

CREDENTIALING AND SCOPE OF PRACTICE FOR MEDICAL PRACTITIONERS AND CLINICIANS POLICY

1. INTRODUCTION AND PURPOSE

GenesisCare is committed to delivering its strategic and operational objectives in accordance with all applicable legislation, standards and principles of good governance.

The principles of good governance in relation to credentialing and scope of practice as outlined in the Australian Commission on Safety and Quality in Health care Dec 2015 are:

- Relationships between practitioners and the organisation are based on a mutual commitment to consumer safety
- The practitioners scope of clinical practice is defined by the organisation and dependent on the practitioner operating within the bounds of their qualifications, education, training, current experience and competence and within the capability of the facility of the organisation in which they are working
- Decisions are based on the demonstrated competence of the practitioners
- The organisation has a clear and documented services capability statement as the basis for defining the scope of clinical practice for its practitioners
- Defining scope of practice is the responsibility of the organisation where the practitioner practices and is informed by the procession and input from peers
- In credentialing all parties act with transparency, honesty and diligence to support fairness
- The scope of clinical practice should be known and understood in the area in which the practitioner practices
- The credentialing and scope of practice systems should be regularly reviewed to ensure their ongoing effectiveness

As outlined in the Governance Deeds, the credentialing of medical practitioners and clinicians is a responsibility of the Clinical Management Committee (CMC) to

ensure the quality of services provided by the practice remain consistent with technology and staff training, experience and skill mix. The CMC is responsible for documenting each medical practitioners and clinician's scope of clinical practice.

This purpose of this policy and procedure is to outline the process for the CMC to undertake to fulfil their responsibilities under the Governance Deed around the initial and ongoing verification process to ensure credentials are regularly verified and that the scope of practice for each medical practitioner and clinician is defined.

2. TERMS AND DEFINITIONS

'APHRA': Australian Health Practitioner Regulation Agency

'Medical Practitioner' is any Doctor registered with the Medical Board of Australia who provides services at a GenesisCare site or clinic.

'Clinician' is any other health practitioner who provides services at a GenesisCare site or clinic.

'Credentialing' refers to the formal processes used to verify the minimum qualifications, experience, professional standing and other relevant professional attributes of medical practitioners and clinicians for the purpose of forming a view about their competence, performance and professional suitability to provide safe, high quality medical services. Credentialing involves obtaining evidence including declarations, verified documents and reference checking to define the services that medical practitioners and clinicians are competent to perform.

'Competence' the combination of knowledge, skills, abilities and attributes that are required for a person to be successful in the role

'Credentials' the practical experience, qualifications, professional awards, and statements of competency issued by an authorised and recognised body that attest to a practitioner's education, training and competence and relevant practical experience

'Defining the scope of clinical practice' follows on from credentialing and involves delineating the extent of an individual medical practitioner or clinician's practice within the service provided based on the individual's credentials, competence, performance and professional suitability and the needs and the capability of the organisation to support the medical practitioners or clinician's scope of clinical practice.

'Re-credentialing and reviewing the scope of practice' refers to the ongoing process which validates outcomes from the Credentialing and Scope of Practice processes.

'Service planning' the process of reviewing and determining the mix of services and the level of care that will be provided.

3. SCOPE

This policy applies to all medical practitioners and clinicians working in Genesis Care Limited ('GenesisCare') and its subsidiaries.

This policy replaces all other credentialing and scope of practice policies whether written or not.

GenesisCare reserves the right to vary, replace or terminate this policy from time to time.

4. RESPONSIBILITIES

All clinicians must comply with this policy. It is the responsibility of all clinicians to maintain their registrations and to notify GenesisCare of any restrictions or conditions on their individual registrations.

The Governance Deed delegates responsibility of this procedure to the GenesisCare CMC's. The CMC has responsibility for reporting compliance with this policy to the Clinical Leaders Forum and is accountable for the ongoing implementation, review and feedback of this policy.

The GMs are responsible for ensuring the documentation of the processes are up to date and that the register of practitioners is maintained.

5. POLICY

Any medical practitioner or clinician practising at GenesisCare has the overriding responsibility to always act in the interests of our patients and protect their safety.

All medical practitioners and clinicians will conduct themselves in accordance with their profession's standards. Medical practitioners and clinicians are also required to be persons of good character and to conduct themselves in accordance with the community's expectations, relevant Codes of Conduct and applicable by-laws.

Any unprofessional conduct is required to be reported to the medical practitioner's or clinician's professional body by legislation. Failure to do so will result in an individual fine and an organisational fine.

Registration is granted under legislation. The granting of registration is accompanied by the above responsibilities.

Each health profession has a single scope of practice which encompasses the full range of clinical activities. As licensed professionals, Medical practitioners and clinicians are expected to be able to assess and articulate their own competence and scope of practice.

Medical Practitioners are credentialed for period of three (3) years and be reassessed against their scope of practice after that period.

The actual scope of an individual's practice is influenced by:

- Context of practice (e.g. equipment, staffing, skill mix)
- Patient's health needs
- Level of competence, education and qualifications of the individual clinician
- GenesisCare and/or other partner's policies

5.1. Clinical Management Committee Responsibilities

The CMC is responsible for the following:

- Overseeing the credentialing and scope of practice and documenting the process for:
 - New practitioners
 - International graduates
 - Defining the initial scope of practice
 - Renewal of scope of clinical practice at a minimum of every three years
 - Scope of clinical practice – clinical supervisors and trainees
 - Monitoring compliance – scope of practice
 - Changes to scope of clinical practice
- Maintaining a register of medical practitioners and clinicians including their credentials and scope of practice.
- Monitoring and taking action to ensure all medical practitioners and clinicians
 - hold annual registration with the Australian Health Practitioner Regulation Agency (AHPRA) and have provided documented evidence confirming currency of their registration; and
 - hold required professional indemnity insurance relevant to their credentialing and approved scope of practice.
- Reviewing applications for new procedures / interventions and making recommendations to the relevant Committee.
- Reviewing and approving temporary clinical privileges awarded to Medical Practitioners and Clinicians to ensure appropriateness prior to full accreditation privilege recommendations.
- Reviewing and reassessing credentials and scope of practice every three (3) years
- Reviewing and approving or removing clinical privileges when there are legitimate and verifiable concerns about the level of a Medical Practitioner or Clinician's clinical performance, such as inadequate maintenance of skills, outdated practices substandard outcomes, inordinate numbers of complaints or decreasing mental or physical health.

- Where required, assessing the performance of an accredited Medical Practitioner or Clinician on the due date and making recommendations for re-appointment.
- Providing an annual report on the credentialing process to the Clinical Leadership Forum (CLF) that demonstrates the new and re-credentialing processes have been completed as per procedure items 6.1, 6.2 and 6.3.

5.2. Breach of this Policy

Medical practitioners or clinicians who do not have current credentials are not permitted to practice.

Any breach of this policy may result in disciplinary action including, but not limited to the termination of employment. Refer to the *Performance and Conduct Policy* and *Discipline Policy*.

6. PROCEDURE

6.1. New starter checks

As per the *Recruitment Policy*, offers of employment for Medical Practitioners or Clinicians are conditional upon GenesisCare undertaking the credentialing process prior to an employee beginning in a role. The following credentials should be compiled and verified by the hiring manager:

- Certificates confirming any relevant tertiary qualifications and formal training
 - Formal qualifications and registration by the relevant national board
 - Details of recognised post gradual awards, fellowships and certificates relevant to their scope of practice
- Evidence of previous experience
 - Experience in similar settings in which the scope of clinical practice is being sought – CV, references, log books, reports
 - Evidence of recency of practice
 - For international applications evidence of knowledge of Australian health system
- Practitioner references and checks should be obtained from people who have observed and therefore have firsthand knowledge to the applicants' work or people who have assessed clinical data relating to performance and scope of practiced
 - Written references that must be verified with verbal checks
 - One reference should be from either a head of the specialty or equivalent from the most recent practiced institution; and one reference within or directly relevant to the field of practice.

- Where a person has difficulty providing the names of referees who meet the requirements, clinical audit data, performance reports, peer review conference presentation and publications can be provided as additional evidence
- Continuing education
 - Evidence of professional continuing education standards relevant to the application
 - Continuing education relating to the role and scope of practice
 - Participating in mandatory training requirements specified by the service
- For newly graduated practitioners evidence may include:
 - A description of competencies and learning objectives of any training program
 - Information on the supervised units that were completed from the relevant training institution
- A completed *Application for Credentialing and Scope of Practice at GenesisCare*
- Copy of employee registration with Australian Health Practitioner Regulation Agency (AHPRA)
- Copy of medico-legal insurance if GenesisCare is not providing this insurance
- Evidence of full immunity as per policy
- Copy of Radiation Licence(s) – if applicable to role
- Criminal Record Check – if applicable to role
- Working with Children Check – if applicable to role

Refer to Appendix 1 for an outline of registration requirements specific to each practitioner group.

For medical practitioners: The CMC Chair should review this information prior to any new medical or nurse practitioner starting in the role and provide their written consent to the new medical or nurse practitioner starting in the role. The monthly CMC agenda should include a review of all Applications for Credentialing and Scope of Practice made in the previous month (including medical practitioners, nurse practitioners and clinicians) with any approvals noted on the minutes.

Copies of these credentials should be included in the new starter's Personnel File and the details recorded by the Practice on the relevant local system.

6.2. Re-credentialing

The Clinical Management Committee (CMC) is accountable for ensuring that credentials are consistently up to date.

For medical practitioners: Each CMC will implement a process to ensure credentials are reviewed in line with the Re-Registration Frequency outlined in Appendix 1.

Review and renewal of scope of clinical practice requires satisfactory performance evidence of:

- Maintenance of training and professional requirements as per the relevant professional body
- Evidence of competency clinical practice, demonstrated by clinical audit data, peer review and any related incident reports
- Participation in performance reviews including the development of a personal and professional development plan
- Regular attendance at relevant clinical meetings
- Registration and endorsement with the relevant national board without restriction or with restrictions that will not limit a practitioners meeting the requirements of their scope of practices
- Appropriate insurance where not paid for by the organisation
- Additional information such as complaints, incidents, peer review and performance reports

For clinicians: Each Practice will implement a process to obtain new copies of credentials in line with the re-registration Frequency outlined in Appendix 1.

6.3. Changes to scope of clinical practice

Changes to update scope of practice should be initiated in the event of:

- A request to expand scope of practice of an individual practitioner
- A request to change a scope is identified by a practitioner
- Review of scope based on concerns
- Analysis of an adverse event, incident or complaint
- An annual performance review identifies performance issues as part of peer review
- Change of scope for a service

Assessing scope of practice when new clinical procedures, technologies and treatments are introduced requires a separate and individual application. A practitioner should also be subject to specific oversight and monitoring the credentialing committee or other authorised body for a period after changes to scope of practice are approved.

6.4. Hospital Accreditation

Where clinics are co-located with hospitals and / or there is a requirement for hospital accreditation, GenesisCare medical practitioners and clinicians will apply for accreditation at the relevant hospital.

6.5. Performance Development

Each medical practitioner and clinician should have an annual *Performance Development Plan* completed, in line with the *Performance Development and Training Policy*. This process should provide the opportunity to identify and address:

- achievement of required competencies;
- any areas of skill development required;
- any requirement to limit a clinician's scope of practice;
- any concerns about a clinician's clinical performance;
- if the clinician is using out-dated practices;
- if the clinician is obtaining substandard outcomes;
- if the clinician has decreasing physical or mental health; and
- that the clinical scope of practice is aligned to the capabilities of the facility in relation to staffing, equipment and support systems available.

The process should include but not be limited to the provision of evidence relating to:

- Maintenance of training and professional requirements as per the relevant professional body
- Evidence of competency clinical practice, demonstrated by clinical audit data, peer review and any related complaints / incident reports
- Regular attendance at relevant clinical meetings
- Registration and endorsement with the relevant national board without restriction or with restrictions that will not limit a practitioners meeting the requirements of their scope of practices
- Appropriate insurance where not paid for by the organisation

6.6. Performance Management

If any issues are identified with a clinician's performance they should be managed in line with the *Performance Management and Conduct Policy*. In addition to the outcomes described in these policies, poor performance may be addressed through clinical sanctions including:

- suspension of practice;
- withdrawal of accreditation; or
- change to existing scope of practice.

7. EVALUATION

- The CMC are required to document and keep record of all applications and any changes to medical practitioner or clinician scope of practice.
- The General Manager is required to report any changes to scope of practice notified by the medical practitioner or clinician as part of the annual review process.
- The CMC are required to report annually to the Clinical Leaders Forum on compliance with this Policy.
- 100% new medical practitioners and clinicians are credentialed as per the required process and assessed for scope of practice.
- 100% new procedures and technologies are approved by the CMC according to policy and review for scope of practice
- All Practices provide a summary report to the relevant CLF annually

8. REFERENCES

National Safety and Quality Health Service Standards

Australian Commission on Safety and Quality in Health Care: Credentialing and Scope of Practice Standard December 2015

Review by peers: a guide for professional, clinical and administrative processes, July 2010

Good Medical Practice: A Code of Conduct for Doctors in Australia

Australian Health Practitioner Regulation Authority (AHPRA) www.ahpra.gov.au

AS 5182: 2018 Vendor credentialing for healthcare facilities

9. APPENDIX

Appendix 1 – Clinician Registration Requirements

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Health Professional Group	Registration Body	Re-registration Frequency	Evidence Required	Practice Streams
Doctors	AHPRA (Medical Board)	Annually by 30 th Sept	AHPRA Employee Registration Number e.g. MED4512456124	CC / HC / SC / MO
	Radiation Licence: <ul style="list-style-type: none"> NSW DEH and WA RC SA EPA (2 licences, to operate equipment and to handle) VIC DoH Qld: 	Every 1 or 3 years Renewed on anniversary date Every 1,2 or 3 years	Radiation License Certificate (copy only)	
Nurses	AHPRA (Nursing)	Annually by 31 st May	AHPRA Employee Registration Number e.g. NMW4512456124	CC / HC / SC / MO
Medical Physicists	ACPSEM	In WA ACPSEM membership is required in order to obtain a Radiation Licence.	ACPSEM Accreditation Certificate (copy only)	CC
	Radiation Licence: <ul style="list-style-type: none"> NSW DEH and WA RC 	Every 1 or 3 years	Radiation License Certificate (copy only)	

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	<ul style="list-style-type: none"> SA EPA (2 licences, to operate equipment and to handle) VIC DoH Qld: 	Renewed on anniversary date Every 1,2 or 3 years		
Radiation Therapists	AHPRA (MRPB)	2013 onwards 30 th Nov 2012 QLD & WA 30 th Jun 2012 SA, VIC 30 th Nov	AHPRA Employee Registration Number e.g. MRP4512456124	CC
	Radiation Licence: <ul style="list-style-type: none"> NSW DEH and WA RC SA EPA (generally licence to operate equipment but brachytherapy RTs also require a licence to handle) VIC DoH Qld: 	Every 1 or 3 years Renewed on anniversary date Every 1,2 or 3 years	Radiation License Certificate (copy only)	CC
Sonographers	ASAR	1 year in duration however varies dependant on license type	Confirmation letter of registration (copy only)	HC*

Notes:

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CC – CancerCare

HC – HeartCare

SC – SleepCare

MO – Medical Oncology

ACPSEM- Australasian College of Physical Scientist and Engineers in Medicine

AHPRA – Australian Health Practitioner Regulation Agency

ASAR- Australasian Sonographers Association Registry

MRPB- Medical Radiation Practitioners Board

DEH- Department of Environment and Heritage

EPA – Environment Protection Agency

DoH- Department of Health

RC- Radiological Council

* Sonography activities undertaken in CC facilities are used for orientation of radiotherapy devices only (not for diagnostic or reporting purposes)