Guideline

Health Service Directive

Effective Date: July 2015
Review Date: July 2018
Supersedes: QH-HSDGDL-034-1:2015

Credentialing and Defining the Scope of Clinical Practice Health Service Directive

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

Purpose

The purpose of this guideline is to support good clinical governance, through a process of credentialing and professional support for individuals in alignment with the Credentialing and Defining the Scope of Clinical Practice Health Service Directive.

The overall aim is to ensure that healthcare is provided and/or appropriately supervised by suitably qualified and proficient clinicians working within their defined scope of practice and in line with the clinical services capability of the healthcare facility.

The guideline describes recommendations for:

- credentialing allied health professionals
- the provision of professional support to allied health professionals working within Queensland Health.

These recommendations are in accordance with the Allied Health Clinical Governance Framework.

This document is a guideline only providing recommendations to meet the allied health requirements of the Credentialing and Defining the scope of clinical practice Health Service Directive. Their application is at the discretion of Hospital and Health Services (HHSs) and should be based on individual HHS requirements and analysis of associated risks.

Scope

This guideline has applicability to all HHSs, their employees and all organisations and individuals acting as an agent for HHSs (including contractors, consultants and volunteers).

A list of allied health professions included in the scope of this guideline is provided below. Credentialing for professions who are not included in the scope of this guideline is at the discretion of each individual HHS.
This guideline applies to the following allied health professions:

<table>
<thead>
<tr>
<th>Registered professions</th>
<th>Self-regulated professions</th>
<th>Unregulated professions</th>
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<tbody>
<tr>
<td>Nuclear medicine technologists</td>
<td>Art therapists</td>
<td>Clinical measurement scientists and technicians</td>
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<tr>
<td>Occupational therapists</td>
<td>Audiologists</td>
<td>Rehabilitation engineers and technicians</td>
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<td>Optometrists</td>
<td>Cardiac Perfusionists</td>
<td>Welfare officers</td>
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<tr>
<td>Pharmacists and technicians</td>
<td>Dietitians/nutritionists</td>
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<td>Physiotherapists</td>
<td>Exercise physiologists</td>
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<tr>
<td>Podiatrists</td>
<td>Leisure therapists</td>
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<tr>
<td>Psychologists including clinical and neuropsychologists</td>
<td>Music therapists</td>
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<tr>
<td>Radiation therapists</td>
<td>Orthoptists</td>
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<tr>
<td>Radiographers/medical imaging technologists</td>
<td>Orthotists, prosthetists and technicians</td>
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<td>•</td>
<td>Physicists, including radiation oncology, nuclear medicine /</td>
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<tr>
<td>•</td>
<td>nuclear medicine technologists and radiology medical physicists,</td>
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<td>•</td>
<td>radiochemists and health physicists,</td>
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<td>•</td>
<td>Social workers</td>
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<tr>
<td>•</td>
<td>Sonographers (including echo-sonographers)</td>
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<td>•</td>
<td>Speech pathologists</td>
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3. Credentialing

Credentialing is the process of verifying an individual's qualifications and experience to form a view about their competence, performance and professional suitability to provide high quality care within specific settings and/or scopes of practice. This occurs at the point of employment within Queensland Health through the recruitment process and includes the verification of:

- qualifications
- status of registration (verified via the appropriate Australian Health Practitioner Regulation Agency register) and/or eligibility for membership/accreditation/certification of a relevant professional association. (verified via professional association websites.)
- employment history (including evidence of practice and ongoing professional development)
- educational and training history
written +/- in-person response demonstrating suitability to the advertised position
referee reports.

This guideline describes the instances where alternate or additional credentialing processes are required. These include when allied health professionals:

- have not undergone a Queensland Health recruitment process (external allied health professionals)
- wish to perform practices that are not recognised as being within the scope of their profession (extended scope practice).

### 3.1 External allied health professionals

In this context external allied health professionals are defined as allied health professionals who are providing services to current patients of the HHS and who have not undergone a Queensland Health recruitment process. This section clarifies the instances where credentialing processes should be undertaken.

Credentialing processes should be applied to:

- all allied health professionals employed by external organisations/agencies to provide direct clinical services to current patients of the HHS, where there is no agreement with the HHS that the organisation/agency is responsible and accountable for credentialing its employees
- all allied health professionals who are self-employed and are providing direct clinical services within the HHS
- all allied health private supervisors who provide supervision to HHS employees as part of the requirements of the employee’s registration.

Queensland Health is not required to undertake credentialing processes for:

- allied health professionals from an external agency that has an existing agreement or contract with Queensland Health. Where an agreement/contract exists, it must state that the agency is responsible for credentialing their employees. The responsibilities and accountabilities of each party must be clearly defined.
- allied health professionals with appointments in non-clinical positions
- students and allied health professionals who are practising under a formal supervision arrangement (e.g. work experience, re-entry)
- allied health researchers where the research involves no patient contact or responsibility or which has ethics approval from the HHS
- allied health professionals working in private facilities accepting referrals for public patients from HHS practitioners
- allied health professionals who are employed by one HHS and provide services to another HHS, for example providing services through a relief pool, exchange or rotation programs.
3.2 Allied health professionals wishing to perform extended scope practices

When introducing a new service, intervention, procedure or practice which requires allied health professionals to engage in extended scope practices, two steps (which can occur in tandem) are required. The first is to gain service endorsement for the activity from the healthcare facility to ensure that all members of the multidisciplinary team and facility executives are aware and agree to the proposed scope of practice within the facility. (This process may also be applied as a means of communication to introduce a new practice which has not previously been undertaken at a facility even if the practice is within the full scope of practice for the profession performing the task.)

The second step, which applies only to extended scope practices, involves credentialing of each individual staff member undertaking the new practice. The credentialing process must verify that individuals are competent to provide the extended scope practice. It should be undertaken for all allied health professionals (including Queensland Health and non-Queensland Health employees) who wish to perform extended scope clinical practices. This does not include practices which are otherwise regulated under the Health Practitioner Regulation National Law.

Appendix 1 details the recommended processes for service endorsement and individual credentialing.

4. Professional support for allied health professionals

Professional support is the mechanism within Queensland Health which ensures that allied health professionals continue to develop both personally and professionally and maintain their competency within their practice settings and/or scope of practice. 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.

It is recommended that all allied health professionals should participate in at least one of the following:

- professional supervision
- peer group supervision
- mentoring.

Allied health professionals are also encouraged to participate in other components of professional support, including peer review, journal clubs, in-services and work shadowing.

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.

The recommended levels of professional support are based on clinical experience and described below.
### Clinical Experience

<table>
<thead>
<tr>
<th>Clinical Experience</th>
<th>Recommended support</th>
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<tbody>
<tr>
<td>Newly graduate allied health professional (under 2 years experience)</td>
<td>One hour per week or equivalent</td>
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<tr>
<td>Recent role or scope of practice change</td>
<td>One hour per week or equivalent</td>
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<tr>
<td>New supervisor or mentor role</td>
<td>One hour per week or equivalent</td>
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<tr>
<td>Allied health professional with 2-5 years experience</td>
<td>One hour per fortnight or equivalent</td>
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<tr>
<td>Allied health professional with &gt; 5 years experience</td>
<td>One hour per month or equivalent</td>
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Levels of professional support apply to all allied health professionals employed for a minimum of three months.

Supervision requirements for allied health professionals employed in the HHSs’ 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 Guideline does not replace the principles, definitions or requirements as outlined in mental health-specific policy.

### Supporting and related documents

**Authorising Health Service Directive**

- Credentialing and Defining the Scope of Clinical Practice Health Service Directive (QH-HSD-034:2014)

**Policy and Standard/s**

- Allied Health Clinical Governance Framework
- 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**

Approval and Implementation

Guideline Custodian:
Chief Allied Health Officer

Approving Officer:
Dr Jeannette Young, Chief Health Officer and Deputy Director-General, Prevention Division.

Approval date:

Effective from:

Version Control

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Prepared by</th>
<th>Comments</th>
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<tbody>
<tr>
<td>1</td>
<td>02/07/2013</td>
<td>Allied Health Professions Office Queensland</td>
<td></td>
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<tr>
<td>2</td>
<td>19/08/2014</td>
<td>Liz Whitlock, Senior Workforce Officer Allied Health</td>
<td>Updated supporting and related documents. Revised structure to improve readability.</td>
</tr>
<tr>
<td>3</td>
<td>October 2015</td>
<td>Alicia Chaplain, Senior Workforce Officer Allied Health</td>
<td>Updated document to support current practice requirements. Revised structure to improve readability.</td>
</tr>
<tr>
<td>4</td>
<td>December 2015</td>
<td>Catherine Stephens, Team Leader, Allied Health Professions' Office of Queensland.</td>
<td>Updated document to embed registration checking as a consistent practice.</td>
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</table>

Definition of Terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition / Explanation / Details</th>
<th>Source</th>
</tr>
</thead>
<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>
</tr>
<tr>
<td>Credentialing</td>
<td>The process of verifying an individual's qualifications and experience to form a view about their competence, performance and professional suitability to provide high quality care within specific settings.</td>
<td>National Safety and Quality Health Service Standards, Governance for Safety and Quality in Health Service Organisations, Standard 1, October 2012</td>
</tr>
<tr>
<td>Extended scope practice</td>
<td>Any task or clinical practice that falls outside of the recognised scope of practice of that profession.</td>
<td>Ministerial Taskforce on health practitioner expanded scope of practice: final report 2014</td>
</tr>
<tr>
<td>Term</td>
<td>Definition / Explanation / Details</td>
<td>Source</td>
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<tr>
<td>External allied health professional</td>
<td>Allied health professionals who are working within the Queensland Public Health System to provide services but are not employed by Queensland Health.</td>
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</tr>
<tr>
<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>
</tr>
<tr>
<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>
</tr>
<tr>
<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, 2001</td>
</tr>
<tr>
<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>
<td></td>
</tr>
<tr>
<td>New application</td>
<td>An application by an applicant who has not been credentialed in the HHS in the previous three years.</td>
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</tr>
<tr>
<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>
</tr>
<tr>
<td>Peer review</td>
<td>The presentation of a clinical scenario or case study to a group of peers where the ensuing discussion may validate current approaches to practice or provide ideas for alternate approaches.</td>
<td>Queensland Health, 2009</td>
</tr>
<tr>
<td>Profession specific manager</td>
<td>The designated most senior manager of an allied health profession in a HHS/sector. This position 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 HHS. In situations where there is no Director, a profession-specific manager could be from an adjacent HHS/facility or Department of Health Division.</td>
<td>Queensland Health, 2010</td>
</tr>
<tr>
<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>
</tr>
<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>
</tr>
<tr>
<td>Term</td>
<td>Definition / Explanation / Details</td>
<td>Source</td>
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<tr>
<td>Registered allied health professions</td>
<td>Professions that are regulated under the National Registration and Accreditation Scheme, meaning that practitioners require registration to work in Australia. Registration is a legal process whereby an eligible practitioner is registered to practice under the Health Practitioner Regulation National Law (the National Law), as in force in each state and territory. Each registered profession has a National Board that regulates the profession, registers practitioners and develops standards, codes and guidelines for the profession. The Australian Health Practitioner Regulation Agency (AHPRA) provides administrative support to the National Boards.</td>
<td>Allied Health Clinical Governance Framework in Queensland Health, 2015</td>
</tr>
<tr>
<td>Review application</td>
<td>An application by an applicant who is currently credentialed in the HHS 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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</tr>
<tr>
<td>Self-regulated allied health professions</td>
<td>Professions that are not registered with AHPRA, meaning they are not governed by the National Law. They are regulated by having recognised qualifications, and/or a mandatory accreditation program (also known as a certification program) that is administered by the professional association. Only those individuals who have obtained a tertiary qualification from a course accredited by the professional association are eligible for accreditation. The individual is then required to meet ongoing professional development requirements of the professional body in order to obtain and maintain accreditation.</td>
<td>Allied Health Clinical Governance Framework in Queensland Health, 2015</td>
</tr>
<tr>
<td>Senior member of the profession</td>
<td>Smaller professions may not have profession-specific managers in the HHSs. If there is no designated profession-specific manager position, the most senior member of the profession from within the HHS 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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</tr>
<tr>
<td>Unregulated allied health professions</td>
<td>Professions that are unregulated because there is no recognised qualification and/or there is no available accreditation or certification program to ensure that practitioners have obtained and maintain the necessary skills to practice in that profession. Unregulated professions may or may not have a national professional association.</td>
<td>Allied Health Clinical Governance Framework in Queensland Health, 2015</td>
</tr>
<tr>
<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 HHS.</td>
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</tr>
<tr>
<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>
</tr>
</tbody>
</table>

References

Appendix 1: Process for Service Endorsement and Individual Credentialing

1.1. Formation of a Committee for credentialing and endorsement

HHSs have a responsibility to ensure that a credentialing system exists for all identified allied health professionals and that new extended scope interventions/services are appropriately appraised and endorsed.

The HHS Chief Executive (or delegate) should determine whether an allied health-specific Credentialing and Defining Scope of Clinical Practice Committee is required within their HHS, or whether these tasks can be undertaken by an existing Credentialing Committee.

Where formation of an Allied Health Credentialing and Defining Scope of Clinical Practice Committee is required, the following process applies:

1. The HHS Chief Executive should:
   - determine the number and composition of the Allied Health Credentialing and Defining Scope of Clinical Practice Committees within their HHS
   - 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.

For credentialing of practitioners not employed by an HHS, a formal Credentialing Committee is not necessarily required. If HHSs choose to credential these practitioners without a Committee, a Primary Decision Maker should be nominated by the HHS Chief Executive. It is recommended that the HHS Chief Executive delegates the role of Primary Decision Maker to the most senior allied health professional manager in the HHS. This could be the Executive Director Allied Health, Director Allied Health or 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 HHS Chief Executive to appoint an alternative Primary Decision Maker to manage the relevant application.

1.2. Process for endorsement to conduct a new service, intervention, procedure or practice

Service endorsement is required for any new service, intervention, procedure or practice that requires an allied health professional to engage in extended scope clinical practice. This ensures the organisation has agreed to the service. It applies only to the facility for which an application is made.

Once it has been determined that a new service, intervention, procedure or practice for a facility/service requires endorsement, the multidisciplinary team from the facility/department/unit/service should submit an application to the approved Credentialing Committee, signed by the relevant multidisciplinary team leader/manager. 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 HHS Chief Executive (or delegate) regarding the proposed new extended scope service, intervention, procedure or practice within thirty business days of receipt of the proposal.

Applications requesting endorsement to conduct a new service, intervention, procedure or practice may be submitted concurrently with individual credentialing applications to perform the new activity.
When an endorsed service becomes accepted as within the scope of the profession, service endorsement is no longer required.

Templates and resources for HHSs to use or modify for use to suit their local needs are listed in Appendix 2 and are available on the Allied Health Professions’ Office of Queensland (AHPOQ) intranet page: http://qheps.health.qld.gov.au/alliedhealth/home.htm

### 1.3. Process for credentialing and defining scope of clinical practice for allied health professionals

This section applies to:
- allied health professionals wishing to engage in extended scope practice
- external allied health professionals.

Templates and resources for HHSs to use or modify for use to suit their local needs are listed in Appendix 2 and are available on the Allied Health Professions’ Office of Queensland (AHPOQ) intranet page http://qheps.health.qld.gov.au/alliedhealth/home.htm

#### Lodgement of an application

The allied health professional should submit an application to the Credentialing Committee or Primary Decision Maker. As outlined in Section 1.2, extended scope practice applications should be considered by a Credentialing Committee. Applications from external allied health professionals wishing to practice within the usual scope of their profession can be considered by either a credentialing committee or by a nominated Primary Decision Maker (whichever is decided by the HHS).

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

1. application from an allied health professional who has not been credentialed by a HHS Credentialing Committee in the previous three years (new application)
2. application from an allied health professional for review of a current credentialing and scope of clinical practice (review application)
3. 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 practice that will be required of the applicant, and the applicant’s:
- qualifications
- status of registration (verified via the appropriate Australian Health Practitioner Regulation Agency register) and/or eligibility for membership/accreditation/certification of a relevant professional association. (verified via professional association websites.)
Department of Health: Guideline for Credentialing, Defining the Scope of Clinical Practice and Professional Support for Allied Health Professionals

- pre-employment checks as required by the role (e.g. working with children check) (external allied health professionals only)
- work history
- professional referees.

Credentialing applications for extended scope of practice should be submitted concurrently with applications for service endorsement.

Consideration of an application

Extended scope practice

The Credentialing Committee, as a minimum, should:

- review the application for completeness and accuracy, and ensure the applicant has provided sufficient evidence to demonstrate that they have the required competencies to match the requested scope of practice
- request further information from the allied health professional where there is insufficient information to support the requested scope of clinical practice
- verify that the requested extended scope practice is supported by a relevant service endorsement
- 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 HHS, 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 HHS and/or Department of Health investigations
Department of Health: Guideline for Credentialing, Defining the Scope of Clinical Practice and Professional Support for Allied Health Professionals

- any other information pertinent to the capacity of the applicant to provide high quality care.

External allied health professionals

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 HHS, the Primary Decision Maker should request the assistance of a profession-specific manager from another HHS. The profession-specific manager, as a minimum should:

- review the application for completeness and accuracy, and seek further information where required
- verify the applicant’s identity in accordance with the protocol in Queensland Health HR Policy B1: Recruitment and Selection – QH-POL-212:2011
- verify the applicant’s registration status (if appropriate) with the relevant Board
- confirm the applicant holds the relevant qualifications and capabilities required
- confirm 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
- confirm that the applicant has appropriate insurance
- confirm that the applicant has a copy of Hepatitis B immunisation record or serology results
- submit the criminal history check documentation
- confirm that the applicant has a Working with Young Children and/or Aged Care clearance if relevant to the scope of clinical practice.

Recommendation of the Credentialing Committee or profession-specific manager

The Credentialing Committee or profession-specific manager should provide a recommendation relating to the applicant’s credentials and/or scope of clinical practice to the HHS Chief Executive (or delegate) or Primary Decision Maker within thirty business days of receiving an application.

Decision by the Chief Executive or Primary Decision Maker

Where the application has been considered and recommendations made by a Credentialing Committee, the final decision should be made by the HHS Chief Executive (or delegate).

Where the application has been considered and a recommendation made by the profession-specific manager, the final decision is to be made by the Primary Decision Maker.

In responding to the recommendation, the HHS Chief Executive (or delegate) or Primary Decision Maker 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.

Where considered necessary, the applicant may be required to provide other material for consideration, 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 capability of the applicant to providing high quality care

Period of authorised practice
The standard period of authorised practice for external allied health professionals and extended scope practice is three years. The HHS Chief Executive (or delegate) or Primary Decision Maker may grant authorised practice for less than three years. The reasons for this may include, but are not limited to:
• the service need being unlikely to exist for three years (for example, implementation of a 12 month pilot practice or service)
• 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 HHS Chief Executive (or delegate) or Primary Decision Maker grants a scope of clinical practice for a period of less than three years, they should provide the reasons for the short period, in writing, to the applicant.

Advice on application outcome
The HHS Chief Executive (or delegate) or Primary Decision Maker should:
• provide written advice to the applicant and facility/department/unit/service manager within ten business days of receiving the recommendation from the Credentialing Committee
• 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
• provide written advice to the applicant informing them that they may appeal, within twenty business days, when their application is denied, withheld, limited or granted in a different form to that requested

Review of credentials or authorised scope of clinical practice

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

Lodgement of an appeal

The applicant may lodge an appeal to the Credentialing Committee or Primary Decision Maker within twenty business days from the date of the correspondence regarding the outcome of the application or review. The following process should be followed for managing an appeal:

• The Credentialing Committee or Primary Decision Maker must notify the HHS Chief Executive (or delegate) of the appeal within two business days of receiving the appeal request.
• The HHS Chief Executive may progress the appeal through existing appeal mechanisms within the HHS 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. Representation may be sought from another HHS.
• The HHS 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 business days of the date of the appellant’s correspondence.

Mutual recognition of credentials and scope of clinical practice

Some allied health professionals undertake clinical practice in multiple facilities, HHSs 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 the original application, the identified credentialing committee or profession-specific manager should consider and provide recommendations based on:

• 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.
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 extended scope practice, an interim scope of clinical practice may be granted by the Primary Decision Maker/HHS 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. For external allied health professionals, they must also possess appropriate 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 business days and should not be renewed or extended.

The applicant should submit a full application within sixty business days of when the decision regarding interim scope of clinical practice is made by the decision maker.

Requirements for an unscheduled review

Unscheduled reviews should be managed by a Credentialing Committee, even if the original application was assessed by a Primary Decision Maker (i.e. in the case of external allied health professionals). 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 HHS Chief Executive (or delegate)
- advice on outcome of unscheduled review.

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 HHS Chief Executive (or delegate) within two 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 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
- 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 business days of receiving the request:

- the process for managing the review (where the Credentialing Committee is convened and makes a recommendation to the HHS 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 business days to respond.

**Consideration and recommendation by the Credentialing Committee**

The Credentialing Committee should provide a recommendation, with reasons, in writing to the HHS Chief Executive (or delegate) within ten days of the committee meeting. The HHS Chief Executive (or delegate) may request that the committee provide further advice.

**Advice of outcome of the unscheduled review**

Within ten business days of receiving the Committee’s recommendation, the HHS 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).
Appendix 2: Forms and Templates

Templates and resources for HHSs to use or modify for use to suit their local needs are available on the Allied Health Professions’ Office of Queensland (AHPOQ) intranet page using tab to clinical governance: http://qheps.health.qld.gov.au/alliedhealth/home.htm

Endorsement to conduct a new service, intervention, procedure or practice:

- **Template - Application for New Intervention or Service** (Template form for application to introduce a new service, intervention, procedure or practice. Includes Local Protocol template)
- **Template – Local protocol** (Protocol for extended scope practices performed by an allied health professional in a facility/service)
- Example Proposals:
  - Prescribing by Physiotherapists in the Emergency Department
  - Radiographers Providing Documented Comment on Plain X-Rays
  - Introduction of Fibreoptic Endoscopic Evaluation of Swallowing (FEES) Clinic

Credentialing for clinicians engaging in extended scope clinical practices:

- **New Application Form** (For an allied health professional who has not been credentialed for an extended-scope clinical practice in a hospital and health service in the previous three years)
- **Mutual Recognition Application Form** (For mutual recognition of current credentialing and scope of clinical practice in another facility/service)
- **Re-Application Form** (For review of the current credentialing and scope of clinical practice)
- **Template – Approval in Emergent Situation** (Sample letter from Executive Director to applicants granting interim approval)
- **Template - Referee Report** (For use with application form)
- **Template - Supervisor Report** (For monitoring of competence and to provide feedback to the profession-specific manager)

Credentialing for clinicians not employed by Queensland Health:

- **New Application Form** (Template form for application of an allied health professional who has not been credentialed in a hospital and health service in the previous three years)
- **Mutual Recognition Application Form** (Template form for application of an allied health professional for mutual recognition of current credentialing and scope of clinical practice)
• **Re-Application Form** (Template form for application of an allied health professional for review of the current credentialing and scope of clinical practice)

• **Cover Letter for External Application Kit** (Sample letter from Executive Director to applicants requesting a credentialing application)

• **Template – Approval in Emergent Situation** (Sample letter from Executive Director to applicants granting interim approval)

• **Template - Referee Report** (For use with application form)

• **Template - Supervisor Report** (For monitoring of competence and to provide feedback to the profession-specific manager)