

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

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

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Foreword

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

This document outlines the principles behind a comprehensive credentialling and defining the scope of clinical practice process for all health services in Victoria and provides guidance in implementing those principles. *The definition of a health service for this project means all public hospitals, public health services and multi-purpose services.* 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 that a competent clinical workforce services the sector.

The Department of Human Services 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 second iteration (February 2009) which will help to ensure high quality medical services in Victoria.

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Executive summary

It is essential that all medical practitioners who have independent responsibility for patient care within 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.

The definition of a health service for this purpose means all public hospitals, public health services and multi-purpose 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, July 2004* (the 'National Standard').

Building on the National Standard, the Victorian Department of Human Services has 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 policy was released in July 2007, and applies to all senior medical staff appointed to a public health service, public hospital or multi-purpose service.

Updates in this second version, February 2009, include:

- the previous application/reapplication/change of scope of practice forms combined into a single form to increase usability
- the process to be used for dentists, including an 'oral health practitioner' form
- enhancement regarding privacy considerations in relation to referee information
- expansion of the appeals process requirements
- working with children certification.

It is expected that health services have initiated the processes to access an appropriate and effective director of medical services or an appropriately-authorized medical leader's support and had a clear plan to implement credentialling and defining scope of clinical practice policies and procedures by 1 October 2007. The policy should be fully implemented across all sites by October 2012, which allows for a full contract cycle for all senior doctors.

1. Introduction

The Department of Human Services (the department) is committed to the establishment of processes for credentiailling and defining the scope of clinical practice for clinicians appointed to every Victorian health service.

The need for a uniform system of credentiailling and defining the scope of clinical practice applies equally to all health care professionals treating patients. This policy currently only applies to senior medical practitioners with independent responsibility for patient care.

The policy does not apply to hospital-employed junior medical staff at this stage as these staff are under supervision. Nor does the policy currently apply to practitioners nominated by the patient as their private practitioner in a residential care setting within the health service.

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 safety and quality of care that patients receive from health professionals.
- Sustain the confidence of both the public and the professions through demonstrable impartiality.
- Support and embed good practice; the majority of doctors are excellent doctors who strive to be better.
- Integration into organisational clinical governance processes.
- A system that is:
 - sufficiently flexible to work effectively for different healthcare needs and healthcare approaches and
 - 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 (Principle 4, the National Standard) and of 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
- appropriate and effective clinical governance.

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 that services undertaken are within the scope of the doctor's practice.

Health Service Boards must also ensure that adequate systems are in place to ensure that services provided by medical practitioners are in accordance with identified community needs and are within the capability of the health service to deliver care.

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 Australian Council for Safety and Quality in Health Care published the National Standard in 2004. The document formed part of the Council's Annual Report presented to the Australian Health Ministers' Conference at its meeting on 29 July 2004.

The rationale for developing a national standard was attributed to a number of factors:

- Increasing complexity and diversity of clinical procedures as a result of technology.
- Increasing mobility of medical practitioners in their place of professional practice.
- Increasing 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 health care organisations.
- Reinforces the responsibility of health care 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 as:

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 health care 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 the by-laws, while ‘defining the scope of clinical practice’ is the term used in the National Standard. In this document, the term ‘defining scope of clinical practice’ is used to be consistent with the National Standard. The department encourages hospitals to develop a consistent language to ensure consistency of understanding and use the term ‘defining 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 by the Medical Practitioners Board of Victoria
- both a provider and prescriber number provided by Medicare Australia for patient access to Medicare and Pharmaceutical Benefits.

Specialist medical practitioners are granted specialist recognition based on completion of a specified training program undertaken under the direction of the various medical colleges, societies, faculties or chapters. Specialists cannot be allocated a provider/prescriber number relevant to a particular speciality unless specialist recognition has been granted. In some specialties there are also credentialling programs linked to the right to practise in that speciality and/or eligibility for payment of Medicare benefits.

However, there continue to be specialists appointed to Victorian public hospitals who have independent responsibility for patient care in a number of areas, but who are not eligible for a Medicare Specialist provider number, do not possess a higher qualification (as defined), but who have sufficient experience in their specialty to satisfy the hospital that the appointment is warranted, and continue to perform at least at a satisfactory level.

The two bases on which a practitioner is recognised as a specialist for the purposes of public hospital appointment in Victoria are if the practitioner is:

- (a) a doctor who possesses a higher qualification (as defined, but usually a fellowship of one of the learned colleges) appropriate to the specialty in which they are employed, or
- (b) has sufficient experience in their specialty to satisfy the hospital that the appointment is warranted.

International medical graduates are subject to a variety of processes depending on the type and location of their practice. The various bodies that may be involved in determining their scope of practice include the Australian Medical Council, the specialist colleges, the Medical Practitioners Board of Victoria 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 specialisation.

Once in practice in that health service, there may also be requirements of the various colleges and learned societies that medical practitioners participate in a continuing medical education program. Such a program may include maintaining and upgrading a range of skills, as well as acquiring new skills.

6. The Victorian approach

It is essential that all medical practitioners who have independent responsibility for care of patients of a Victorian health service are appropriately credentialled and then have their scope of clinical practice defined in accordance with both their level of skill and experience and 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. (Refer Appendix 1).

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. (Refer Appendix 2).

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.

The oversight of an appropriately skilled and qualified medical manager (Director of Medical Services (DMS) or an appropriately-authorized 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 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.

Every health service in Victoria must have access to an appropriately-qualified medical manager (a DMS or medical leader) to ensure that a robust system of credentialling and scope of clinical practice is in place. The DMS’ or medical leaders’ appointments 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 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.

Medical leaders should be senior, respected practitioners who should ideally hold, or have recently held, management-level positions within the organisation, or who hold relevant management experience in a health service setting. Such medical leaders should have local access to, and the support of, a DMS who is able to assist with credentialling and defining scope of clinical practice as required.

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 and scope of clinical practice processes across a geographic area, while still allowing for health service specific 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).

All health services must have credentialling and defining 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 Appendix 7).

Members of these committees must have relevant expertise for their role, and be free from conflicts of interest. To avoid conflict 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 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, which undertakes credentialling for all member health services. However, in order to define a scope of clinical practice for a clinician working in a particular health service, a representative from that health service should 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 that the health service has appropriate processes for making medical appointments. The National Standard allows for different structural approaches to appointment including:

- 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 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. (Refer Appendix 2).

Credentiailling and defining the scope of clinical practice of the individual practitioner is the precursor to appointment to the health service and consequent provision of a contract, which defines the rights and obligations of each party. (Refer Appendices 3, 4 for appointment of general practitioners and specialists, Section 6.5.1 for urgent situations and Section 6.5.2 for dentists).

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 credentiailled and having their scope of clinical practice defined.

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.

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

Basic credentials such as medical registration should be updated annually and the medical practitioner's scope of clinical practice should be reviewed in line with regular performance appraisal (refer 6.6).

6.4.1 Acts, charters and by-laws

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

Hospital by-laws should also be reviewed in light of this policy and the National Standard.

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

The health service must also comply with any specific legislation relating to criminal history (such as the Working with Children Act or the Aged Care Act) that is applicable.

Where such legislation does not apply, if a national police record check or advice from an applicant reveals that the applicant has a prior conviction, or has 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 http://www.police.vic.gov.au/content.asp?Document_ID=274

6.4.2 Appeals process

A credentialling and scope of practice appeals process must be available and managed independently of 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 final decision. (Refer Appendix 2, point 7)

6.5 Other considerations

6.5.1 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 as soon as practicable by the formal processes undertaken by the established credentialling, scope of clinical practice and appointment committees. The timeframe for undertaking the formal process should be consistent with the hospital by-laws and would generally occur within six months.

Refer Appendix 4 - Confirmation is required by at least one professional referee of the medical practitioner's competence, performance and good standing.

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 healthcare institution. Health services may consider the credentialling and scope of practice of a dentist under various circumstances. These include, but may not be restricted to, the following:

- 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 Victorian Branch of the Australian Dental Association Victorian Branch (ADAVB) with the specific intention of guiding 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.

Please refer to the 'toolkit' section on the department's credentialling website for the '*Australian Dental Association Victorian Branch Inc: Statement on credentialling and defining the scope of clinical practice for dentists*' at <http://www.health.vic.gov.au/credentialling/toolkit.htm>

Please refer to Appendix 5 for the Dentist application form, *Oral Health Practitioner form*.

6.5.3 Temporary staffing situations

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

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

Refer to Appendix 3 for temporary situations.

6.5.4 Third-party arrangements

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

The agreement between the third party and the health service governing body must include appropriate provisions clearly specifying the procedures to be followed to ensure that the doctors employed by, or sourced by, the third party have been appropriately credentialled and had their scope of clinical practice defined by the health service.

In addition, where it is foreseeable that medical staff employed by, or sourced by, the third party will physically attend or directly communicate with patients of the health service (for example, teleconferencing), they must have their scope of clinical practice defined by the health service according to health service policies and processes.

6.5.5 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.

6.5.6 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 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 facility.

6.5.7 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.

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

6.6 Performance appraisal processes

Regular (minimum annual) performance appraisal is an essential adjunct to credentialling, scope of clinical practice and appointment processes and provides a broader context for regular review of clinical performance. Performance appraisal should be a two-way process between the individual practitioner and the health service. It should encompass all elements of the relationship, including participation in education and training, relationships with other staff and responsiveness to organisational requirements on the part of the practitioner, and the provision of professional support to the practitioner by the health service.

6.7 Ongoing maintenance and improvement of skills

All medical practitioners are expected to participate in a continuing medical education program. Such a program may include maintaining and upgrading a range of skills, as well as acquiring new skills. Documentation of this should form part of the regular credentialling and scope of clinical practice process and should be included in the Application/reapplication/change scope of practice form. (Refer Appendix 3). It should also be discussed with the individual practitioner at their regular performance reviews.

Appendices

Appendix 1. Credentiailling and defining scope of clinical practice flowchart – provides a flow chart for the credentiailling, scope of clinical practice and appointment process.

Appendix 2. Credentiailling and defining the scope of clinical practice and appointment checklist – provides a checklist for the credentiailling and scope of clinical practice process and appointment, based on the National Standard.

Appendix 3. Application/reapplication/change scope of practice form – general practitioner and specialist (except dentists) – sets out the core information required in the model application forms for general practitioners. [Health services may add to the form, but no information should be removed.](#)

Appendix 4. Application form for urgent situations – sets out the core information necessary when appointments are made in urgent situations.

Appendix 5. Application/reapplication/change scope of practice form - dentists

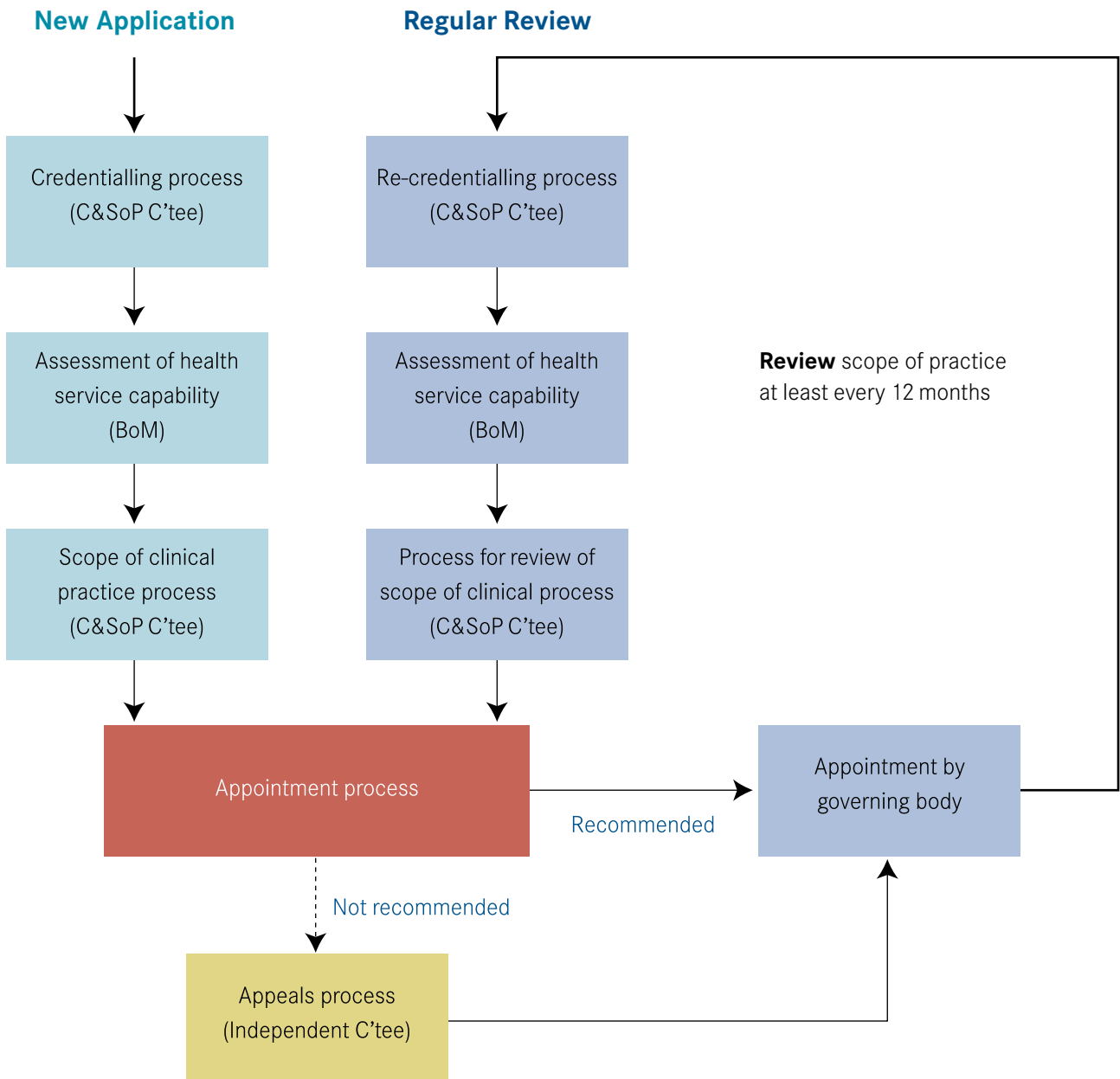
Appendix 6. Referee report – is a template referee form adapted from that set out in the Australian Council for Safety and Quality in Health Care, *Credentiailling and defining the scope of clinical practice handbook*. [Health services may add to the form, but no information should be removed.](#)

Appendix 7. Credentiailling and Defining the Scope of Clinical Practice Committee – terms of reference and membership – describes the requirements for a Credentiailling and Scope Of Clinical Practice Committee as set out in the Australian Council for Safety and Quality in Health Care, *Credentiailling and defining the scope of clinical practice handbook*.

Appendix 8. Letter of appointment to a Health Service Committee – is a template letter that can be used to appoint members to a Health Service Committee. This template has been developed in consultation with the Victorian Managed Insurance Authority.

Appendix 1

Credentiailling and defining scope of clinical practice flowchart



C&SoP Credentiailling and scope of practice

BoM Board of management

Appendix 2

Credentialling and defining the scope of clinical practice and appointment checklist

This checklist has been developed to assist health services comply with the National Standard on Credentialling and Defining the Scope of Clinical Practice.

The checklist should be read in conjunction with the Australian Council for Safety and Quality in Health Care, *Credentialling and defining the scope of clinical practice handbook*.

1 Clinical governance

- The governing body is responsible for establishing the range of clinical services, procedures and other interventions that can be provided in their health services in accordance with capability-based planning frameworks and role delineation guidelines, developed by the department.
- All medical practitioners who have independent responsibility for patient care and who are appointed to health services in Victoria must be appropriately credentialled and have their scope of clinical practice defined in accordance with both their level of skill and experience and the capability of the health service.
- The governing body of each health service should develop and formally adopt a comprehensive policy on credentialling and scope of clinical practice.
- The health service must establish a committee(s) responsible for undertaking the credentialling and scope of clinical practice processes and for advising the governing body of its recommendations.
- The health service must have appropriate indemnity insurance for the members of the credentialling and scope of clinical practice committee(s).
- The health service must establish a credentialling and scope of clinical practice appeals committee that is independent of the committee responsible for credentialling and scope of clinical practice. In all cases, this committee should advise the governing body directly.
- The health service must obtain relevant and comprehensive information for credentialling and scope of clinical practice. As a minimum, the health service must obtain the information outlined in the templates in Appendix 3.
- Medical practitioners appointed to the health service must agree to advise the organisation immediately if there is any change to their registration status, medical indemnity cover, authorised scope of clinical practice or suspension or withdrawal of right to practise in any other organisation. They must also agree to advise the organisation if they have any health impairment that may affect their ability to practise or have been involved in a criminal investigation or conviction.
- The health service must maintain comprehensive records of all deliberations and recommendations relevant to the credentialling and scope of clinical practice of all its practitioners.
- The organisation must inform medical practitioners in a timely manner of the outcome of its recommendations and period of applicability for any scope of clinical practice that is granted.

2 Credentiailling and scope of clinical practice policy

This policy should:

- Be formally documented and integrated within the organisation’s broader governance system.
- Identify the maximum elapsed time following which the processes of credentiailling and scope of clinical practice will be repeated. For rural health services, this time period has been defined as five years.
- Incorporate a process for undertaking an unplanned review of a medical practitioner’s credentials and/or scope of clinical practice.
- Outline the credentiailling, scope of clinical practice, review and appeals processes.
- Outline the conditions and a rigorous process where suspension of a medical practitioner’s right to practise is being considered.
- Outline the requirements for the introduction of new clinical services, procedures or other interventions.
- Outline the requirements for urgent credentiailling and scope of clinical practice.
- Outline the requirements for temporary credentiailling and scope of clinical practice.
- Outline the provision for credentiailled medical practitioners to administer necessary treatment outside their authorised scope of clinical practice in emergency clinical situations.
- Outline the process involved where an external party is engaged to undertake verification of credentials.
- Outline the process for internal and external dissemination of information about the authorised scope of clinical practice for each medical practitioner.

3 Credentiailling and scope of clinical practice committee

- The committee is comprised of:
 - a core membership of medical practitioners from a range of clinical disciplines who have the skills and experience to provide independent, high-quality advice (at least one from the relevant field)
 - at least one member of senior management who will act as secretary
 - the committee can also co-opt additional medical practitioners with experience relevant to the scope of clinical practice being requested, including nominees of relevant colleges or a university, and other non-medical members who may be members of the governing body or a person with expertise in consumer and/or community issues.

- The credentialling and scope of the clinical practice committee must be convened prior to the appointment of a medical practitioner, at least every five years of a medical practitioner’s appointment and at times where an unplanned review of a medical practitioner’s scope of clinical practice is requested.
- Committee members should participate in education and training relevant to their responsibilities and understand their role is to bring experience and expertise rather than to represent any particular interests.
- 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.

4 Defining and reviewing credentials

- The health service must establish the essential credentials that medical practitioners will be required to meet before any application is processed.
- The committee should verify credentials and professional references, and seek proof of qualifications, indemnity insurance, medical registration and any other relevant information.
- If the organisation engages an external party to verify credentials, it must be satisfied that their approach is rigorous and complete.

5 Defining and reviewing the scope of clinical practice

- The committee determines the scope of clinical practice within the capacity of the health service campus. This includes service activity volumes, practitioner competence and performance, local circumstances and any other relevant information in relation to the scope being requested.

6 Appointment process

- The outcome of the credentialling and scope of clinical practice process should inform medical practitioner appointment processes.

7 Appeals process

- 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 governing body of its findings. The governing body then makes a final determination and informs the medical practitioner in writing.

8 Introduction of new services

- Health services should have in place policies, structures (for example, appropriate committees) and procedures for determining how new services should be introduced.
- This determination should be based on considerations such as safety, cost, support services and staff training, and should also be informed by strategic planning decisions and capability-based planning frameworks.
- Where new services are introduced, medical practitioners wishing to incorporate such services within their scope of clinical practice must formally undergo appropriate credentialling and scope of clinical practice processes.

9 Support for medical practitioners

- A medical practitioner who is having their scope of clinical practice reviewed should be provided with appropriate professional and personal support and be advised of the availability of a further avenue of appeal.
- 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 (who may be a barrister or solicitor or other person) whose role is to advise, but not represent, the medical practitioner.

10 Performance appraisal

- Health services should have in place performance appraisal processes for medical practitioners.

11 Continuing medical education

- All medical practitioners are expected to participate in a continuing medical education program.

Appendix 3 Application/reapplication/change scope of practice

<Insert health service name>

Senior medical staff/doctors with independent responsibility for patient care

This form sets a minimum information standard and, while information can be added, information requirements are not to be deleted.

NAME OF MEDICAL PRACTITIONER

Surname

First name

Middle name

THIS IS A:

New application Renewal/reapplication Altered 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 through the medical board website https://secure.medicalboardvic.org.au/public_listing/

PLEASE ATTACH TO THIS FORM:

All applications/reapplications

- Copy of 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 primary medical degree, if these are not listed on the Medical Practitioners Board of Victoria website https://secure.medicalboardvic.org.au/public_listing/).
- Proof of identification - 100 point test - Verification of signatory - 100 point check as required by Austrac <http://www.austrac.gov.au/> (See attached).
- 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 reapplication/ altered scope of practice if changed since last application at this hospital.)*

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

Contact e-mail address

Do you have a Medicare provider number for use at 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.
- Reappointments (or if seeking to extend current scope of practice) – please list any new qualifications obtained since last appointment.

Please provide certified copies of new qualifications obtained.

QUALIFICATIONS	UNIVERSITY/ORGANISATION	YEAR OBTAINED
Primary medical degree		
Others		

Reappointment 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:

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 guidelines http://www.health.vic.gov.au/environment/downloads/rspinfo_guidelines.pdf)

-
- | | |
|--|--|
| <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 whilst 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/s.)

	TYPE	ORGANISATION PROVIDING TRAINING	DATE	REQUESTED IN SCOPE OF CLINICAL PRACTICE? YES/NO	
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

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, TYPE OF PROCEDURES YOU WISH TO UNDERTAKE;
(please use additional pages if required).

5b Other training and clinical experience

If changing/expanding your scope of practice, please provide details of relevant clinical experience and post-qualification training.

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

6 Clinical appointments

Please provide details on all current and previous clinical appointments held within the last 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
		to
		to

7 Medical registration and other matters

Please refer to <http://medicalboardvic.org.au/content.php?sec=4> for definitions.

What is your Medical Practitioners Board of Victoria Registration number?

Is this general registration?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is this specific registration?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you have specific registration, please provide details (including name and location of supervisor and frequency of supervision)

Do you have Area of Need registration?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

If you have registration pertaining to an area of need, please detail the type of assessment process undertaken prior to achieving full registration

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 whether in Victoria or elsewhere?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Do you currently have any conditions or restrictions placed on your registration or your clinical practice (either in Victoria or any other state, territory or country)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
In the past have you ever had any conditions or restrictions placed on your registration (either in Victoria 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 pending criminal charges?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If 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 state or territory of Australia, or in another country? <i>If yes, please specify.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
---	------------------------------	-----------------------------

Have you ever been registered as a medical practitioner in any other state or territory of Australia, or in another country? <i>If yes, please specify.</i>		
--	--	--

Do you have a current Working with Children Check * - see <i>website</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Required for staff regularly providing services to children in paediatric wards. Please attach copy of current card	Card number: _____ Expiry date: _____	

*Working with children information can be found at [http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubLawToday.nsf/a12f6f0fbd56800ca256de500201e54/AF4CB0863F71FDC1CA25738C007A8049/\\$FILE/05-57a014.doc](http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubLawToday.nsf/a12f6f0fbd56800ca256de500201e54/AF4CB0863F71FDC1CA25738C007A8049/$FILE/05-57a014.doc)

8 Medical indemnity insurance information

Current private medical indemnity insurance cover (if applicable).
Please attach a copy of current policy renewal certificate.

Name of insurer:

Policy number:

Expiry date:

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

Yes

No

Not Applicable

Have there ever been, or are there currently pending medical indemnity claims, settlements or judgments 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.

9 Academic appointments/teaching experience

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

ORGANISATION	STATUS/LEVEL	TERM OF APPOINTMENT
		to
		to
		to
		to
		to
		to
		to
		to
		to
		to

10a Continuing medical education/continuing professional development

Please provide details of your involvement in continuing medical education/continuing professional development (CME/CPD) over the last five years if relevant. Include the name of the organisation/program in which you are enrolled, and maintenance of activity log book.

If possible, please provide copies of any log books, activity or certificate of satisfactory completion of CME/CPD in the last five years.

DESCRIPTION OF CME/CPD ACTIVITIES UNDERTAKEN, (ATTACH PAPERS IF NECESSARY).	DATES

10b Quality activities

For example, participation in clinical review/audit/peer review activities.

Do you regularly participate in formal clinical reviews, audits and/or peer review activities in any clinical setting? Yes No

If Yes, please provide details of these activities, (please 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/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?, or
- might be relevant to determining your scope of practice?

(In answering this question, please have regard to Medical Practitioner’s Board of Victoria publications available at www.medicalboardvic.org.au under ‘doctor’s health’, such as the Blood borne infectious diseases policy, which limits who may perform ‘exposure prone procedures’).

If yes, please provide details of the disability/health issue and its likely, or possible, impact on your ability to carry out the scope of practice sought and details of any special equipment facilities or work practices required.

This information can be provided on this form or, if you prefer, you can 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.

This information is sought to enable an assessment to be made as to whether you can safely perform the inherent/reasonable requirements of the work that you seeking to perform at the hospital by submitting this application, or whether any reasonable adjustments might be required to ensure that you can work at the hospital 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	
Position held currently	
Professional address	
Postcode	
Phone (BH)	Phone (mobile)
Fax	E-mail address

REFEREE 2

Name	
Position held currently	
Professional address	
Postcode	
Phone (BH)	Phone (mobile)
Fax	E-mail address

REFEREE 3

Name	
Position held currently	
Professional address	
Postcode	
Phone (BH)	Phone (mobile)
Fax	E-mail 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 criminal history check in relation to my current and previous place/s of residence.	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 Victorian Medical Practitioners Board and any other board regulating health practitioners, whether in Victoria or elsewhere.	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.		
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, reductions in registration or insurance).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I agree to comply with relevant ongoing educational/certification programs, (for example, college or relevant professional association/body) and to furnish details to the health service on an annual basis as requested by the director of medical services/medical leader.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

I agree to participate in an annual performance appraisal.	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 <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>

RURAL GENERAL PRACTITIONERS ONLY

I authorise the health service to obtain information relevant to Rural Workforce Agency Victoria recommendations.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
---	------------------------------	-----------------------------

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. 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. Medical registration	<input type="checkbox"/>
9. Medical indemnity cover currency	<input type="checkbox"/>
10. Academic appointments /teaching experience	<input type="checkbox"/>
11. Continuing medical education/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.

OTHER COMMENTS:

Application details checked by (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. Citizenship certificate (Australian only). Birth certificate (original or extract). Birth card issued by the Victorian Registry of Births, Deaths and Marriages.	70	Must contain name and a photo. Select one only.
Written reference. Written reference from an acceptable referee from a financial institution.	40	Select one only. Referee to have known the signatory for at least 12 months. Both signatory and referee must sign the reference.
Drivers licence. Renewed, interim, provisional, truck or learners. Other acceptable government-issued licences include boat, gun or pilot.	40	Must contain name, expiry date, a photo or signature.
Public Service Employee Identification Card.	40	
Pension or Government Health 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 last 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. Overseas or international drivers 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	35	
Rate notice (current). Provide the Deposited Plan (DP) number.		
Public utility (water rate notice, electricity, gas or telephone account - no mobile accounts) - current - take 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 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

THIS IS A:

New application Renewal/reapplication Altered 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 through the medical board website https://secure.medicalboardvic.org.au/public_listing/

PLEASE ATTACH TO THIS FORM:

All applications/reapplications

- Copy of current medical indemnity insurance certificate, if applicable. (Initial applications need to supply a certified copy.)
- Proof of identification - 100 point check - verification of signatory, as required by Austrac <http://www.austrac.gov.au/> - see attached.
- Current curriculum vitae.
- Certified copies of all specialist or other qualifications, (other than primary medical degree, if these are not listed on the Medical Practitioners Board of Victoria website https://secure.medicalboardvic.org.au/public_listing/).
- 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 reapplication/ altered scope of practice if changed since last application at this hospital.)*

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 _____

E-mail address _____

3 Scope of clinical practice urgent situations

POSITION/CLASSIFICATION DEFINED:

SCOPE OF CLINICAL PRACTICE-DEFINED URGENT SITUATION (LIST EXCLUSIONS).

4 Medical registration matters

Do you have a Medicare provider number for use at 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

Required for staff regularly providing services to children in paediatric wards.

Card number:

Please attach copy of current card

Expiry date:

5 Verification with most recent employer of employment history and that applicant is of ‘good standing’

NAME AND TITLE OF EMPLOYER

CONTACT DETAILS

COMMENTS

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 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.

6 Verification with one professional referee

Confirmation is required by at least one professional referee of the medical practitioner's competence, performance and good standing.

NAME AND TITLE OF EMPLOYER

CONTACT DETAILS

COMMENTS

6 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 organisations 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 credentialling 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 for credentialling are considered by the health service’s credentialling 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> 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 for urgent situation

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.	<input type="checkbox"/>
6. Referee.	<input type="checkbox"/>
7. Declaration signed.	<input type="checkbox"/>

OTHER COMMENTS:

Application details checked by (name)

Signature

Date

Next scheduled meeting of Credentiaing and Scope of Clinical Practice Committee at which this application will be reviewed is

Date

100 points - Verification details

TYPE OF CHECK	AVAILABLE POINTS	NOTES
Passport (current or expired by less than two years) Not cancelled. Citizenship certificate (Australian only). Birth certificate (original or extract). Birth card issued by the Victorian Registry of Births, Deaths and Marriages.	70	Must contain name and a photo. Select one only.
Written reference. Written reference from an acceptable referee from a financial institution.	40	Select one only. Referee to have known the signatory for at least 12 months. Both signatory and referee must sign the reference.
Drivers licence. Renewed, interim, provisional, truck or learners. Other acceptable government-issued licences include boat, gun or pilot.	40	Must contain name, expiry date, a photo or signature.
Public Service Employee Identification Card.	40	
Pension or Government Health 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 last two years).	35	
Medicare card. Overseas or international drivers licence or Proof of Age card.	25	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.
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	35	
Rate notice (current). Provide the Deposited Plan (DP) number.		
Public utility (water rate notice, electricity, gas or telephone account - no mobile accounts) - current - take 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 5 Dentist application/reapplication/change of scope of practice form

<Insert health service name>

Dentists with independent responsibility for patient care

This form sets a minimum information standard and, while information can be added, information requirements are not to be deleted.

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

Surname

First name

Middle name

THIS IS A:

New application

Renewal/reapplication

Altered 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 define my scope of clinical practice to undertake

as a full-time

part-time

contractor VMO

in the following position/classification:

The health service must verify registration which, can be accessed through the Dental Practice Board Victoria website at <http://www.dentprac.vic.gov.au/search.asp>

Please refer Section 6 for registration details.

PLEASE ATTACH TO THIS FORM:

All applications/reapplications

- Copy of 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 primary dental degree, if not registered with the Dental Board).
- Proof of identification - 100 point check - Verification of signatory - 100 point check as required by Austrac <http://www.austrac.gov.au/> - see attached.

2 Applicant contact details

Surname

Given name/s

Previous name/s (if it appears on certificates).

Date of birth

Place of birth

RESIDENCY STATUS (Only applicable if changed since last application).

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

Contact e-mail address

EMERGENCY CONTACT

Name

Contact details

Do you have a Medicare provider number for use at 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.

Reappointments, or those seeking to extend current scope of practice
 – please provide new qualifications obtained since last appointment.

QUALIFICATIONS	UNIVERSITY/ORGANISATION	YEAR OBTAINED
Primary dental degree		
Others		

Reappointment only	Are you requesting a change to your existing scope of practice?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<ul style="list-style-type: none"> • If Yes, please go to section 4 • If No, please go to Section 5 		

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"/> Endodontics.
	<input type="checkbox"/> Prosthodontics.*
	<input type="checkbox"/> Periodontics.*
	<input type="checkbox"/> Orthodontics.
	<input type="checkbox"/> Oral medicine.
	<input type="checkbox"/> Paediatric dentistry.
	<input type="checkbox"/> Special needs dentistry.
	<input type="checkbox"/> Dento-maxillofacial radiography.
	<input type="checkbox"/> Oral & maxillofacial surgery.*
	<input type="checkbox"/> * including surgical/prosthetic placement of implants.

6 Dental registration matters

Please refer to the Health Professions Registration Act 2005 for definitions

<http://www.legislation.vic.gov.au/>

What is your Dental Practice Board of Victoria registration?

Is this registration specific?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--------------------------------	------------------------------	-----------------------------

Is this registration provisional?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
-----------------------------------	------------------------------	-----------------------------

If you have a specific or provisional 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 or restrictions placed on your registration or your clinical practice (either in Victoria or any other state or country)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

In the past, have you ever had any conditions or restrictions placed on your registration (either in Victoria or elsewhere)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

Have you ever been the subject of 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 prior disciplinary decision/ruling or professional sanctions imposed by any registration board, whether in Victoria 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 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.

Also, please provide a letter from the registration board.

Are you registered as a dental practitioner in any other state or territory of Australia, or in another country? If so, please specify. Yes No

Do you have a current Working with Children Check * Yes No
- see website

Required for staff regularly providing services to children in paediatric wards.

Card
number:

Please attach copy of current card

Expiry date:

*Working with children information can be found at
[http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubLawToday.nsf/a12f6f60fbd56800ca256de500201e54/AF4CB0863F71FDC1CA25738C007A8049/\\$FILE/05-57a014.doc](http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubLawToday.nsf/a12f6f60fbd56800ca256de500201e54/AF4CB0863F71FDC1CA25738C007A8049/$FILE/05-57a014.doc)

7 Indemnity information

Current professional indemnity cover (if applicable)*

Policy no:

*Essential for rights to private practice.

Please attach a copy of current policy renewal certificate.

Expiry date:

Is your proposed scope of clinical practice reflected in, or covered by, your current dental indemnity insurance? Yes No

Have there ever been or are there currently pending any claims, settlements or judgments 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 last five years (including the organisations' names and dates of appointment).

If you have a certificate of satisfactory completion of CME in the last five years, please attach it.

ORGANISATION	STATUS/LEVEL	TERM OF APPOINTMENT
		to
		to
		to
		to
		to
		to
		to

9 Continuing dental education

Have you satisfied the continuing dental education/continuing professional development requirements of the Dental Practice Board of Victoria? Yes No

Provide details of your involvement in continuing dental education/continuing professional development over the last three years. Please attach copy of log book or certificates of attendance. (Three years requirement is to ensure the full two-yearly educational requirement of the dental board is captured).

DESCRIPTION	DATES

10 Continuing professional development

(For example, participation in peer review, performance development review.)

Do you regularly participate in formal quality and 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/health issue that:

Yes

No

- May have an 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?, or
- May be relevant to determining your scope of practice?

In answering this question, please have regard to publications of the Dental Practice Board of Victoria, available at www.dentprac.vic.gov.au

This information can be provided on this form or, if you prefer, you can provide the information in a sealed envelope marked 'confidential for the director of medical services only' appended to this application, and indicate here that additional information is provided separately in this manner.

This information is sought to enable an assessment to be made as to whether you can safely perform the inherent/reasonable requirements of the work that you are seeking to perform at the hospital/clinic by submitting this application, or whether any reasonable adjustments might be required to ensure that you can work at the hospital/clinic in a way that ensures patient safety.

Yes

No

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		
Position held currently		
Professional address		
		Postcode
Phone (BH)	Phone (mobile)	
Fax	E-mail address	

REFEREE 2

Name		
Position held currently		
Professional address		
		Postcode
Phone (BH)	Phone (mobile)	
Fax	E-mail address	

REFEREE 3

Name		
Position held currently		
Professional address		
		Postcode
Phone (BH)	Phone (mobile)	
Fax	E-mail address	

13 Agreement/undertakings

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

NEW APPLICATIONS ONLY

I understand that the health service will conduct a criminal history check in relation to my current and previous place/s of residence.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
---	------------------------------	-----------------------------

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 <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 Dental Practice Board of Victoria and any other board regulating health practitioners, whether in Victoria or elsewhere.	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 dental 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 organisations' and state and national confidentiality and privacy laws and policies and understand that breaches may result in the cessation of my appointment.		
---	--	--

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, reductions in registration or insurance).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

I agree to comply with relevant ongoing dental educational and certification programs and to furnish details to the health service on an annual basis as requested by the director of medical services or their delegate.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
---	------------------------------	-----------------------------

I agree to participate in the health service’s clinical supervision and performance appraisal process.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 <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 <input type="checkbox"/>	No <input type="checkbox"/>
Should any question as to my credentialling or clinical practice arise, 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.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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.	
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. Medical registration.	
9. Medical indemnity cover currency.	<input type="checkbox"/>
10. Academic appointments /teaching experience.	<input type="checkbox"/>
11. Continuing medical education/continuing professional development.	<input type="checkbox"/>
12. Grand rounds (if applicable).	<input type="checkbox"/>
13. Health status.	
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.

OTHER COMMENTS:

Application details checked by (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. Citizenship certificate (Australian only). Birth certificate (original or extract). Birth card issued by the Victorian Registry of Births, Deaths and Marriages.	70	Must contain name and a photo. Select one only.
Written reference. Written reference from an acceptable referee from a financial institution.	40	Select one only. Referee to have known the signatory for at least 12 months. Both signatory and referee must sign the reference.
Drivers licence. Renewed, interim, provisional, truck or learners. Other acceptable government-issued licences include boat, gun or pilot.	40	Must contain name, expiry date, a photo or signature.
Public Service Employee Identification Card.	40	
Pension or Government Health 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 last two years).	35	
Medicare card. Overseas or international drivers licence or Proof of Age card.	25	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.
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	35	
Rate notice (current). Provide the Deposited Plan (DP) number.		
Public utility (water rate notice, electricity, gas or telephone account - no mobile accounts) - current - take 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 6 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.

Referee reports are often obtained via telephone. The following document provides a standardised telephone interview for the purposes of obtaining a reference. It could, however, be forwarded to referees for them to complete in hard or electronic format.

Name of applicant:

Application number/file number/
personnel number, etc:

Clinical specialties:

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 which 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 judgment?

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

How would you describe **<name of applicant's>** participation in her/his 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, management etc.>**

<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 employment as a medical practitioner?

If yes, please explain:

Yes No No information

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

Signature of interviewer:

Date:

Appendix 7 Credentialling and Defining the Scope of Clinical Practice Committee

– 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 fulfill competently 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:

- initial appointments
- reappointments
- reviews.

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.
- A member of senior management.
- 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 Credentialling 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 committee chair

This is a senior position that should be ideally held at a senior medical executive/medical leadership level. Basic requirements for such a position include previous experience in the area of credentialling and defining the scope of clinical practice.

5 Length of appointments to the committee

This needs 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 that the Victorian statutory immunity legislation for health care quality activities is relevant.
- Provide education about the obligation of Credentialling and Defining the Scope of Clinical Practice personnel to act at all times in 'good faith'.
- Provide indemnity or appropriate insurance for such personnel.
- Ensure that 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 Credentialling 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 any state/territory health departments' requirements.

Appendix 8 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 your health service to suit your own particular situation and could apply to –

- a Credentialling Committee, or
- a Credentialling and Scope of Clinical Practice Committee, or
- 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 period of appointment>** 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 credentialling OR credentialling and scope of clinical practice OR recommending appointment>** of medical practitioners.

The role of the committee includes **<insert relevant phrases that fit with your policies and terms of reference. For example:**

- **Provision of advice on the minimum credentials necessary for a medical practitioner to fulfil competently 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.**
- **Other relevant phrases>.**

The committee’s will provide its recommendations to the **<insert board or relevant senior manager or relevant committee, as appropriate according to organisational structure and policies>**.

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

Members of the committee are insured under both the Directors & Officers Policy and the Medical Indemnity Insurance Policy in respect of liabilities that may arise in the course of the conduct of committee members’ duties.

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, but not limited to, 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 Credentialling and Scope of Clinical Practice and Medical Appointments, and the committee’s terms of reference, and a copy of the Department of Human Services Policy Handbook on Credentialling And Scope Of Clinical Practice For Medical Practitioners In Victorian Rural Health Services **<enclose relevant documents>**.

Members are requested to acknowledge that they have read the attached health service policies and the Department of Human Services Policy Handbook 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:

References

1. Australian Council for Safety and Quality in Health Care ('Council' now known as 'Commission'), July 2004, *National Standard for Credentialling and Defining Scope of Clinical Practice*, Canberra.
2. Australian Council for Safety and Quality in Health Care ('Council' now known as 'Commission'), May 2005, *Credentialling and Defining the Scope of Clinical Practice handbook*, Canberra.
3. Department of Human Services, March 2006, *Credentialling and scope of clinical practice for medical practitioners in Victorian rural health services – a policy handbook*, Victoria.

