2011) enables organisations to collect the information required to be sure that the doctor meets the organisation's requirements.

The credentialling process should be documented using the Department of Health's policy forms or an equivalent. The form completed by the doctor must include a requirement for the doctor to notify the health service of any change to their credentials that may impact their scope of practice. The form should also include permission from the doctor for the health service to obtain any information relevant to their application (including contacting previous employers regardless of whether they are listed as referees).

The credentialling policy defines the following elements in the verification process as outlined in Tables 1–3 overleaf for the *Initial appointment*, *Annual credentials review* and *Re-credentialling*.

Initial appointment

Evidence	Verification process
Curriculum vitae (CV)	<ul style="list-style-type: none"> • Confirm by checking with other sources (for example, referees and previous employers) if indicated
Registration status	<ul style="list-style-type: none"> • Check current Australian Health Practitioner Regulation Agency (AHPRA) registration at www.ahpra.gov.au • Confirm presence or absence of endorsements, conditions, undertakings, notations and reprimands • Confirm type of registration (for example, general, specialist, limited – area of need)
Certified copy of specialist or other qualifications	<ul style="list-style-type: none"> • Sight certified copy of qualification • Check with relevant college if indicated
Proof of identity (100 points)	<ul style="list-style-type: none"> • Confirm identity documents – 100-point check
National police record check	<ul style="list-style-type: none"> • Should be routine for new appointments – refer to the <i>Credentialling and defining scope of clinical practice</i> policy (2011) and your health service's recruitment policy
Certified copy of current medical indemnity (if applicable)	<ul style="list-style-type: none"> • Sight certified copy of indemnity certificate • Ensure cover reflects requested scope of practice • Confirm with relevant insurer if indicated
Continuing professional development (CPD) certificate	<ul style="list-style-type: none"> • Sight copy of college certificate or evidence of relevant CPD • Confirm with relevant college if indicated
Referees	<ul style="list-style-type: none"> • Minimum two referees • Referees must be recent and reflect the CV • Referees must be contacted and written references verified verbally • Referee report template provided in policy
<p>Additional processes</p> <p>Organisations should be aware of attempts by doctors to fraudulently seek appointment through falsification of their applications. This has been a particular issue regarding failure to disclose previous issues with medical registration.</p> <p>This has largely occurred in what might be regarded as high-risk settings (for example, highly mobile doctors with international qualifications, areas of workforce paucity, remote and rural settings and doctors being presented by recruitment agencies).</p>	<ul style="list-style-type: none"> • In these settings, organisations are strongly encouraged to undertake additional efforts to ensure the accuracy of a doctor's application – this is now regarded as 'best practice' • Organisations should contact previous employers to confirm good standing (regardless of whether they are listed as referees) • Targeted online searches using a search engine should be conducted • Where possible the doctor's previous registration status should be verified, for example, by searching the doctor's name on the previous medical board's online register • It may be also prudent to check the veracity of a doctor's publication list using an online publication search facility such as PubMed® at www.ncbi.nlm.nih.gov/pubmed

Annual credentials review

Evidence	Verification process
Curriculum vitae (CV)	<ul style="list-style-type: none"> • Not required
Registration status	<ul style="list-style-type: none"> • Check current AHPRA registration at www.ahpra.gov.au • Confirm presence or absence of endorsements, conditions, undertakings, notations and reprimands • Confirm type of registration (for example, general, specialist, limited – area of need)
Certified copy of qualifications	<ul style="list-style-type: none"> • Not required
Proof of identity (100 points)	<ul style="list-style-type: none"> • Not required
Copy of current medical indemnity (if applicable)	<ul style="list-style-type: none"> • Sight copy of indemnity certificate • Ensure cover reflects scope of practice
National police record check	<ul style="list-style-type: none"> • Not routinely required
Continuing professional development (CPD) certificate	<ul style="list-style-type: none"> • Sight copy of college certificate, annual statement of participation or evidence of current CPD • Confirm with relevant college if indicated
Referees	<ul style="list-style-type: none"> • Not required
Additional processes	<ul style="list-style-type: none"> • Not required unless indicated from outcomes of the above processes

Re-credentialling (every three or five years, or as needed)

Evidence	Verification process
Curriculum vitae (CV)	<ul style="list-style-type: none"> • If a change in scope of practice is requested, updated CV and other supporting documentation should be checked • Confirm through checking with other sources (such as other hospitals where the doctor works) if indicated • Otherwise not required
Registration status	<ul style="list-style-type: none"> • Check current AHPRA registration at www.ahpra.gov.au • Confirm presence or absence of endorsements, conditions, undertakings, notations and reprimands • Confirm type of registration (for example, general, specialist, limited – area of need)
Certified copy of qualifications	<ul style="list-style-type: none"> • If recognition of new qualifications is requested – sight certified copy of qualification • Check with relevant college if indicated
Proof of identity (100 points)	<ul style="list-style-type: none"> • Not required
Copy of current medical indemnity (if applicable)	<ul style="list-style-type: none"> • Sight copy of indemnity certificate • Ensure cover reflects requested scope of practice • Confirm with relevant insurer if indicated
National police record check	<ul style="list-style-type: none"> • Not routinely required
Continuing professional development (CPD) certificate	<ul style="list-style-type: none"> • Sight copy of college certificate, annual statement of participation or evidence of current CPD • Confirm with relevant college if indicated
Referees	<ul style="list-style-type: none"> • Referees only required if a change in scope of practice is requested – must be contacted and verified verbally • Referee report template provided in policy
Additional processes	<ul style="list-style-type: none"> • Not required unless indicated from credentialling forms or outcomes of the above processes

Appendix 7: Guidelines for credentiailling medical practitioners in public sector residential aged care facilities

1. Credentiailling

Medical practitioners attending public sector residential aged care facilities (RACF) should be credentiailled to practise in these facilities.

1a. Health-service-governed RACF

For a RACF governed by a health service, the health service's credentiailling and scope of practice process should be extended to include the credentiailling of medical practitioners providing care in any associated RACF.

If the medical practitioner does not provide medical care in an associated health service, the recommended minimum standard for credentiailling and defining the scope of clinical practice is as for 1b.

1b. State-funded incorporated associations operating RACF

For state-funded incorporated associations operating RACF, the minimum standard for the credentiailling and defining the scope of practice of a medical practitioner is:

- medical registration (verified by the RACF on the Medical Board of Australia website)
- medical indemnity cover (required for registration and implicit in the registration check)
- reasonable verification of identity by facility staff (including photo identification if the medical practitioner is not known to the facility).

2. Enhancing care provision and the RACGP silver book

A collaborative relationship is encouraged between the RACF and the medical practitioner to ensure the highest quality care for residents. An excellent resource is the Royal Australian College of General Practitioners (RACGP) silver book (*Medical care of older persons in residential aged care facilities*, 4th edition, 2006). It can be downloaded from <www.racgp.org.au/guidelines/silverbook>.

3. Quality of service

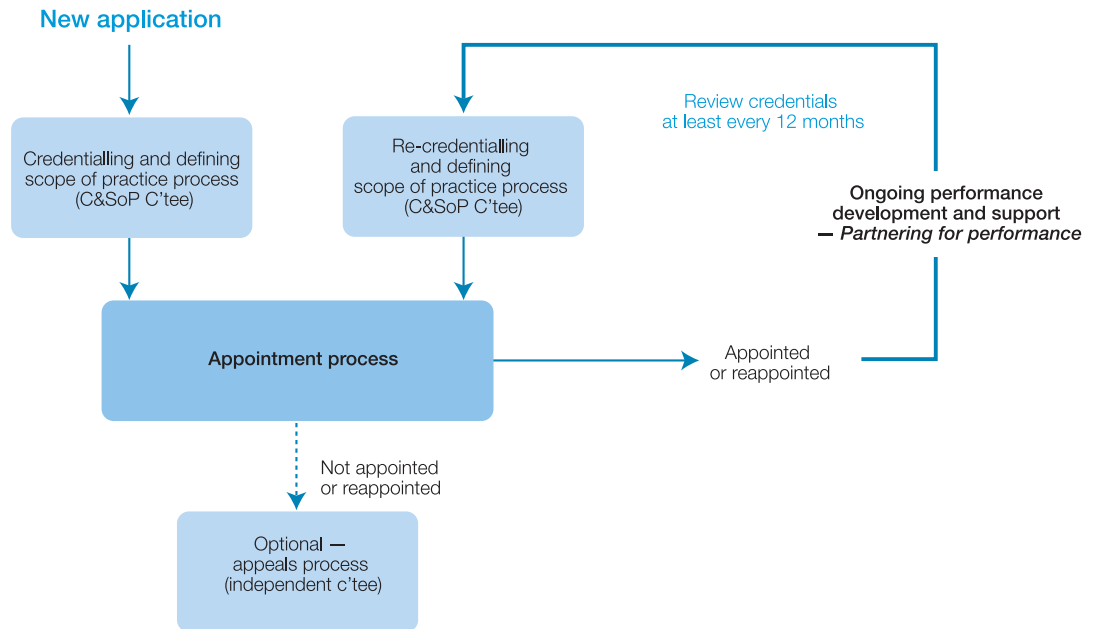
- The expectation that health services governing RACF will have a credentiailling process aligns with the principles of good clinical governance.
- It is the responsibility of the governing health service to monitor the quality of service being provided to the residents by the healthcare team.
- Implicit in good clinical governance is the involvement of medical practitioners in the development, monitoring and refinement of quality clinical practice within the RACF.
- A process should be in place to ensure residents are supported in making an informed choice of medical practitioner.

The practicalities

In most cases these recommendations can be met by the RACF through:

- satisfying themselves of the doctor's identity
- checking the Medical Board of Australia website for evidence of registration and indemnity cover
- discussing any issues arising with the resident/family/carer and medical practitioner
- using the RACGP *silver book* as a key resource.

Appendix 8: Credentialling and defining scope of clinical practice diagram



References

1. Australian Council for Safety and Quality in Health Care 2004, *National standard for credentialling and defining scope of clinical practice*, Canberra.
2. Australian Council for Safety and Quality in Health Care 2005, *Credentialling and defining the scope of clinical practice handbook*, Canberra.
3. Department of Health 2010, *Partnering for performance – a performance development and support process for senior medical staff*, State Government of Victoria, Melbourne.
4. Department of Health 2011, *Victorian Health Priorities Framework 2012-2022: Metropolitan Health Plan*, State Government of Victoria, Melbourne.

