

# Credentialing and Scope of Practice Policy

## Oncology Australia

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## 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.

Credentialing and defining the Scope of Clinical Practice are key pillars of the broader system of governance responsibilities that ensure patient safety.

This policy outlines the principles and responsibilities in place at GenesisCare to ensure that health practitioners are credentialed and work within a role and scope of clinical practice that is clearly defined, appropriate and safe.

## 2. Terms and Definitions

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

**Formal Credentialing:** The processes to verify the qualifications, experience, professional standing, professional attributes and clinical scope of practice of independent health practitioners who undertake unsupervised practice.

At GenesisCare formal credentialing is required for Medical Practitioners, excluding Medical Registrars and those in training programs who do not practice independently.

Formal credentialing is also required for any health professional who practices independently, examples are Nurse Practitioners, clinical psychologists, and exercise physiologists.

**Re-Credentialing:** Refers to the ongoing process which validates outcomes from the Credentialing and scope of Practice for Independent Practitioners.

**Peer Review:** Review of professional practice by a peer. Peer review is used by health practitioners to review and support improvement in their professional and clinical practice and to maintain and improve the quality of patient care.

**Competence:** The combination of knowledge, skills, abilities and attributes that are required for a person to be successful in the role, or to perform a specific procedure or task. Generally, refers to competence for a specific skill for health practitioners that has a specific training and assessment process and requirements to maintain competence. Examples are nursing staff competence to reprocess Nasoendoscopes, Radiation Therapist competence to perform stereotactic treatments.

**Health Practitioner:** All health professionals who are eligible for registration with a national board with AHPRA.

**Health Professional:** All professionally qualified health care workers with some registration, licencing or membership in a professional body.

**Independent Health Practitioner/Professional:** A registered Health Practitioner/Professional who practices independently. At GenesisCare this term refers primarily to senior Medical Practitioners and includes VMO's.

Other independent health professionals who may be employed are clinical psychologists, nurse practitioners and exercise physiologists.

**Non-registered Health Professionals/Workers:** Health workers who are not required to be registered with AHPRA include dietitians, sports physiologists, sonographers and cardiac physiologist and nursing assistants.

Where a national licencing/accrediting body exists, GenesisCare employees must be registered/accredited with this body.

**Medical Practitioner:** A medical doctor registered with the Medical Board of Australia within the Australian Health Practitioner Regulation Agency (APHRA)

**Medical Specialist:** A Medical Practitioner who is included on the Specialist Register of the Medical Board of Australia.

**Nuclear Medical Practitioner:** A medical practitioner with qualifications recognised by the Medical Board of Australia to practice in the specialty of Nuclear Medicine.

**VMO/VRO:** Visiting Medical Officer/Visiting Radiation Oncologist – Medical practitioners who are contracted to provide medical care and treatment at GenesisCare. VMO's and VRO's are independent practitioners and require formal credentialing.

**Registrar, Medical Registrar:** A medical practitioner appointed as such who is undertaking an accredited course of study leading to a higher medical qualification.

**PHO:** Public House Officer (term used in Queensland equivalent to medical registrar).

**Medical Radiation Practitioner:** Radiation Therapist registered with the Medical Radiation Practice Board Australia.

**Nuclear Medicine Technologist:** Health Practitioner registered with the Medical Radiation Practice Board.

**Credentialing Committee:** Credentialing is the responsibility of the Executive Clinical Governance Committee in each practice. This responsibility may be delegated to a credentialing subcommittee.

In this policy Credentialing Committee refers to either the CMC, MAC, or delegated sub-committee.

**CLF:** Clinical Leaders Forum is the national oncology specific executive committee of GenesisCare and includes representatives from each practice senior committee.

**CMC:** Clinical Management Committee

**MAC:** Medical Advisory Committee

**AHPRA:** Australian Health Practitioner Regulation Agency

**ESSA:** Exercise and Sports Science Australia

**NSA:** Nutrition Society of Australia

**ASAR:** Australian Sonographers Accreditation Registry

### 3. Scope

This policy, specific work restrictions and exclusion periods outlined in this policy applies to all personnel working in a GenesisCare oncology Practice with employee or contractor.

All clinical care provided by clinicians at GenesisCare oncology is undertaken within the scope outlined in the GenesisCare Oncology Clinical Services Capability Policy and subsequent policy in the relevant state-based practice.

### 4. Responsibilities

The Governing Body delegates responsibility to all staff to comply with this policy.

GenesisCare is responsible to maintain a framework and processes to recruit, credential and manage health practitioners working at GenesisCare. Executive Managers are responsible to provide resources to support the credentialing system.

The credentialing committee in each practice is responsible to ensure appropriate recruiting, credentialing, and defining the scope of clinical practice of independent health practitioners, reporting to the CLF nationally.

The credentialing committee is responsible to monitor and determine which health professional roles practice independently in that practice and require formal credentialing, as part of recruitment.

Site managers are responsible for implementing this policy and subsequent local policies and procedures. Workplace participants are required to work within the requirements of safe practice as set out in those policies and procedures.

## 5. Policy

### 5.1. Principles

Principles that guide credentialing at GenesisCare are in line with the ACSQHC standards and GenesisCare values, including:

- the goal of credentialing and defining the Scope of Clinical Practice is to maintain and improve the quality of health services
- the relationship between the organisation and practitioners is based on mutual commitment to patient safety
- in credentialing and managing the scope of practice, decisions are based on demonstrated competencies
- all parties act with transparency, honesty and diligence to support procedural fairness
- the scope of clinical practice of a practitioner should be known and understood by the individual, and across clinical teams in which the practitioner works

### 5.2. Effective Governance Systems

To achieve an effective governance system for credentialing and define the Scope of Clinical practice all GenesisCare practices must:

- define the scope of clinical capability of the practice with reference to the national Clinical Capabilities and Exclusions Policy
- follow recruitment processes to verify applicants' qualifications and experience against the requirements of the position
- maintain a credentialing committee with appropriate specialist medical leadership and processes
- monitor compliance through routine regulatory and performance monitoring to identify breaches or gaps and take appropriate action
- take action on breaches or concerns regarding credentialing or scope of clinical practice if raised by clinicians, managers or Quality system such as incidents or complaints.

- notify APHRA or other relevant body, such as the police or ombudsman, of any suspension or termination of scope of clinical practice in line with mandatory reporting requirements.

### **5.3. Credentialing Medical Practitioners**

Medical Practitioners, excluding registrars and trainees, must be formally credentialed and their scope of clinical practice defined on recruitment. Credentialing must be renewed at a maximum period of three (3) years.

#### 5.3.1. Initial Credentialing and Defining the Scope of Clinical Practice

On application for employment, or engagement by GenesisCare Medical Practitioners must submit evidence to support their application and suitability for the role, this will include records of their training, qualifications, registration and experience and insurance as relevant. The scope of clinical practice will be defined as part of initial credentialing.

#### 5.3.2. Changes to Scope of Clinical Practice

May be initiated by the Medical Practitioner, or the organisation, in response to a change in circumstances such as additional learning supporting an expansion in clinical practice, new techniques or services becoming available, or a concern about clinical practice or following an adverse event or complaint.

#### 5.3.3. Speciality Technique Credentialing and Scope of Clinical Practice.

The procedures, or techniques that require specialist credentialing will be determined by the CLF on the basis of evidence provided by Tumour Reference Group subject matter experts, and published literature.

Medical Practitioners may apply and be credentialed in a specific specialist technique(s) based on their training, supervised practice, peer review and demonstrated competence in the specialist technique(s). Specialist Technique credentialing will be awarded by the credentialing committee and may be on the basis of advice from the speciality reference group and will be documented in the minutes and on the credentialing register. Medical practitioners who are not credentialed to perform a particular specialist technique may be restricted from performing that technique or required to undergo peer review prior.

#### 5.3.4. Contractors and Third-Party Agreements

Contracted Medical Practitioners must meet the same standards as GenesisCare employees. If a contractor provides independent health services to patients at GenesisCare, such as a VMO, full credentialing is required. Contractors who seek speciality credentialing must provide evidence of appropriate training, supervised practice and competency to the credentialing committee to support their application. This evidence may be from an external health service.

Where a third party is providing clinical services to GenesisCare, the agreement with the third party must include appropriate provision to ensure the medical practitioners, or any independent practitioners, employed by the third party have been appropriately credentialed.

### 5.3.5. Re-Credentialing

All Medical Practitioners will be recredentialled at a minimum of every 3 years including a review of scope of Clinical Practice. This will include a review of evidence as per initial credentialing, with evidence of additional learning, recency of practice and any other relevant matter.

### 5.3.6. Notification of Changes that Impact of Scope of Practice

Medical Practitioners are responsible to inform GenesisCare of:

- any investigation undertaken by APHRA into their conduct or performance
- any changes to their registration or licencing
- any matter that may impact on their ability to fulfil their role and defined scope of clinical practice.

### 5.3.7. Appeals Process

Available if the decision of the credentialing committee is challenged. The process is outlined in the Credentialing and Scope of Practice Procedure.

### 5.3.8. In an Emergency

A credentialed Medical Practitioner may administer necessary treatment outside their scope of practice where a patient is at risk of serious harm if treatment is not provided and no medical practitioner with an appropriate authorised scope of practice is available and where more appropriate options for alternative treatment or transfer are not available.

## 5.4. Other Health Professionals, Practitioners and Workers

A range of health professionals and health workers are employed at GenesisCare depending on the service capabilities and needs. Recruitment and performance management processes ensure that these staff are appropriately trained and competent to work in their role.

### 5.4.1. Health Practitioners Practicing within Defined Role

The majority of health practitioners do not practice independently. Staff members who are nurses, radiation therapists or pharmacists are recruited to GenesisCare, and practice, in line with their APHRA registration requirements, in a well-defined role with a documented position description which includes their scope of practice. These clinical staff perform their role primarily as a member of the clinical team with limited independence. The performance of clinicians is monitored by regular performance management processes and does not require formal credentialing.

Health Practitioners may be required to achieve and maintain competencies in specific procedures or techniques.

### 5.4.2. Independent Health Practitioners or Professionals.

A small number of health practitioners / health professionals work independently at GenesisCare relevant to the particular needs and services of the practice. Roles that are independent will be identified by the CMC/MAC and will be required to be credentialed and recredentialled as outlined above for Medical Practitioners in Section 6.

#### 5.4.3. Unregistered Health Workers or Health Professionals

A number of health workers groups are not registered with APHRA. These may be professional such as dietitians, sonographers or exercise physiologists or nonprofessional, such as personal care workers or nursing assistants. Where a licencing or accrediting body exists, GenesisCare staff will be required to be licenced/accredited with that body.

#### 5.4.4. Registration and Licencing and Notification of Changes.

All Health practitioners and professionals must meet the requirements for and maintain registration with APHRA, or the relevant accrediting or licencing body. All health practitioners and professionals must notify their manager of:

- any investigation that has commenced by an external agency, such as APHRA or their professional accrediting body, into their conduct or performance,
- any changes, or restrictions, to their registration, accreditation or licencing.

### 5.5. New Clinical Service Procedures

Planning for new clinical services or procedures will be approved by relevant operational, financial and clinical governance committees. Consideration will be given to the clinical capabilities of the service and whether additional training, competency or credentialing for specialised scope of practice is required.

### 5.6. Documenting and Reporting

Minutes of credentialing committee and the evidence provided by medical practitioners and other independent professionals, will be stored securely and confidentially by the credentialing committee.

The credentialing status of medical and other independent health practitioners will be documented in the credentialing register which is available for all staff at GenesisCare to view.

The CMC/MAC will provide an annual report to the CLF or National committee on credentialing status within the practice.

### 5.7. Breaches of this Policy

Medical practitioners or independent professionals, who do not have current credentials are not permitted to practice at GenesisCare. A breach of this policy will be reported as an incident and escalated to the relevant clinical governance committee for action.

Issues with a health professional's conduct or performance will 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 credentialing, or
- change to existing scope of practice.

Breaches of professional scope of practice or conduct will be reported to APHRA, as required by the Health Practitioner Regulation National Law Act, and to any other body as required.

## 6. Evaluation

All Practices will provide the annual summary report to the CLF in July including non-compliance with KPIs

- 100% new independent medical practitioners or other independent practitioners are credentialed, with a defined scope of clinical practice.
- 100% of clinicians are recruited with appropriate skills, competency and registration to meet the requirements of the position.
- 100% of health practitioners work within their role and scope of clinical practice and maintain registration, licencing and other requirements.
- Audit of records shows all applications and any changes to medical practitioner or clinician scope of practice is documented in credentialing committee records.

## 7. References

GenesisCare Oncology: Clinical Services Capability Policy GQY-POL-022  
GenesisCare Credentialing, Peer Review and Scope of Clinical Practice Procedure GQY-PRO-005  
Peer Review Procedure ( in development)  
New Appointment Credentialing and Defining Speciality Form GHR-FRM-053  
Re-Credentialing and Reviewing Speciality Form GHR-FRM-058  
Credentialing Subcommittee Terms of Reference

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](http://www.ahpra.gov.au)

AS 5182: 2018 Vendor credentialing for healthcare facilities

Credentialing and defining the scope of clinical practice for medical practitioners- a policy handbook. State of Victoria Department of Health 2011.

Professional capabilities for medical radiation practice (2020)

Health Practitioner Regulation National Law Act 2009

## 8. Appendix

### Appendix 8.1: Provision of Insurance

Provision of Insurance cover by GenesisCare.

Each Registered Medical Practitioner must maintain insurance with an insurer approved by the Medical Board of Australia and be in the amount of no less than \$20Million sum insured. GenesisCare pays for this cover for medical practitioners who are employees.

The policy includes cover for (but is not limited to):

- A Reinstatement of the Limit no additional cost,
- Medico-legal support,
- Investigations, enquiries and complaints,
- Privacy Breaches and notification costs,
- Good Samaritan Acts,

All other employees are covered by the Corporate Medical Malpractice Policy and cover includes but not limited to the following:

- Sum Insured of \$50million any one claim and \$100million in the aggregate
- Includes cover for;
  - Investigations and enquiries
  - Compliance Committees
  - Court attendance costs
  - Vicarious Liability

### Revision History

<b>Version</b>	<b>Revision Date</b>	<b>Revised By (Position Title)</b>	<b>Description of change</b>
2.0	Oct 2017	NQM	Update
3.0	April 2021	Clinical risk manager and CLF	Clarify independent health professional and other clinician responsibilities in regard to credentialing – remove procedure to a new procedure document.