Health
State Scope of Clinical Practice Unit

Model Scopes of Clinical Practice
For Senior Medical and Dental Practitioners

Summary
extracted from the complete
Discussion Paper

Introduction

This paper is a **summary version** of the Discussion Paper on Model Scopes of Clinical Practice produced by the NSW Health State Scope of Clinical Practice Unit (SSoCPU) for Senior Medical and Dental Practitioners. A **full version** of the Discussion Paper containing more detailed consideration of the issues is available on the SSoCPU website at www.schn.health.nsw.gov.au/ssocpu. The full version contains examples and appendices, and is **fully referenced**.

There are specific consultation questions throughout this paper which are referenced back to the corresponding section of the full Discussion Paper. All are welcome to provide input to the discussion on some or all of the questions, or any other aspect of this paper or on other issues related to credentialing and defining scopes of clinical practice (SoCPs) for senior medical and dental practitioners (SMDPs). Comments should be submitted to Jennifer.chapman@health.nsw.gov.au before **15 June 2015.**

The content of this paper is derived from available literature and the results of consultation with medical administrators from NSW Health Local Health Districts and Specialty Networks (LHD/SNs).

This paper will be circulated to organisations within NSW Health, including LHD/SN Directors of Medical Services, managers of senior medical workforce, members of LHD/SN Medical and Dental Appointments Advisory Committees, Medical Staff Executive Council members, and any other LHD/SN staff who may be interested in this project. The paper will also be circulated to specialist medical and dental colleges plus relevant associations/societies and consumers, and made available via the SSoCPU webpage and LinkedIn page, for interested parties to comment.

Discussion Paper Summary

The role the SSoCPU includes responsibility for advising NSW LHD/SNs and the Ministry of Health regarding policies, guidelines and procedures related to credentialing and the delineation of SoCP of SMDPs. While aiming for more robust and efficient processes, the Unit will be endeavouring to assist clinicians, medical administrators and managers across NSW Health as they fulfil their important credentialing and appointment responsibilities. The SSoCPU works on behalf of all NSW LHD/SNs and is hosted by the Sydney Children's Hospitals Network.

The primary goal of the SSoCPU is to assist NSW Health LHD/SNs to appropriately define the SoCPs of their employed and contracted SMDPs by developing model SoCPs for each medical and dental specialty, according to best practice. The specialties to be covered will be those listed by the Australian Health Practitioners Regulation Agency (AHPRA), as well as any further specialties or sub-specialties identified through the consultation process as requiring a separate SoCP.

The model SoCPs will assist LHD/SNs to achieve clarity and consistency in the way practitioners' SoCP is defined, whilst still allowing for decisions to be made locally in accordance with the facility's needs and its role delineation. They will also provide a measure of expert input and advice when considering the credentials appropriate for the practice of particular specialties and sub-specialties. Employing bodies, professional colleagues and the general public need to have confidence that there is an appropriate level of scrutiny for each senior medical and dental practitioner working in NSW Health and thus that their SoCPs are defined with sufficient detail.

The current Ministry of Health policy directive, PD2005_497 *Visiting Practitioners and Staff Specialists Delineation of Clinical Privileges Policy for Implementation* states that it is based on the following broad principles:

a) The public health organisation has the responsibility to ensure the competence and to facilitate the performance of all medical practitioners and dentists practising within the organisation. Therefore, all medical practitioners and dentists must have their clinical privileges delineated at the time of appointment and re-appointment and as part of the performance review process.

b) All practitioners must have their clinical privileges reviewed at regular intervals throughout the period of their appointment or employment.

c) The assessment of clinical privileges must be undertaken by peers and associated professionals.

d) Given the importance of this process to professional practice, the principles of natural justice (merit, integrity, impartiality, openness, fairness) should be observed at all stages.

e) "No applicant is to be denied privileges on the basis of any elements of discrimination (such as sex, race, age, colour, creed or national origin) prohibited in relevant legislation, and the terms of any applicable discrimination legislation should be met".

f) The perspective of patients/clients and the public should be sought and taken into account when decisions affecting the provision of health care are made. To this end, consideration should be given to appointing a member to the Medical and Dental Appointments Advisory Committee (MDAAC), who is a non-health care professional.

g) The role and infrastructure of the relevant facility is to be taken into account in determining the clinical privileges that will be allowed.

h) Clinical privileges may be reviewed at any time at the request of the MDAAC or at the request of the practitioner.

Section 3 Consultation Questions: Are the current principles appropriate? Is there any principle that should be removed or amended? What additional elements should be included in these principles?

Credentials are the qualifications, professional training, clinical experience, and training and experience in leadership, research, education, communication and teamwork that contribute to a medical or dental practitioner's competence, performance and professional suitability to provide safe, high quality health care services.[1] The SoCP is the extent of an individual medical or dental 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 or dental practitioner's scope of clinical practice.[2] Defining a practitioner's SoCP follows on from credentialing and both of these are an integral part of the recruitment process. The terms 'Clinical Privilege' and 'Scope of Clinical Practice' are often used synonymously. This paper uses the term 'Scope of Clinical Practice'.

In some parts of NSW Health a separate definition has evolved. 'Clinical privileges' are commonly expressed as a type of clinical duty or responsibility in which a SMDP may practice according to the needs of their specialty as follows:

Privilege	**Definition**
Admitting	The right to admit the patient within the designated specialty under the practitioners own name. Includes the right to accept transfer of care to the nominated practitioner. (Restricted admitting rights means that limited rights can be exercised within specific parameters.)
Consultative	The right to be invited for consultation on patients admitted (or being treated) by another practitioner.
Diagnostic	The right to report and sign out on diagnostic investigations requested by another practitioner.
Procedural (alternatively called 'Operating Theatres')	The right to open an operating theatre or a day procedure unit.
Outpatient	The right to hold an outpatient or privately referred non-inpatient clinic in the practitioner's own name or to participate in a multidisciplinary clinic taking final responsibility for the care of patients attending.
On Call	The right to participate in the appropriate specialty on-call roster and other on call rosters as required and requested.
Teaching	The right to access …LHD patients for the purpose of teaching.
Research	The right to participate in research projects or clinical trials.

[1] ACSHC (2004), http://www.safetyandquality.gov.au/wp-content/uploads/2012/01/credentl1.pdf. Accessed on 6 January 2015.
[2] ACSQHC (2004)

Section 5 Consultation Questions:
Are the terms 'scope of clinical practice' and 'clinical privileges' synonymous? Is the term 'scope of clinical practice' sufficient to use to refer to the extent of an individual SMDP's clinical practice within a particular organisation?

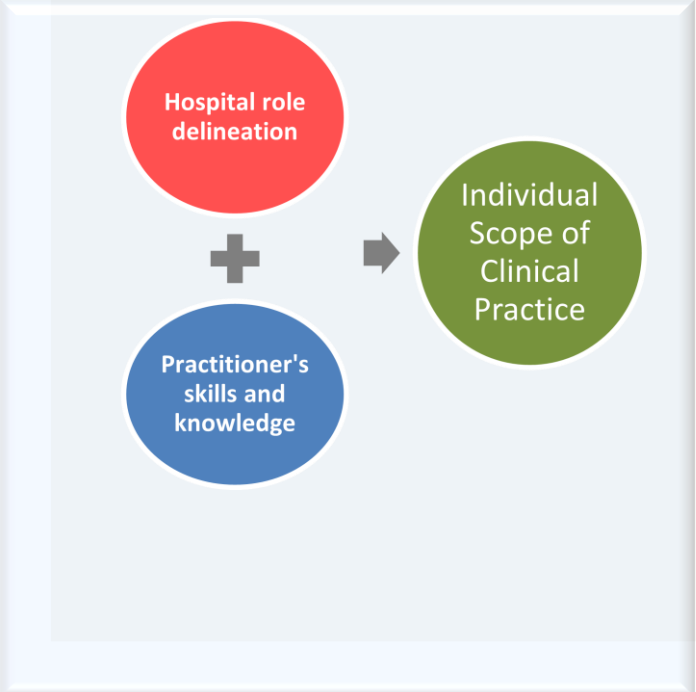
Do the clinical duties or responsibilities (i.e. admitting, consulting etc) add value to the definition of SoCP? Should they be included in the definition of SoCP or should they be separated?

Should the term 'clinical privileges' remain in use? Should it be changed to clinical duties, clinical responsibilities, or dropped from common vernacular all together?

As there are varying approaches to how SoCP is described, the SSoCPU has started with no pre-conceived or preferred model. A literature review has been conducted which focused on the question of how to best define a practitioner's SoCP. Whilst there is a lack of researched-based or empirical evidence substantiating a positive relationship between any particular approach to defining SoCP with improved patient safety and outcomes, the literature shows a growing movement towards more detailed methods of defining SoCP for individual practitioners, and the importance of robust credentialing procedures.

Benefits of state-wide model SoCPs include:

- Increased confidence in the system for patients, professionals and those with a governance responsibility
- Improved synchronisation with hospital role delineation
- State-wide consistency which will reduce confusion for those practitioners who move between NSW Health organisations
- Enhanced state-wide access to information between local health districts and specialty networks, due to an increase in the level of trust and understanding of the information obtained
- Reduced duplication of effort and expense in creating SoCP templates
- Consistency of approach between specialties
- A mechanism to better manage practitioners with reduced capacity
- Improved ability to meet hospital accreditation requirements
- Improved efficiency for organisations providing state-wide services, such as NSW Health Pathology



There are pros and cons to each of the various approaches of describing SoCPs. Of all the various methods, a general statement of specialist qualification obtained is deemed insufficient according to the literature. Many organisations are implementing approaches utilising categories of broad procedures or treatment areas in keeping with the practitioner's qualifications and training, and specific procedures/treatment areas that are a normal part of

a practitioner's training, but that may be performed irregularly by many in that field, or require additional training and/or experience. Other approaches include the checklist approach with lists of practices and procedures, which is generally not recommended, and a descriptive or narrative approach which does not appear to be widely used, based on the available literature. Examples of different types of SoCP used in other organisations can be found at these links:

Ballarat Health Service http://www.bhs.org.au/sites/default/files/finder/pdf/ethics-committee/BHS%20Credentialing%20Scope%20of%20Practice%20Guidelines%20V10%203November%202104.pdf

British Columbia's Physician Quality Assurance Steering Committee's *Provincial Privileging Project* http://privileging.typepad.com/privileging_project/

Stanford Health Care, (2015). https://stanfordhealthcare.org/health-care-professionals/medical-staff/credentialing-and-privileging/shc-privileging-references.html

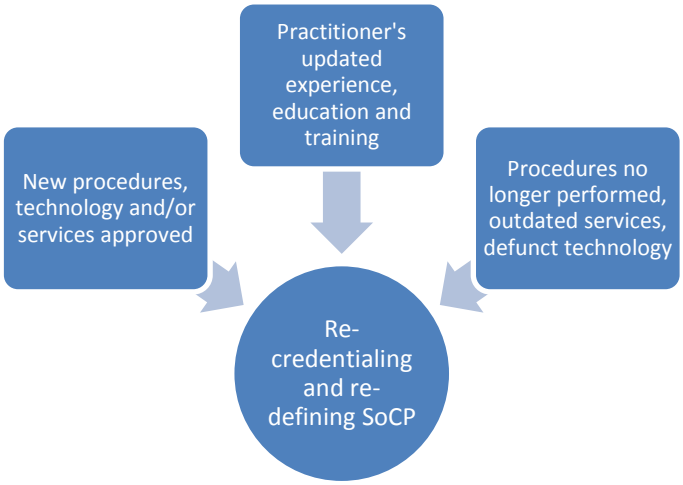
Section 8 Consultation Question: Which elements are important to include in a Scope of Clinical Practice?

- ***An overarching statement describing the specialty?***
- ***A description (whether it is a list or narrative) of the usual practice within a specialty?***
- ***A description (whether it is a list or narrative) of elements of practice within the practice within a specialty, but which may require additional training?***
- ***A section to include areas of practice that are outside the usual practice of a specialty, but for which the practitioner may have training and/or experience and the facility can support?***
- ***A section for 'exclusions' to indicate when an element of the normal practice of a specialty is excluded from an individual practitioner's SoCP?***
- ***A section stipulating the education and training required? Which section should this apply to?***
- ***A section stipulating standards for maintenance of practice? Which sections should this apply to?***
- ***Instructions for those undertaking the credentialing and defining the SoCP process?***
- ***Anything else?***

There are issues and concerns with achieving the goal of model Scopes of Clinical Practice:

- Striking the right balance between rigour and administrative burden is challenging. Whilst permissive privileging is inadequate, a significantly increased administrative burden may be unsustainable.
- It is challenging to identify the best model to use for defining SoCP, as there is no empirical evidence that raises one approach over another.
- The role of standards for maintenance of competence, such as required case numbers per year, is unclear. Whilst the use of such standards would be rigorous, there are relatively few such standards available, and they can be difficult to apply.
- Where standards or guidelines for the maintenance of competence exist, they may be restrictive or difficult to apply across all circumstances and locations, such as rural locations where a different level of criteria may be accepted. They do not account for differences in personal ability and previous experience. However, those responsible for credentialing should be aware of the relevant guidelines that are available.

- Defining currency of practice is difficult and can tend to be arbitrary, thus it is hard to ensure it reliably and validly meets the needs of health care organisations and practitioners.
- A quality IT solution is needed to access credentialing information and delineated SoCPs for practitioners in NSW Health. Note that the Ministry of Health is currently proceeding with an online e-Credentialing system.
- Questions have been raised regarding the level of integration that credentialing should have with the recruitment process, and the level of centralisation that could be achieved. Note that a state-wide centralised credentialing unit is not currently proposed for NSW Health, however LHD/SNs may wish to consider the level of centralisation within their organisation.
- There are concerns about the potential implications for practitioners on their professional autonomy, income, and practice sustainability.
- There need to be better processes to link review of SoCP with the introduction of new procedures, technology and services.
- Re-credentialing and re-defining the SOCP for each practitioner should be done every three to five years according to the 2004 ACSQHC national standards, and the policies and procedures in place for performance appraisal, supervision, mentorship need to be in place and linked to the review of individual SOCPs.



- There is a difference between the requirements for an initial SoCP granted to a new practitioner and that granted to a practitioner with experience.
- Training should be available for those responsible for credentialing and defining SOCPs.
- The question of applicability of credentialing and SOCP to non-specialists has been raised. SoCPs appropriate for other categories of medical practitioners (Career Medical Officers, Junior Medical Officers) or other types of clinicians are out of scope of the current project, but feedback will be taken as part of consultation.
- There needs to be a mechanism to maintain the model SoCPs as practices change, including removal of out of date practices.
- Opinions differ on the level of independent practice of level 1 and 2 dental officers and thus where they should fall in the spectrum of appointment processes.
- There may be an impact on professionals in terms of advice for maintaining or regaining currency and structuring training choices.
- There also needs to be an acknowledgement of the need to keep watch for unintended consequences and to have procedures for these to be raised and managed as they arise.

Section 9.3 Consultation Question: What is the role of standards or guidelines for maintenance of competence in SoCPs?

Section 9.8 Consultation Question: How can review of SoCP be better integrated with the processes for introducing new clinical procedures, models of care, technology or services?

Section 9.9 Consultation Questions: Should review of SoCP be linked to the VMO re-appointment process and the annual performance reviews for Staff Specialists and VMOs, or should it be a discrete process that happens every three to five years? How often should it occur?

Section 9.10 Consultation Question: Should the model SoCPs differentiate between standards for new versus experienced practitioners?

Section 9.12 Consultation Questions: Should training be available for those responsible for credentialing and defining the SoCP for SMDPs? If so, what aspects should it cover?

Section 9.16 Consultation Questions: Should credentialing and SoCP processes be applied to all dental officers? If not, who should be different, why, and how should they be dealt with?

There are anticipated issues with implementation including:

- Introduction of a more detailed method of delineating SoCPs in an environment where generalised statements of practice have been the norm.
- Those LHD/SNs that have invested resources in developing their own methods of defining SOCP and databases may be reluctant to change.
- Low literacy amongst the profession regarding SoCP issues.
- NSW is seen as more bureaucratic than other neighbouring states. This project may add to the medical administration burden in some places.
- Anticipated objections from some specialists and specialties, including perceived restrictions on their professional practice.
- The need to consult specialist medical colleges, relevant societies and craft groups.
- Difficulties in getting agreement between LHD/SNs due to differences in culture/climate.

The next stage of this project is to determine the best template to use to develop the model SoCPs, and inform and engage SMDPs and those who are responsible for credentialing and defining SoCP in each LHD/SN. A state-wide consultation will be undertaken by the project team, with site visits to speak with MDAAC members, senior medical and dental practitioners, medical staff council representatives, executive staff and medical administration staff. This consultation will also result in policy advice regarding credentialing and defining SoCP to the NSW Ministry of Health.

The **full version** of the Discussion Paper containing more detailed consideration of the issues is available on the SSoCPU website at www.schn.health.nsw.gov.au/ssocpu.

Comments should be submitted to Jennifer.chapman@health.nsw.gov.au before **15 June 2015.**

For further information or to provide other feedback on the issues in the Discussion Paper, please contact:

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