Guideline for Credentialing and Defining the Scope of Clinical Practice and Professional Support for Allied Health Professionals

1. Purpose

This guideline provides recommendations regarding best practice for credentialing and defining the scope of clinical practice and professional support for allied health professionals.

The purpose of this guideline is to minimise risk to patients by ensuring health care is provided or appropriately supervised by proficient clinicians working within their defined scope of practice and in line with the clinical services capability of the health care facility.

This guideline provides a standardised governance process for verifying and evaluating the qualifications, experience, professional standing and other relevant professional attributes of practitioners and defining their scope of clinical practice within specific organisational settings.

Allied health professionals' participation in professional support is central to the safety of patients and the quality of services, regardless of clinical area, career stage, location or profession.

2. Scope

This guideline applies to all Hospital and Health Services.

This guideline applies to all Hospital and Health Service employees. This guideline also applies to all organisations and individuals acting as an agent for Hospital and Health Services.

All allied health professionals working in a Hospital and Health Service and engaging in complex clinical practices not traditionally performed by their profession and all allied health professionals working in Hospital and Health Service facilities but not employed by a Hospital and Health Service, are to be credentialed and have a defined scope of clinical practice.
Allied health professionals who are employed by a Hospital and Health Service and are not engaged in complex clinical practices are exempt from credentialing requirements.

All allied health professionals employed by a Hospital and Health Service should participate in professional support consistent with this guideline.

This guideline applies to the following allied health professions:

- Audiology
- Clinical Measurement Sciences
- Dietetics
- Exercise Physiology
- Music Therapy
- Nuclear Medicine Technologists
- Nutrition
- Occupational Therapy
- Optometry
- Orthoptics
- Orthotics/Prosthetics
- Pharmacy
- Physiotherapy
- Podiatry
- Psychology
- Physicists
- Radiation Therapy
- Radiography
- Radiochemists
- Sonography
- Social Work
- Speech Pathology
- Social Work Associates
- Welfare Officers.
3. Guideline for credentialing and defining the scope of clinical practice and professional support for allied health professionals

3.1 Credentialing and defining scope of clinical practice for allied health professionals working in Hospital and Health Service facilities but not employed by a Hospital and Health Service

This process applies to:

- allied health professionals employed by external organisations/agencies to provide direct clinical services in Hospital and Health Service facilities and services where there is no agreement with the Hospital and Health Service for the organisation/agency to conduct a credentialing process with its employees
- private allied health professionals providing services charged to individual patients
- private allied health professionals providing services to patients in private beds in Hospital and Health Service facilities
- private supervisors who provide supervision to Hospital and Health Service employees as part of the requirements of the employee’s registration
- external allied health professionals (including university employees) conducting research that involves direct practice or review of clinical records.

This process does not apply to:

- allied health professionals from other government and non-government organisations/agencies that have systems in place for the checking of registration (where applicable) or qualifications
- allied health professionals with appointments in non-clinical positions
- university employees providing supervision to students (as per Section 4.4 of the Deed for placement of student health professionals in Queensland Public Health System Facilities)
- students and allied health professionals who are practising under a formal supervision arrangement (e.g. work experience, re-entry)
- allied health professionals undertaking research where the research involves no patient contact or responsibility
- allied health professionals working in private facilities accepting referrals for public patients from Hospital and Health Service practitioners
- allied health professionals who are employed by the Hospital and Health Service and provide relieving services through relief pool programs or exchange programs.

3.1.1 Requirements for new and review applications

3.1.1.1 Primary decision-maker
The Hospital and Health Service Chief Executive should delegate the role of primary decision maker to the most senior allied health professional manager in the Hospital and Health Service. This could be the Executive Director Allied Health, the Director Allied Health or the Team Leader Allied Health.

Where applicable, the primary decision maker should declare any actual or perceived conflicts of interest relating to any application and request the Hospital and Health Service Chief Executive to appoint an alternative primary decision maker to manage the relevant application.

3.1.1.2 Lodgement of an application

There are three types of applications which can be lodged for consideration by the delegated primary decision maker:

- application from an allied health professional who has not been credentialed in a Hospital and Health Service in the previous three years (new application)
- application from an allied health professional for review of the current credentialing and scope of clinical practice (review application)
- application by an allied health professional for mutual recognition of current credentialing and scope of clinical practice (mutual recognition application).

The application should include information from the facility/department/unit/service where the applicant intends to work regarding the areas of clinical practice that will be required of the applicant, and the applicant’s:

- qualifications
- registration (if applicable)
- work history
- relevant continuing professional development
- professional referees.

3.1.1.3 Consideration and recommendation

The primary decision maker forwards the application to the profession-specific manager of the relevant profession for consideration. When there is no profession-specific manager in the Hospital and Health Service, the primary decision maker should request the assistance of a profession-specific manager from another Hospital and Health Service. Where there is no profession-specific manager within the profession in Queensland Health, the primary delegated decision maker requests the assistance of a senior member of the profession in making a recommendation regarding the credentials and scope of clinical practice.

The profession-specific manager should provide a recommendation to the primary decision maker within thirty (30) business days of receipt of the application, and as a minimum should:

- review the application for completeness and accuracy
3.1.1.4 Decision of the primary decision maker

In granting a scope of clinical practice, the primary decision maker should consider all of the following:

- recommendation from the profession-specific manager
- all aspects of the applicant’s application
- referee report/s
- applicant’s registration and supervision needs
- needs and resources of the facility to ensure the recommendation is consistent with the Clinical Services Capability Framework.

The primary decision maker may also consider other material including:

- reports from Registration Boards
- patient and workforce complaints
- professional indemnity history and status including audits of litigation matters
- any other information pertinent to the capacity of the applicant to providing high quality care.

Unless an unscheduled review is initiated, a review of an allied health professional’s credentials and scope of clinical practice should occur every three (3) years.

The primary decision maker may grant a scope of clinical practice for less than three (3) years. The reasons for this may include, but are not limited to:
uncertainty about the allied health professional’s clinical competence (the primary delegated decision maker may also recommend arrangements for a subsequent review and assessment of the practitioner’s competence)

- a medical condition with potential to impair the allied health professional’s capacity to provide safe patient care.

When the primary decision maker grants a scope of clinical practice for a period less than three (3) years, they should provide the reasons, in writing, to the applicant.

3.1.1.5 Advice on application outcome

The primary decision maker should:

- Provide written advice to the applicant and facility/department/unit/service managers within twenty (20) business days of receiving the recommendation from the profession-specific manager.

- Update the applicant’s scope of clinical practice on the facility/service Intranet web site (where available).

- Provide written advice to the applicant informing them that they should participate in professional support with a supervisor agreeable to the profession-specific manager and primary delegated decision maker.

- Provide written advice to the applicant informing them that they may appeal when their application is denied, withheld, limited or granted in a different form to that requested.

3.1.1.6 Review of a scope of clinical practice

Applicants should apply for a review of their credentials and scope of clinical practice two (2) months prior to the expiry date. The same scope of clinical practice is not automatically granted.

3.1.1.7 Lodgement of an appeal

The applicant may lodge an appeal to the primary decision maker within twenty (20) business days from the date of the correspondence regarding the outcome of the application. The following process should be followed for managing an appeal:

- The primary decision maker must notify the Hospital and Health Service Chief Executive (or delegate) of the appeal within two (2) business days of receiving the appeal request.

- The Hospital and Health Service Chief Executive (or delegate) may progress the appeal through existing appeal mechanisms within the Hospital and Health Service or by establishing an Allied Health Appeals Committee.

- The Appeals Committee should include allied health representation and should not include members involved in the original credentialing decision for the application being considered.
3.2 Endorsement of a new intervention/service, and credentialing and defining scope of clinical practice for allied health professionals engaged in complex clinical practices

This process applies to all allied health professionals seeking to engage in complex practice not traditionally within the scope of their professional practice within the Hospital and Health Service, including Queensland Health and non-Queensland Health employees.

This process does not apply to:

- allied health professionals who provide clinical services within a Hospital and Health Service and are not engaged in complex clinical practices
- allied health professionals with appointments in non-clinical positions
- university employees providing supervision to students (as per Section 4.4 of the Deed for placement of student health professionals in Queensland Public Health System Facilities)
- students and allied health professionals who are practising under a formal supervision arrangement (e.g. work experience, re-entry)
- allied health professionals undertaking research where the research involves no patient contact or responsibility
- allied health professionals working in private facilities accepting referrals for public patients from Hospital and Health Service practitioners

The Hospital and Health Service Chief Executive should determine whether an Allied Health Credentialing and Defining Scope of Clinical Practice Committee is required within their Hospital and Health Service, or whether this role can be undertaken by the existing Medical Credentialing Committee.

Where formation of an Allied Health Credentialing and Defining Scope of Clinical Practice Committee is required, the process outlined in Appendix 1 should be followed.

3.2.1 Endorsement to conduct the practice

When a new service, intervention, procedure or practice is proposed for a facility/service which requires an allied health professional to engage in a complex clinical practice that is either not traditionally within the scope of their profession or has not traditionally been performed by their profession within the Queensland public sector, the multidisciplinary team from the facility/department/unit/service should submit an application to the approved Credentialing Committee requesting endorsement for the new service, intervention, procedure or practice. However, if the practice is otherwise authorised by legislative or regulatory mechanisms, endorsement is not required.
The application should contain:

- a clear description of the service, intervention, procedure or practice and a rationale for commencement
- a proposed protocol for the facility/department/unit/service outlining the competencies, capabilities and qualifications required and the parameters of practice.

The Credentialing Committee should provide a recommendation to the Hospital and Health Service Chief Executive (or delegate) regarding the proposed new service, intervention, procedure or practice within thirty (30) business days of receipt of the proposal.

If the new service, intervention, procedure or practice is within the full scope of practice for the profession, but has not traditionally been performed by the profession within the Queensland public sector, individual credentialing is not required. Once the new service, intervention or procedure has been endorsed, the professional lead within the Hospital and Health Service is responsible for ensuring the competency of individual practitioners.

If individual credentialing is required, the application requesting endorsement to conduct the practice may be lodged at the same time as the application for credentialing for complex clinical practice lodged by the individual allied health professional/s.

3.2.2 Requirements for new and review applications for individuals

3.2.2.1 Lodgement of an application

An allied health professional seeking to engage in complex practice not traditionally within the scope of their professional practice should submit an application to the Credentialing Committee.

There are three types of applications which can be lodged for consideration:

- application from an allied health professional who has not been credentialed for a complex clinical practice by a Hospital and Health Service Credentialing Committee in the previous three years (new application)
- application from an allied health professional for review of a current credentialing and scope of clinical practice (review application)
- application by an allied health professional for mutual recognition of current credentialing and scope of clinical practice (mutual recognition application).

The application should include information from the facility/department/unit/service where the applicant intends to work regarding the areas of complex clinical practice that will be required of the applicant, and the applicant’s:

- qualifications
- registration (if applicable)
- work history
- relevant continuing professional development
3.2.2.2 Consideration by the Credentialing Committee

The Credentialing Committee should provide a recommendation to the Hospital and Health Service Chief Executive (or delegate) within thirty (30) business days of receipt of the application, and as a minimum should:

- review the application for completeness and accuracy
- request further information from the allied health professional where there is insufficient information to support the requested scope of clinical practice
- verify the applicant’s registration status (if appropriate) with the relevant Board
- ensure the applicant holds the relevant qualifications
- ensure the applicant has provided evidence of appropriate continuing professional development
- obtain references from at least one professional referee who is independent of the applicant, with no conflict of interest, and who can attest to the applicant’s clinical performance within the previous two years
- consider the needs of the Hospital and Health Service, the clinical services capability framework, the available resources within facilities, and relevant recommendations of professional associations
- consider any conditions or undertakings on the applicant’s registration, which may arise out of impairment, disciplinary or registration concerns.

The Credentialing Committee may also consider other material including:

- reports from Registration Boards
- patient and staff complaints
- professional indemnity history and status including audits of litigation matters
- clinical review and audit
- information made available from Hospital and Health Service and/or Department of Health investigations
- any other information pertinent to the capacity of the applicant to providing high quality care.

3.2.2.3 Recommendations of the Credentialing Committee

The Credentialing Committee should provide a recommendation relating to the applicant’s credentials and scope of clinical practice to the Hospital and Health Service Chief Executive (or delegate) within thirty (30) business days of receiving an application.

3.2.2.4 Decision of the Hospital and Health Service Chief Executive (or delegate)

In responding to the Credentialing Committee’s recommendation, the Hospital and Health Service Chief Executive (or delegate) should consider:
all aspects of the application
the referee report/s
the applicant’s registration and supervision needs
the needs and resources of the facility/service to ensure the recommendation is consistent with the Clinical Services Capability Framework as it applies to that facility/department/unit/service.

The Hospital and Health Service Chief Executive (or delegate) should:

- provide written advice to the applicant and facility/department/unit/service manager within ten (10) business days of receiving the recommendation from the Credentialing Committee
- update the applicant’s scope of clinical practice on the facility/service Intranet website (where available)
- provide written advice to the applicant informing them that they may appeal, within twenty (20) business days, when their application is denied, withheld, limited or granted in a different form to that requested.

Unless an unscheduled review is initiated, a review of credentialing and scope of clinical practice should occur every three (3) years.

The Hospital and Health Service Chief Executive (or delegate) may grant a scope of clinical practice for less than three (3) years. The reasons for this may include, but are not limited to:

- uncertainty about the allied health professional’s clinical competence (the primary delegated decision maker may also recommend arrangements for a subsequent review and assessment of the practitioner’s competence)
- a medical condition with potential to impair the allied health professional’s capacity to provide safe patient care.

When the Hospital and Health Service Chief Executive (or delegate) grants a scope of clinical practice for a period of less than three (3) years, they should provide the reasons for the short period, in writing, to the applicant.

3.2.2.5 Review of scope of clinical practice

Applicants should apply for a review of their credentials and scope of clinical practice two (2) months prior to the expiry date. The same scope of clinical practice is not automatically granted.

3.2.2.6 Lodgement of an appeal

The applicant may lodge an appeal to the Credentialing Committee within twenty (20) business days from the date of the correspondence regarding the outcome of the application. The following process should be followed for managing an appeal:
The Credentialing Committee maker must notify the Hospital and Health Service Chief Executive (or delegate) of the appeal within two (2) business days of receiving the appeal request.

The Hospital and Health Service Chief Executive (or delegate) may progress the appeal through existing appeal mechanisms within the Hospital and Health Service or by establishing an Allied Health Appeals Committee.

The Appeals Committee should include allied health representation and should not include members involved in the original credentialing decision for the application being considered.

The Hospital and Health Service Chief Executive (or delegate) should provide written advice of the outcome of the appeal to the appellant and the relevant professional and facility/department/unit/service managers within fifty (50) business days of the date of the appellant’s correspondence.

3.3 Mutual recognition of credentials and scope of clinical practice

Some allied health professionals undertake clinical practice in multiple facilities, Hospital and Health Services or Department of Health Divisions.

In granting mutual recognition to applicants with credentials and scope of practice approved less than two years from the date of a mutual recognition application, the identified credentialing committee or primary decision maker should consider:

- information from the facility/department/unit/service where the applicant intends to work regarding the areas of clinical practice required of the applicant
- information about the applicant’s practice from the applicant’s current facility/department/unit/service
- documentation relating to the applicant’s credentials and scope of clinical practice.

3.4 Interim scope of clinical practice

Where the standard credentialing and defining scope of clinical practice process cannot be completed prior to the date the applicant commences clinical services or engages in the complex practice, an interim scope of clinical practice may be granted by the primary decision maker / Hospital and Health Service Executive (or delegate).

An interim scope of clinical practice should only be granted after the relevant decision maker is provided with evidence from the profession-specific manager of the applicant’s registration with the appropriate Board (if applicable) or that the applicant possesses the appropriate qualifications and indemnity insurance.

The decision maker should provide written advice to the applicant and department/unit/facility/service prior to the commencement of duty if an interim scope of clinical practice is granted. An interim scope of clinical practice should exist for a maximum of ninety (90) business days and should not be renewed or extended.
The applicant should submit a full application within sixty (60) business days of when the decision regarding interim scope of clinical practice is made by the decision maker.

3.5 Requirements for an unscheduled review

The process for managing an unscheduled review requires:

- lodgement by a third party of a request for an unscheduled review
- consideration and recommendation by the Credentialing Committee
- decision by the Hospital and Health Service Chief Executive (or delegate)
- advice on outcome of unscheduled review.

3.5.1 Lodgement of an unscheduled review request

An unscheduled review is triggered when a third party lodges an unscheduled review request.

The Chair of the Credentialing Committee should notify the Hospital and Health Service Chief Executive (or delegate) within two (2) business days of receiving a request for an unscheduled review.

At short notice, and in emergency situations, the Chair of the Credentialing Committee, after consulting with the profession-specific manager, may reduce or suspend a scope of clinical practice immediately if they have reasonable belief that there is a risk to the safety of patients. The allied health professional should be informed of this decision, and the reasons for the decision, verbally and in writing within two (2) business days. Such action is interim pending unscheduled review by the Credentialing Committee.

The Chair of the Credentialing Committee should determine not to proceed with a review when:

- the concern has previously been investigated and no new information is available
  or
- the request is assessed as a vexatious complaint.

The Chair of the Credentialing Committee should provide the following advice to the allied health professional verbally, and in writing, within ten (10) business days of receiving the request:

- the process for managing the review (where the Credentialing Committee is convened and makes a recommendation to the Hospital and Health Service Chief Executive (or delegate) who is the decision maker for appeal processes)
- the subject of the review
- reasons for review
- copies of all available documents which the committee should consider
- the time and date of proposed review meeting
the possible outcome of deliberations
a request for a written submission from the allied health professional
an offer to the allied health professional to make an oral presentation to the committee.

The allied health professional should be provided twenty (20) business days to respond.

3.5.2. Consideration and recommendation by the Credentialing Committee
The Credentialing Committee should provide a recommendation, with reasons, in writing to the Hospital and Health Service Chief Executive (or delegate) within 10 days of the committee meeting. The Hospital and Health Service Chief Executive (or delegate) may request that the committee provide further advice.

3.5.3 Advice of outcome of the unscheduled review
Within ten (10) business days of receiving the Committee’s recommendation, the Hospital and Health Service Chief Executive (or delegate) should:

- Advise the allied health professional, in writing, of the review outcome, including reasons for the decision.
- Advise the relevant professional and department/unit/facility/service managers, in writing, of the review outcome, including reasons for the decision.
- Amend details (where necessary) of the allied health professional’s credentials and scope of clinical practice to the facility Intranet web site (where available).

4. Guideline for professional support for allied health professionals

Supervision requirements for allied health professionals employed in the Hospital and Health Services’ Mental Health Services are contained within the Human Resources Policy G5 (QH-POL-192:2008) Practice Supervision in Allied Mental Health and the Queensland Health Clinical Supervision Guidelines for Mental Health Services 2009. This policy provides additional options or supports to mental health staff and does not replace the principles, definitions or requirements as outlined in mental health specific policy.

4.1 Professional support components
All allied health professionals should participate in at least one of the following:

- professional supervision
- peer group supervision
- mentoring.

The option/options chosen should be implemented in a way which is structured and evaluated through a Performance Appraisal and Development (PAD) Plan or a Formalised Professional Support tool.

Where a line manager is not of the same profession as the allied health professional, the allied health professional and their line manager should consult with a profession specific
manager when fulfilling their professional support requirements. Allied health professionals are encouraged to participate in other components of professional support, including peer review, journal clubs, in-services and work shadowing.

4.2 Minimum time requirements for professional support activities
The minimum requirements for participation in professional supervision or peer group supervision or mentoring are as follows:

- Newly graduated allied health professionals (under two years full time practice since obtaining qualification) should participate in a minimum of one hour of formal supervision/mentoring per week or equivalent.
- Allied health professionals who have practised for the equivalent of between two and five years in a full time capacity should participate in a minimum of one hour formal supervision/mentoring per fortnight or equivalent.
- Allied health professionals who have practised for the equivalent of five years or more in a full time capacity should participate in a minimum of one hour supervision/mentoring per month or equivalent.

Allied health professionals and their profession specific and operational manager should jointly determine where additional professional support is required to meet legislative, professional or individual requirements.

At least 50% of professional support should be obtained from an appropriate supervisor or mentor within the same profession. Greater amounts of professional support are required in some program or discipline areas, including:

- learning and development programs such as the Allied Health Return to Practice (Re-entry) Program or the Rural and Remote Allied Health HP3 to HP4 Developmental Pathway Program
- professional development pathways associated with professional registration (e.g. pharmacy professional development year, medical imaging professional development year, or provisional registration as a psychologist).

4.3 Links between professional support activities and PAD
Allied Health Professionals and their managers should integrate professional support activities into the Performance Appraisal and Development (PAD) Plan (for example, utilising Part Three: Development Plan of the Queensland Health template for PAD).

4.4 Provision of supervision and mentoring
Where it is deemed appropriate, all allied health staff with greater than two years experience should provide professional support. A determination of capacity to provide professional support should be made between the allied health staff member and their operational manager. In addition, profession specific managers should be consulted in determining the capability of staff to undertake professional support provision.
All supervisors and mentors should have access to support in their provision of supervision/mentoring and professional support activities.

Allied health professionals and their managers should consult with profession specific managers in determining the requirement for, and appropriateness of, staff to undertake professional support provision.

5. Supporting and related documents

Authorising Health Service Directive

- Credentialing and Defining the Scope of Clinical Practice Health Service Directive (QH-HSD-034:2013)

Policy and Standard/s

- Clinical Services Capability Framework for Public and Licensed Private Health Facilities V3.1
- Queensland Health HR Policy E11 (QH-POL-170:2014): Mental or Physical Incapacity of Employees

Procedures, Guidelines and Protocols

- Allied Health Clinical Governance Framework
- Professional Support Resources for Allied Health

Forms and Templates

Sample templates and forms can be found on the Allied Health Professions’ Office of Queensland intranet site.

- Authorisation to Conduct a Complex Practice:
  - Proposal for New Intervention or Service
  - Local Protocol
- Application Forms for Queensland Health Employees
  - New Application Form
  - Mutual Recognition Application Form
  - Re-application Form
  - Requesting Interim Approval in Emergent Situations
- Application Forms for Clinicians Not Employed by Queensland Health
6. Definition of Terms

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<thead>
<tr>
<th>Term</th>
<th>Definition / Explanation / Details</th>
<th>Source</th>
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<tbody>
<tr>
<td>Allied health professional</td>
<td>The person being supported and developed. This person will be from any professional level, and may seek support for any aspect of their normal duties that they require e.g. clinical, administrative.</td>
<td>Queensland Health</td>
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<td>Complex clinical practice</td>
<td>Intervention or procedure which requires an allied health professional to conduct clinical practice that is not traditionally within the scope of their profession and which requires a high level of risk and complexity in clinical decision making and technical practice.</td>
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<td>In-service</td>
<td>A session where health professionals increase their professional knowledge and skills, and ensure they're up-to-date with contemporary and evidenced based practices.</td>
<td>Queensland Health, 2009</td>
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<td>Journal club</td>
<td>A group which reviews article/s relevant to allied health practice to ‘encourage reflection on clinical practice and an evidence-based approach to professional practice’.</td>
<td>Milinkovic et al 2008</td>
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<td>Mentoring</td>
<td>A relationship which gives people the opportunity to share their professional skills and experiences, and to grow and develop in the process. Typically mentoring takes place between a more experienced and less experienced employee.</td>
<td>Office of the Director of Equal Employment Opportunity in Public Employment in Rural Connect: Mentor Handbook, 2001</td>
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<td>Mutual recognition application</td>
<td>An application where the applicant has already been granted credentialing and scope of clinical practice for a specific facility and wishes to practice at another facility.</td>
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<td>New application</td>
<td>An application by an applicant who has not been credentialed in the Hospital and Health Service in the previous three years.</td>
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<td>Peer group supervision</td>
<td>A group that meets on a regular basis in order to review professional competence.</td>
<td>New Zealand Mentoring Centre, 2000</td>
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<td>Peer review</td>
<td>The presentation of a clinical scenario or case study to</td>
<td>Queensland Health</td>
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<tr>
<td>Term</td>
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<td>a group of peers where the ensuing discussion may validate current approaches to practice or provide ideas for alternate approaches.</td>
<td>2009</td>
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<td>Profession specific manager</td>
<td>The profession-specific manager is the designated most senior manager of an allied health profession in a Hospital and Health Service/sector. The profession-specific manager is accountable for the maintenance of professional standards for their profession. This position promotes and leads their profession at a strategic level and most commonly refers to the Director of a profession in a facility or Hospital and Health Service. In situations where there is no Director, a profession-specific manager could be from an adjacent Hospital and Health Service/facility or Department of Health Division.</td>
<td>Queensland Health, 2010</td>
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<td>Professional supervision</td>
<td>A working alliance between two health professionals where the primary intention of the interaction is to enhance the knowledge, skills and attitudes of at least one of the health professionals.</td>
<td>Queensland Health, 2004</td>
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<tr>
<td>Professional support</td>
<td>A term that refers to activities that create an environment where personal and professional growth may occur.</td>
<td>Steenbergen and Mackenzie, 004:160.</td>
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<td>Review application</td>
<td>An application by an applicant who is currently credentialed in the Hospital and Health Service but is nearing the date by which the decision needs to be reviewed. This is usually three years after the date of the previous credentialing process.</td>
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<td>Senior member of the profession</td>
<td>Smaller professions may not have profession-specific managers in the Hospital and Health Services. If there is no designated profession-specific manager position, the most senior member of the profession from within the Hospital and Health Service should be approached to assist with the credentialing process. The chair of the state-wide discipline specific group will be able to assist in arranging the support of a senior member of these smaller professions.</td>
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<td>Unscheduled review application</td>
<td>An application by a third party for an unscheduled review of current credentialing and scope of clinical practice in a Hospital and Health Service.</td>
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<td>Work shadowing</td>
<td>A method of professional support that involves engaging in a structured, goal directed learning placement in a work unit or area of practice in order to provide experience and contribute to the professional development of the participant.</td>
<td>Queensland Health, 2008</td>
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7. Approval and Implementation

Guideline Custodian
Chief Allied Health Officer

Approving Officer:
Dr Michael Cleary, Deputy Director-General, Health Service and Clinical Innovation Division

Approval date: 02 July 2013
Effective from: 02 July 2013

8. Version Control

<table>
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<th>Version</th>
<th>Date</th>
<th>Prepared by</th>
<th>Comments</th>
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<tr>
<td>1</td>
<td>02 July 2013</td>
<td>Allied Health Professions Office Queensland</td>
<td></td>
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<tr>
<td>2</td>
<td>19 August 2014</td>
<td>Liz Whitlock, Senior Workforce Officer Allied Health</td>
<td>Updated supporting and related documents. Revised structure to improve readability.</td>
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Appendix 1 - Formation of an Allied Health Credentialing and Defining Scope of Clinical Practice Committee

Where it has been determined that an Allied Health Credentialing and Defining Scope of Clinical Practice Committee is required within the Hospital and Health Service, the following process should be followed.

1. The Hospital and Health Service Chief Executive should:
   - determine the number and composition of the Allied Health Credentialing and Defining Scope of Clinical Practice Committees within their Hospital and Health Service
   - appoint a Chairperson and members for each Committee
   - establish documented governance of the Committee
   - formally appoint members of the Allied Health Credentialing and Defining Scope of Clinical Practice Committee.

2. An Allied Health Credentialing and Defining Scope of Clinical Practice Committee should include, at a minimum:
   - the Executive Director Allied Health (or equivalent such as Director Allied Health or Team Leader Allied Health)
   - one senior allied health professional
   - one medical officer from, or nominated by, a relevant Medical Credentialing and Defining Scope of Clinical Practice Committee
   - one nursing officer nominated by the Executive Director Nursing and Midwifery Services
   - when considering applications from a specific profession, the profession-specific manager from that profession.

3. An Allied Health Credentialing and Defining Scope of Clinical Practice Committee should not include clinicians with disciplinary conditions or undertakings attached to their own scope of clinical practice.

4. The Chair and members of the Allied Health Credentialing and Defining Scope of Clinical Practice Committee at a minimum should:
   - declare any actual or perceived conflicts of interest regarding an application and withdraw from deliberations
   - enquire and act with due care and diligence
   - document all decisions with corresponding reasons as decisions are reviewable under the Judicial Review Act 1991.