

CREDENTIALING AND DEFINING THE SCOPE OF PRACTICE POLICY®

DOCUMENT SUMMARY/KEY POINTS

- The overriding purpose of credentialing and defining the scope of practice is:
 - To maintain the safety and quality of care that patients receive from health professionals.
 - To support good clinical practice, ensure compliance with professional standards and meet accreditation requirements.
 - To sustain the confidence of the public and the professions.
- Position descriptions must be correct and current, with selection criteria accurately describing the qualifications, experience, skills and other relevant attributes to fulfil the scope of practice.
- Prior to commencement of employment, the following must be verified/performed:
 - all ORIGINAL qualifications/registrations/licenses
 - reference and pre-employment checks
 - criminal record and working with children check
 - health check and vaccination requirements
- Credentialing and defining the scope of practice occurs at the point of consideration for employment and on an ongoing basis via the performance appraisal and development process.
- Senior medical staff employment, credentialing and defining scope of practice rests with the **Medical and Dental Appointment Advisory Committee (MADAAC)**.
- Senior nursing staff employment, credentialing and defining scope of practice rests with the **Nursing Appointment Advisory Committee (NAAC)**. This Policy must be read in conjunction with the [SCHN Recruitment and Selection of Staff Policy](#).

Approved by:	SCHN Policy, Procedure & Guideline Committee	
Date Effective:	1 st October 2015	Review Period: 3 years
Team Leader:	Asst. Dir Workforce Operations	Area/Dept: Workforce

CHANGE SUMMARY

- Several changes have been made throughout the document, thus the whole document should be read by appropriate staff.

READ ACKNOWLEDGEMENT

- All managers should read and acknowledge they understand the contents of this document.
- All other staff should be aware of this document.

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Credentialing & Defining the Scope of Practice

Sydney Children's Hospitals Network (SCHN) recognises its legal responsibility for ensuring that services are provided in circumstances where the safety and quality of the delivery of health care has been addressed. SCHN supports the [Australian Commission on Safety and Quality in Healthcare](#) (formerly known as the Australian Council for Safety and Quality in Healthcare) following principles:

SCHN governance must maintain and improve the safety and quality of health care services.

1. Health practitioner registration requirements and individual professional responsibilities help to protect the community.
2. Effective processes benefit patients, communities, health care organisations and health practitioners.
3. Credentialing and defining the scope of clinical practice are essential component for a system of organisational management of relationships with health practitioners.
4. Reviewing the scope of practice should be a non-punitive process.
5. Support partnerships between the SCHN, other healthcare organisations, professional colleges, associations and societies.
6. Processes must be fair, transparent and legally robust.

1 Purpose and Scope

The overriding purpose of credentialing and defining the scope of practice is:

- To maintain the safety and quality of care that patients receive from health professionals.
- To support good clinical practice, ensure compliance with professional standards and meet accreditation requirements.
- To sustain the confidence of the public and the professions.

Credentialing and defining the scope of practice occurs at the point of consideration for employment and on an ongoing basis via the performance appraisal and development process.

Senior medical staff employment, credentialing and defining scope of practice rests with the **Medical and Dental Appointment Advisory Committee (MADAAC)**.

Senior nursing staff employment, credentialing and defining scope of practice rests with the **Nursing Appointment Advisory Committee (NAAC)**. This Policy must be read in conjunction with the [SCHN Recruitment and Selection of Staff Policy](#).

2 Definitions

The [Australian Commission on Safety and Quality in Healthcare](#) (formerly known as the Australian Council for Safety and Quality in Healthcare) provides the following definition:

Credentialing

The formal process used to verify the qualifications, experience, professional standing and other relevant professional attributes of 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 Practice

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

3 Accountability

3.1 Accountability

- Responsibility for employment of clinicians rests with selection committees, except for senior medical staff and senior nursing staff.
 - Senior medical staff employment, credentialing and defining scope of practice rests with the 'Medical and Dental Appointment Advisory Committee' (MADAAC).
 - Senior nursing staff (above the classification of Registered Nurse) employment, credentialing and defining scope of practice rests with the 'Nursing Appointment Advisory Committee' (NAAC)
- Employment accountability for clinical groups is specified in the following table:

Profession	Professional Leader	Committee (where relevant)
Allied Health	Network Director of Allied Health	Selection Committee
Medical	Network Director of Clinical Governance	MADAAC
Nursing	Network Director of Nursing and Midwifery	Selection Committee or NAAC
Other	Relevant Tier 2 Executive	Selection Committee

3.2 Department Head/Selection Committee Convenor Responsibilities

- Ensure position descriptions are accurate and up to date and comply with relevant industrial instruments.
- Ensure selection criteria (in position descriptions) accurately describe the qualifications, registration/licence, experience, knowledge, skills, abilities, professional standing and other relevant attributes needed to fulfil the scope of practice.
- Ensure that the selection committee follows employment procedures, which includes the credentialing process and defining the scope of practice.

Note: Selection committees are advised not to appoint if there is some doubt concerning an individual or the pool of applicants is not at the required standard. This should not deter committees appointing persons who meet the selection criteria but require development of specified skills as assessed in defining the scope of practice.

4 The Employment Process

The employment process is detailed in the SCHN Recruitment, Selection and Appointment of Staff Policy. The following information provides a summary:

4.1 Position Descriptions

A position description establishes the functions, skills, qualifications, registration/licence and experience required for each position. It defines the scope of practice for each role.

4.2 Grading and Regrading of Positions / Employees

Positions / employees will be graded or regraded according to the SCHN Grading, Regrading and Reclassification Policy.

4.3 Recruitment, Selection & Appointment

- Recruitment, selection and appointment will occur consistent with the SCHN Recruitment, Selection and Appointment of Staff Policy. Selection Committees have responsibility for appointment decisions of all clinicians, excepting for senior medical staff and senior nursing staff.
- Senior medical appointment recommendations are reviewed by the MADAAC, with recommendations forwarded to the Chief Executive for approval.
- Senior nursing appointment (above the classification of Registered Nurse) recommendations are reviewed by the NAAC, with recommendations forwarded to the Network Director of Nursing for approval.

- Details of the following pre-employment checks are provided in the SCHN Recruitment, Selection and Appointment of Staff Policy:
 - **Reference Checks**

The convenor or nominated committee member must conduct a minimum of two referee checks on the preferred applicant. At least one referee should be a current supervisor.
 - **Proof of Identity**

The Convenor is responsible for confirming the preferred applicant(s) proof of identity, including the right to work in Australia. This evidence must be provided at the time of interview or as soon as possible thereafter.
 - **National Criminal Record check or Working With Children Check**

The NSW Health Policy Directive PD2013_028 [Employment Checks - Criminal Record Checks and Working With Children Checks](#) provides information on the mandatory requirements and procedures for the undertaking of employment screening of preferred applicants seeking employment for paid and unpaid positions in child related and non-child related employment.
 - **NSW Health Service Check**

NSW Health Policy Directive PD2013_036 [Service Check Register for NSW Health](#) requires that all full-time, part-time, temporary and casual staff of the NSW Health Services and all visiting practitioners must be checked against the state Service Check Register (SCR) as part of the recruitment process.
 - **Evidence of Protection Against Specified Infectious Diseases**

Preferred applicants are required to provide acceptable evidence of protection against specified infectious diseases and complete the **New Recruit Undertaking/ Declaration and Tuberculosis (TB) Assessment Tool** as outlined in NSW Health Policy Directive PD2011_005 [Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases](#).

5 Credentialing & Defining the Scope of Practice at Employment

5.1 Verification of Credentials

It is the responsibility of the Convenor to ensure prospective employees have the necessary qualifications, licenses, registrations, skills and experience to perform their scope of practice.

The Convenor must verify ORIGINAL documentation of qualifications/licenses/registration against ORIGINAL proof of identity documentation. It is preferable that these documents must be sighted at the time of interview, photocopied and certified (signed and dated) as a “true and accurate copy of the original”.

If the applicant is **unable to provide original documentation at the time of interview**, the following options are available:

- A mutually agreeable time is to be determined between the parties.
- Sight certified academic transcripts (from the educational institution) as long as the transcript includes a statement that the requirements of the course have been met.
- Check currency of registration with appropriate regulatory authorities
- Verify qualifications/licenses/registration with the issuing institution in writing (e.g. letter, fax, or email request). *Note that this is suitable for interstate or international candidates.*
- Qualifications obtained overseas must be assessed for their Australian equivalency. The assessment must be conducted by an approved body, which may be the relevant registration board/professional body or the National Office of Overseas Skills Recognition 'NOOSR'. **It is the applicant's responsibility to provide ORIGINAL evidence of this assessment to the Selection Committee, accompanied by an English translation by an officially recognised interpreter/translation service.**
- Current professional registration issued by the relevant professional body will be accepted as proof of base qualifications required to obtain registration.

No offers of employment can be made until the applicant's credentials are verified with ORIGINAL documents. If the credentials cannot be verified, resulting in the applicant's inability to meet the selection criteria, the applicant should be deemed 'unsuccessful' and notified accordingly.

5.1.1 National Registration

The following professions have been regulated under the National Registration and Accreditation Scheme and practitioners are registered by the Australian Health Practitioner Regulation Agency:

- Chiropractors
- Dental practitioners (including dentists, dental hygienists, dental prosthetists and dental therapists)
- Medical practitioners
- Nurses and midwives
- Optometrists
- Osteopaths
- Pharmacists
- Physiotherapists
- Podiatrists
- Psychologist
- Medical radiation practitioners (includes diagnostic radiographers, radiation therapists and nuclear medicine technologists)
- Occupational therapists

5.1.2 National Boards

Each health profession that is part of the [National Registration and Accreditation Scheme](#) is represented by a National Board. Registration of practitioners and students is the responsibility of the National Board of that profession. National Boards can take a range of actions against a practitioner such as suspending or limiting their registration.

The National Boards are:

- [Chiropractic Board of Australia](#)
- [Dental Board of Australia](#)
- [Medical Board of Australia](#)
- [Nursing and Midwifery Board of Australia](#)
- [Optometry Board of Australia](#)
- [Osteopathy Board of Australia](#)
- [Pharmacy Board of Australia](#)
- [Physiotherapy Board of Australia](#)
- [Podiatry Board of Australia](#)
- [Psychology Board of Australia](#)
- [Medical Radiation Practice Board of Australia](#)
- [Occupational Therapy Board of Australia](#)

5.1.3 Other Licencing Requirements

- **Radiation Licence**

Radiation Licence is required for the operation of medical diagnostic radiography equipment. The Department of Environment and Climate Change (NSW) is the Licence Authority

- **Security Licence**

Security Licence is required for Security Officer appointments. Security Industry Registry is the Licence Authority

- **Motor Vehicle Drivers' Licence**

Drivers' Licence Class A, B or C is required for driving duties or driving hospital vehicles. Road and Traffic Authority is the Licence Authority.

- **Electrical Licence**

Appropriate Licence as Individual Contractor Electrical Licence or Supervisor Electrical Licence issued by NSW Office of Fair Trading.

5.2 Defining the Scope of Practice

The Selection Committee is required to assess the preferred applicant's ability to fulfil the scope of the practice as detailed in the position description and is documented in the selection committee report.

If the applicant is assessed as 'competent', the applicant is able to fulfil the scope of practice of the position and appointment process may commence.

Selection Committees should not be deterred from recommending the appointment of an applicant/s that meets the selection criteria but requires development of specified skills as assessed in defining the scope of practice.

If the applicant is assessed as meeting the selection criteria but requires further development, a learning and development plan is developed by the Manager/Department Head in consultation with the applicant. The development plan will form part of the probationary performance review.

6 Frequency of Credentialing & Defining the Scope of Practice

- Credentialing and defining the scope of practice occurs at point of consideration for employment and on an ongoing basis via the performance development review process.
- Where new interventional procedures are introduced, employee's credentials and scope of practice may need to be reviewed.

7 Ongoing Monitoring & Review of Performance

- The development appraisal review process is the mechanism for ongoing re-credentialing and reviewing / updating employee's clinical scope of practice.
- Senior Medical Practitioners will have their scope of practice reviewed by the Medical and Dental Appointment Advisory Committee at point of employment and via the development appraisal system.

8 Temporary and/or Emergency Credentialing & Defining the Scope of Practice

Temporary and / or emergency credentialing and defining the scope of practice may occur as required to address short term or emergency needs. The clinician's credentials will be assessed by the relevant professional leader or their delegate and appointments made for a specified scope of practice. This will be documented and placed on file.

8.1 Emergency Situations

Practitioners are permitted to act outside of their approved scope of practice in an emergency when a patient may be at risk of serious harm if treatment is not provided and there is no immediate availability of a practitioner with the required scope of practice. This approval is granted by the relevant professional leader. Once the critical incident has passed, the matter must be fully documented in the appropriate system.

Profession	Professional Leader
Allied Health	Network Director of Allied Health
Medical	Network Director of Clinical Governance
Nursing	Network Director of Nursing and Midwifery
Other	Relevant Tier 2 Executive

9 Practitioner Registration and Monitoring Process

9.1 Registration

- Employees that are practitioners in the professions required to be registered by the Australian Health Practitioner Regulation Agency are responsible for maintaining their registration status while employed at SCHN, including during periods of leave, e.g. long service leave, maternity leave, and so on.
- Registered practitioners that are employed at SCHN are covered by SCHN's professional indemnity insurance (provided by the NSW Treasury Managed Fund) for services provided on behalf of the SCHN.

9.2 Changes to Registration status

- If there are changes to a practitioner's registration status, the practitioner must immediately notify their Department Head and professional leader. Changes to the registration status of a practitioner may include special conditions or deregistration.
- Failure to report changes to registration status may be grounds for disciplinary action and/or dismissal.

9.3 Expired (Lapsed) Registration

- Practitioners whose registration has expired or do not have the appropriate current registration will be immediately stood down from work and required to take paid annual leave or long service leave. If practitioners do not have any accrued leave they will be placed on leave without pay.
- Practitioners may only return to work once they have renewed their registration.
- Failure to report expired registration status may be grounds for disciplinary action and/or dismissal.

9.4 Non-Registered Practitioner

It is accepted that some professions do not have an appropriate registration authority and therefore in these circumstances the practitioner is authorised by SCHN to undertake the requirements of their substantive position description/employment contract.

9.5 Reporting

- SCHN conducts a monthly review of all practitioner registrations. Compliance rates are reported to the Executive and Workforce Governance Committee.
- A quarterly audit is conducted and reported to the NSW Ministry of Health regarding the compliance rates of medical practitioners who have conditions placed on their registration.

9.6 Development Appraisal Review

Practitioners will participate in regular development appraisal reviews. Part of this process will include a review of their scope of practice and credentials.

10 Suspension of Right to Practice

The SCHN reserves the right to withdraw or suspend the rights of any practitioner to practice. This authority lies with the Chief Executive upon advice (generally in writing) from the relevant professional leader and (where appropriate) the relevant Advisory Committee. Any suspension may be temporary or permanent and may take effect in part or in whole.

11 Appeals

- A practitioner whose clinical practice rights have been partially or fully suspended or withdrawn may appeal this decision by stating their reasons in writing to the relevant Professional Leader.
- The relevant Professional Leader will coordinate a review of the appeal and provide a report, including recommendations to the Chief Executive. The normal principles of natural justice will apply.

12 Safe Introduction of New Interventional Procedures into Clinical Practice

The introduction of new interventional procedures into safe practice is specified in SCHN policy.

- [Safe Introduction of New Interventional Procedures into Clinical Practice Policy](#)

13 Reference and Related Documents

- [SCHN Recruitment and Selection of Staff Policy](#)

- [Recruitment and Selection of Staff to the NSW Health Service](#)

Module 1 - Recruitment and Selection of Staff of the NSW Health Service

Module 2 - Additional Standards for Staff Specialists and clinical academics

Module 3 - This module has been rescinded. Refer to Module 1

Module 4 - Additional Standards for Junior Medical Officer Annual Recruitment Campaign

- NSW Health Policy Directive PD2005_497 [Visiting Practitioners and Staff Specialist Delineation of Clinical Privileges for Policy Implementation](#)
- NSW Health Policy Directive PD2008_071 [Medical Practitioners - Compliance with Registration Conditions](#)
- NSW Health Policy Directive PD 2011_010 [Visiting Medical Officer \(VMO\) Performance Review Arrangements](#)
- NSW Health Policy Directive PD2011_005 [Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases](#)
- NSW Health Policy Directive PD2013_028 [Employment Checks - Criminal Record Checks and Working With Children Checks](#)
- NSW Health Policy Directive PD2013_036 [Service Check Register for NSW Health](#)
- SCHN Intranet page: [SCHN Appraisal and Development](#)

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