

Credentialing and defining the scope of clinical practice process

Department of Health Standard

QH-IMP-390-2

1. Statement

This standard identifies which health professionals are required to undergo credentialing and have a defined scope of clinical practice (SoCP) and the requirements of the credentialing and defining the SoCP process.

Additional processes to support these requirements are provided in the following documents:

- For allied health professionals, refer to the *Guideline for Credentialing, Defining the Scope of Clinical Practice and Professional Support for Allied Health Professionals* (QH-HSDGDL-034-1).
- For Aboriginal and Torres Strait Islander Health Practitioners, refer to the *Aboriginal and Torres Strait Islander Health Practitioner, Practice Plan* (QH-MPMR-SCH3).
- For all other professions, refer to the *Credentialing and defining scope of clinical practice for medical practitioners and dentists in Queensland – a best practice guideline* (QH-GDL-390-1-1). Though this document specifically refers to medical practitioners and dentists, the process steps can be adapted to any health profession taking into consideration profession specific needs or requirements.

2. Scope

This standard applies to identified health professionals employed or otherwise engaged by the Department of Health (the department).

2.1. Health profession specific requirements

Unless in an exempt category, refer to section 2.2, the following health professionals are required to be credentialed and have a documented SoCP covering all work performed.

2.1.1. Medical practitioners

- All senior medical officers and visiting medical officers employed or otherwise engaged by the department.

2.1.2. Nurses

- All nurse practitioners employed or otherwise engaged by the department.
- Nurses undertaking specific procedures or practices that require specific training or qualifications.

- Privately practicing nurses working within Queensland public health facilities, but not employed by Queensland Health.

2.1.3. Midwives

- Midwives undertaking specific procedures or practices that require specific training or qualifications.
- Privately practicing midwives working within Queensland public health facilities, but not employed by Queensland Health.

2.1.4. Allied Health Professionals

- All allied health professionals intending to engage in an extended scope of practice.
- For the allied health workforce, professional supervision is the core instrument for providing ongoing review of and managing changes in SoCP to that confirmed at appointment to a position. The department will ensure that professional supervision is in place for all allied health professionals, with supervisors who have appropriate training, expertise and/or qualifications. Professional supervision is accessed by all allied health professions regardless of an individual employee's clinical area, career stage, location or profession.

2.1.5. Dental practitioners

- All dental practitioners within the registered divisions of dentist and dental specialist.
- Dental therapists and oral health therapists undertaking specific procedures or practices that require specific training or qualifications.

2.1.6. Aboriginal and Torres Strait Islander Health Practitioners

- Aboriginal and Torres Strait Islander Health Practitioners have an approved Practice Plan, in the *approved form*¹, **only** for medicines authorisation under the Medicines and Poisons (Medicines) Regulation 2021 and Extended Practice Authority – Aboriginal and Torres Strait Islander Health Practitioners.

2.2. Exemptions

The following health professionals are exempt from the credentialing and defining SoCP process:

¹ Section 239 of the *Medicines and Poisons Act 2019*.

- Students
- Medical interns, junior house officers, senior house officers, principal house officers and registrars.
- Health professionals undertaking research or teaching which does not involve patient contact or responsibility.
- Health professionals who are undertaking a clinical review or a health service investigation under the *Hospital and Health Boards Act 2011* (Qld).
- Health professionals who are engaged to undertake statewide roles that are authorised or delegated to function, as required, by legislation:
 - Chief Health Officer
 - Deputy Chief Health Officer/s
 - Chief Psychiatrist
 - Executive and Medical Directors, Communicable Diseases Branch, Queensland Public Health and Scientific Services Division
- Health professionals employed or engaged to undertake administrative functions, and meets the following criteria:
 - Does not include direct patient care,
 - Does not include line management of health professionals providing direct patient care,
 - Does not provide clinical advice and guidance,
 or
 - The role description for the position includes the scope of practice, the purpose of the role and the prerequisite credentials.

These positions are also subject to performance and development review in accordance with Human Resources (HR) Policy G9: *Positive performance management* (QH-POL-189).

The purpose of these roles may include, for example, providing strategic advice, policy advice and development, or undertaking project activities.

3. Requirements

3.1. Credentialing committees

- Department divisions that employ or engage health professionals who are required to be credentialed and have a defined SoCP (refer section 2: Scope), shall establish a credentialing committee to review applications for credentialing and SoCP.

In circumstances where a division is unable to establish an appropriately constituted credentialing committee, the division should consult with an existing committee to develop a mutually agreeable process for applications to be considered by the committee.

The application referral process should be developed in consultation with the receiving committee. Factors to consider when establishing the process may include:

- The volume of applications to be reviewed.
- Membership of the committee and the ability to co-opt additional members to provide profession specific peer input.
- The process to make a recommendation to the relevant delegate responsible for approving SoCP. Noting that a committee can make recommendations to multiple delegated decision makers.
- The following committees are currently established:
 - Department of Health Credentialing and Defining the Scope of Clinical Practice Committee, administered by the Office of Rural and Remote Health, Clinical Excellence Queensland
 - Health professionals employed or otherwise engaged by the department (excluding Pathology Queensland and Forensic Pathology and Coronial Services).
 - All retrieval services in Queensland
 - BreastScreen Queensland
 - Queensland Ambulance Service
 - Pathology Queensland Credentialing Committee, Queensland Public Health and Scientific Services
 - Health professionals employed or otherwise engaged by Pathology Queensland including Forensic Pathology and Coronial Services.
 - Forensic Odontologists
 - Government Medical Officers and Forensic Medical Officers Credentialing Committee, Pathology Queensland and Forensic Pathology and Coronial Services, Queensland Public Health and Scientific Services
 - Government Medical Officers
 - Forensic Medical Officers
- A committee may establish sub-committees to consider specific applications of health professions.

- Committee membership shall include a multidisciplinary team and relevant health profession specific peers or have a process to seek input from a relevant profession specific peer.
- Considerations of the committee shall be undertaken in accordance with the principles set down in the department policy: *Credentialing and defining the scope of clinical practice* (QH-POL-390).
- The committee shall meet at a frequency that ensures applications for credentialing and SoCP are reviewed in a timely manner, so health professionals have an approved SoCP prior to commencing work, and that there are no breaks in ongoing SoCP.
- The committee shall have a process to manage out-of-session (flying minute) approvals for urgent applications. Flying minute approvals should ideally only be used in exceptional circumstances.

3.2. Delegations and decision making

- Delegations for approving SoCP are defined in the Department of Health HR Delegations Manual.
- It is important to note that the decision maker with delegation to approve SoCP must not participate in the credentialing committee process or its deliberations (with the exception of approving temporary SoCP).
- Unless otherwise stated in the specific condition of a delegation, the delegation to 'approve' includes the power to approve, amend or refuse approval.

3.3. Duration of SoCP

- The committee shall recommend SoCP for a specified period, but which must not exceed five years.
- The committee may recommend limiting the duration of SoCP if appropriate and the reasons advised to the health professional. Reasons may include for example, a defined period of employment or contract.
- If SoCP is approved by way of mutual recognition (refer section 3.5. Mutual recognition) the SoCP expiry date will be the same as the primary SoCP.
- Duration of temporary SoCP is limited as follows:
 - Interim: no more than three calendar months
 - Disaster: no more than 14 days
 - Emergency: no more than 48 hours

3.4. Standard application process

Allied Health Professionals are to refer to the *Guideline for Credentialing, Defining the Scope of Clinical Practice and Professional Support for Allied Health Professionals* (QH-HSDGDL-034-1) for best practice process to operationalise this standard. References to Hospital and Health Services (HHSs) can be interchanged with the department, where appropriate.

Aboriginal and Torres Strait Islander Health Practitioners are to refer to the Queensland Health Aboriginal and Torres Strait Islander Health Practitioner Practice Plan (approved form) and instructions.

Other professionals should refer to the *Credentialing and defining the scope of clinical practice for medical practitioners and dentists: a best practice guideline* (QH-GDL-390-1-1) (the guideline), which provides best practice processes to operationalise this standard. Where the guideline refers to medical practitioners or dentists, it can be interchanged with other health professions, where appropriate.

3.5. Mutual recognition

Mutual recognition is an alternative process to a new application when a health professional has an appropriate and current SoCP in another department division or HHS. This process can be used if the health professional will be working in multiple locations or transferring employment.

The process is detailed in the guideline - Part 2, Section 6. Mutual recognition of credentials and scope of clinical practice.

3.6. Renewal of SoCP

A health professional's SoCP shall be renewed within an appropriate timeframe to ensure there are no gaps/breaks in the health professional's SoCP.

Prior to requesting a renewal application from a health professional, the credentialing committee shall first confirm that the health professional still requires SoCP. For example, the health professional may no longer work for the department.

This process is detailed in the guideline - Part 2, Section 11. Renewal – credentialing and scope of clinical practice process.

3.7. Temporary SoCP

Temporary SoCP may be used in circumstances when the services of a health professional without SoCP are required at very short notice or where it is not possible to complete a full application process prior to the health professional commencing work.

There are three categories of temporary SoCP:

- Interim: Where a health professional is required to commence work prior to an application being reviewed by the credentialing committee.
- Disaster: In some situations, practitioners may be required to provide limited short-term services in times of disaster, major emergencies or major community events.
- Emergency: In the case of a clinical emergency a health professional is permitted and expected to do everything possible to save the patient's life or save the patient from serious harm to the extent permitted by their registration and other relevant law.

The process and requirements for considering and approving a temporary SoCP are detailed in the guideline - Part 3: Temporary credentialing and scope of clinical practice.

3.8. Amendment of scope of clinical practice

Amendment of scope of clinical practice may include:

- Addition – new clinical procedures or practices, or locations where the health professional can practice
- Review of conditions or supervision requirements applied to a SoCP
- New conditions or supervision requirements applied to a SoCP
- Reduction – limitations to clinical procedures or practice, or locations where the health professional can practice
- Suspension
- Termination.

The guideline details the processes for:

- A health professional to request an amendment of their SoCP; Part 2, Section 10. Practitioner request to change scope of clinical practice.
- The department to terminate, suspend or reduce a health professional's SoCP; Part 4: Termination, suspension or reduction of scope of clinical practice.

3.9. Telehealth

Credentialing and defining the SoCP is applicable where telephone or videoconferencing technologies are used to conduct a patient consultation where the patient and health professional are not in the same physical location and audio and/or visual information is exchanged in real time.

Health professionals identified in this standard who provide telehealth services shall be credentialed and have a defined SoCP relevant to the telehealth service being provided.

3.10. Declared public health emergencies

A public health emergency declared under Section 362B of the *Public Health Act 2005* may require health professionals to undertake functions that would ordinarily require credentialing and SoCP.

An Emergency Order (an order) may be made by the chief executive under section 58 of the *Medicine and Poisons Act 2019* in response to the public health emergency. Should an order describe the credentials and define the SoCP for health professionals providing services in accordance with the order, no additional local HHS credentialing and SoCP is required.

3.11. Voluntary assisted dying

The authorisation of practitioners providing voluntary assisted dying is managed by the department and approved by the Chief Medical Officer, Queensland Health. The department and HHSs may recognise the Chief Medical Officer authorisation and are not required to undertake local credentialing or SoCP for voluntary assisted dying services provided in accordance with the *Voluntary Assisted Dying Act 2021* (the Act).

The Act defines three roles and their corresponding functions, collectively referred to as authorised voluntary assisted dying practitioners:

- Coordinating practitioner
- Consulting practitioner
- Administering practitioner

The department and HHSs may undertake due diligence checks to verify an authorised voluntary assisted dying practitioner has been approved by the Chief Medical Officer. This check may include sighting the practitioner's authorisation letter or authorisation ID or contacting the Queensland Voluntary Assisted Dying Support and Pharmacy Service.

3.12. Review of a decision

A health professional may request a review of SoCP decision at the department divisional level. (NB: resolution of credentialing and SoCP matters should be exhausted at this level before progressing to the appeals process). This request should include a submission from the health professional that supports the reasons for the review.

This process is detailed in the guideline - Part 2, Section 5. Process – review of the decision.

3.13. Appeal process

A health professional whose SoCP has been terminated, suspended, reduced, denied, or approved in a form different to that requested, has the right to

appeal against that decision through a review by an independent appeal committee.

The appeal process is instigated after all possibilities of resolution have been exhausted at the department division level. This may include conducting a review process, such as holding an extraordinary credentialing committee meeting.

Where a practitioner is still aggrieved by the SoCP decision of the decision maker, the practitioner may appeal the decision. The appeal process is detailed in the guideline - Part 5: Appeal Process.

3.14. Monitoring and reporting

3.14.1. Publication of registers

Committees shall publish, on QHEPS, an up-to-date register of health professionals who are credentialed and have a defined SoCP. The minimum requirements for the register are detailed in Part 1, Section 6: Dissemination of information regarding a practitioner's scope of clinical practice, of the guideline.

3.14.2. Annual compliance self-assessment

Committees shall conduct an annual self-assessment against the policy and associated standards and submit their compliance statement to the Assistant Deputy Director-General, Workforce Strategy Branch, Clinical Planning and Service Strategy Division, in their capacity as custodian of the policy, by the end of each financial year to assist with compliance monitoring.

3.14.3. Monitoring effectiveness

Committees shall undertake activities to ensure the effectiveness of the credentialing and SoCP processes. Activities may include, but are not limited to:

- Independent audits
- Review of committee terms of reference
- Review of policies and supporting documents
- Verification that practitioners are working within their defined SoCP as part of a structured performance review and clinical audit program
- Data audit and validation activities.

3.14.4. Monitoring health professional's practices

Department divisions, branches and business units shall have a process in place to monitor that health professional's practice within their

defined SoCP. For example, peer review, clinical audit, review of clinical outcomes.

Subject to the employment arrangements, health professionals may be subject to performance and development review in accordance with HR Policy G9: *Positive performance management* (QH-POL-189).

3.14.5. Reporting of incidents

Credentialing committees shall provide an immediate report, by briefing to the Assistant Deputy Director-General, Workforce Strategy Branch, Clinical Planning and Service Strategy Division, in their capacity as custodian of this policy and standard, where credentialing and SoCP may be a contributing factor in a clinical incident that:

- was rated as a high risk or a SAC 1 event,
or
- may result in media attention which may require a response by the department.

4. Aboriginal and Torres Strait Islander considerations

In adhering to this standard, department credentialing committees must consider the impact this standard, including the stated mandatory requirements, may have on Aboriginal and Torres Strait Islander stakeholders, particularly cultural impacts.

5. Human rights

Human rights are not engaged by this standard.

6. Legislation

- *Acts Interpretation Act 1954* (Qld)
- *Anti-Discrimination Act 1991* (Qld)
- *Australian Organ and Tissue Donation and Transplantation Authority Act 2008* (Cth)
- *Health Ombudsman Act 2013* (Qld)
- *Health Practitioner Regulation National Law Act 2009* (Qld)
- *Hospital and Health Boards Act 2011* (Qld)
 - *Hospital and Health Boards Regulation 2012* (Qld)
- *Human Rights Act 2019* (Qld)

- *Information Privacy Act 2009* (Qld)
- *Judicial Review Act 1991* (Qld)
- *Major Events Act 2014* (Qld)
- *Medicine and Poisons Act 2019* (Qld)
 - *Medicine and Poisons (Medicines) Regulation 2021* (Qld)
- *Mental Health Act 2016* (Qld)
- *Public Health Act 2005* (Qld)
- *Public Sector Act 2022* (Qld)
- *Public Records Act 2002* (Qld)
- *Right to Information Act 2009* (Qld)
- *Public Health Act 2005* (Qld)
- *Transplantation and Anatomy Act 1979* (Qld)
- *Voluntary Assisted Dying Act 2021* (Qld)

7. Supporting documents

- Authorising policy:
 - Credentialing and defining the scope of clinical practice, Department of Health Policy (QH-POL-390)
- Standards and guidelines related to this standard:
 - Statewide and regional scope of clinical practice, Department of Health Standard (QH-IMP-390-3)
 - Credentialing and defining scope of clinical practice for medical practitioners and dentists in Queensland – a best practice guideline, Department of Health Guideline (QH-GDL-390-1-1)
 - Guideline for Credentialing, Defining the Scope of Clinical Practice and Professional Support for Allied Health Professionals, Department of Health Guideline (QH-HSDGDL-034-1)
 - Voluntary Assisted Dying Practitioner Authorisation Guideline
- Health Employment Directives:
 - Senior medical officers: Special remuneration arrangements (No. 03/23)
 - Visiting medical officers: Employment framework (No. 05/18)
- Health Service Directives:
 - Access to voluntary assisted dying (QH-HSD-054)
 - Credentialing and defining scope of clinical practice (QH-HSD-034)

- Patient safety (QH-HSD-032)
- Awards and agreements:
 - Aboriginal and Torres Strait Islander Health Workforce (Queensland Health) Certified Agreement (No. 2) 2023
 - Health Practitioners and Dental Officers (Queensland Health) Award – State 2015
 - Health Practitioners and Dental Officers (Queensland Health) Certified Agreement (No.4) 2022
 - Medical Officers (Queensland Health) Award – State 2015
 - Medical Officers’ (Queensland Health) Certified Agreement (No.6) 2022
 - Nurses and Midwives (Queensland Health) Award – State 2015
 - Nurses and Midwives (Queensland Health and Department of Education) Certified Agreement (EB11) 2022
 - Visiting Medical Officer Employees’ (Queensland Health) Certified Agreement (No. 1) 2023
- Department policies, standards and guidelines:
 - Aboriginal and Torres Strait Islander Health Practitioner – Practice Plan
 - Best practice guide to clinical incident management
 - Department of Health HR Delegations Manual
 - Employees to notify supervisor if charged with or convicted of an indictable offence, Human Resources Policy E4 (QH-POL-127)
 - Public Service Commission, Queensland Government Indemnity Guideline
 - Recruitment and selection, Human Resources Policy B1 (QH-POL-212)
- Other supporting documents:
 - Aboriginal and Torres Strait Islander Health Practice Board of Australia, Professional capabilities for registered Aboriginal and Torres Strait Islander Health Practitioners - <https://www.atsihealthpracticeboard.gov.au/Codes-Guidelines/Professional-capabilities.aspx>
 - Australian Commission on Safety and Quality in Health Care, National Safety and Quality Health Service Standards, Second edition. Clinical Governance Standard, available at: <https://www.safetyandquality.gov.au/our-work/clinical-governance/clinical-governance-standard>
 - Australian Commission on Safety and Quality in Health Care, National Standard for Credentialing and Scope of Clinical Practice 2004, available at: <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/standard-credentialing-and-defining-scope-clinical-practice>

- Australian Commission on Safety and Quality in Health Care, Credentialing health practitioners and defining their scope of clinical practice: A guide for managers and practitioners, available at:
<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/credentialing-health-practitioners-and-defining-their-scope-clinical-practice-guide-managers-and-practitioners>
- Australian Health Practitioner Regulation Agency (Ahpra), Guidelines for mandatory notifications, available at:
<https://www.ahpra.gov.au/Notifications/mandatorynotifications/Revised-guidelines.aspx>
- Australian Health Practitioner Regulation Agency (Ahpra), Recency of Practice Registration Standard relevant to the professions, available at:
<https://www.ahpra.gov.au/Registration/Registration-Standards/Recency-of-practice.aspx>
- Australian Health Practitioner Regulation Agency (Ahpra), Information for practitioners who provide virtual care, available at:
<https://www.ahpra.gov.au/Resources/Information-for-practitioners-who-provide-virtual-care.aspx>
- Clinical Services Capability Framework for Public and Licensed Private Health Facilities, available at:
<https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/service-delivery/cscf>
- Dental Board of Australia, Scope of practice registration standard, available at:
<https://www.dentalboard.gov.au/Registration-Standards/Scope-of-practice-registration-standard.aspx>
- Medical Board of Australia, Guidelines: supervised practice for international medical graduates, available at:
<https://www.medicalboard.gov.au/Registration/International-Medical-Graduates/Supervision.aspx>
- Medical Board of Australia, Guidelines: telehealth consultations with patients, available at: <https://www.medicalboard.gov.au/Codes-Guidelines-Policies/Telehealth-consultations-with-patients.aspx>
- Medical Board of Australia, Statement: Medical registration - what does it mean? Who should be registered? available at:
<https://www.medicalboard.gov.au/Codes-Guidelines-Policies/FAQ.aspx>
- Nursing and Midwifery Board of Australia, Framework: Decision-making framework for nursing and midwifery, available at:

<https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Frameworks.aspx>

- Nursing and Midwifery Board of Australia. Registration Standard: Endorsement for scheduled medicines for midwives, available at: <https://www.nursingmidwiferyboard.gov.au/Registration-Standards/Endorsement-for-scheduled-medicines-for-midwives.aspx>
- Office of the Health Ombudsman, Mandatory Notifications available at: <https://www.oho.qld.gov.au/for-providers/make-a-notification>
- Royal Australasian College of Medical Administrators, Guide to Credentialing and Scope of Clinical Practice Processes, available at: <https://racma.edu.au/resource/racma-guide-to-credentialing-and-scope-of-clinical-practice-processes/>

8. Definitions

Term	Definition
Aboriginal and Torres Strait Islander Health Practitioner	<p>An Aboriginal and Torres Strait Islander Health Practitioner is a person registered under the Health Practitioner Regulation National Law by the Aboriginal and Torres Strait Islander Health Practice Board of Australia, administered by the Australian Health Practitioner Regulation Agency (Ahpra).</p> <p>These national registrants may use the protected titles:</p> <ul style="list-style-type: none"> • Aboriginal Health Practitioner • Aboriginal and Torres Strait Islander Health Practitioner, or • Torres Strait Islander Health Practitioner. <p>The professional capabilities of an Aboriginal and Torres Strait Islander Health Practitioner identify the knowledge, skills and professional attributes needed to safely and competently practice.</p>
Administering practitioner, voluntary assisted dying	A medical practitioner, registered nurse or nurse practitioner who is authorised to receive, possess, prepare, and administer the voluntary assisted dying substance to the person.
Allied Health Professionals	The allied health workforce in Queensland Health is comprised of a diverse group of independent and distinct professions. These include professions that are registered by a relevant National Board under the Health Practitioner Regulation National Law, professions that are self-regulated and professions that are unregulated.

Term	Definition
	<p>Registered professions: Medical Radiation Practice, Occupational Therapy, Optometry, Pharmacy, Physiotherapy, Podiatry and Psychology.</p> <p>Self-regulated professions: Art Therapy, Audiology, Clinical Physiology, Dietetics/ Nutrition, Exercise Physiology, Genetic Counselling, Leisure Therapy, Music Therapy, Orthoptics, Orthotics and Prosthetics, Medical and Health Physics, Social Work, Sonography (including echo-sonography) and Speech Pathology.</p> <p>Unregulated professions: Rehabilitation Engineering.</p>
Consulting practitioner, voluntary assisted dying	A medical practitioner who accepts a referral from the coordinating practitioner to conduct a consulting assessment of the person to assess whether the person is eligible for access to voluntary assisted dying.
Coordinating practitioner, voluntary assisted dying	A medical practitioner who accepts the person's first request for access to voluntary assisted dying and coordinates the voluntary assisted dying process for the person.
Core scope of clinical practice	Aspects of clinical practice that can be reasonably expected to be undertaken by all health professionals who are registered or hold a particular qualification.
Credentialing	The formal process used to verify and review the qualifications, experience, professional standing and other relevant professional attributes of health professionals for the purpose of forming a view about their competence, performance and professional suitability to provide a safe, high quality healthcare service within specific environments.
Credentials	The practical experience, qualifications, professional awards and statements of competency issued by an authorised and recognised body that attest to a health professional's education, training and competence and relevant practical experience.
Dentist	<p>A dental practitioner registered by the Dental Board of Australia under the Health Practitioner Regulation National Law within the division of dentist.</p> <p>An independent practitioner who is legally able to practice within the definition of dentistry and within their scope of practice.</p> <p>Dentists treat patients of all ages and can undertake all activities within the definition of dentistry.</p>
Dentistry	Dentistry involves assessing, preventing, diagnosing, advising on, and treating any injuries, diseases, deficiencies,

Term	Definition
	<p>deformities or lesions on or of the human teeth, mouth or jaws or associated structures. It includes restricted dental acts listed in Section 121 of the National Law.</p> <p>The broadest range of activities dental practitioners can undertake.</p>
Dental Specialist	<p>A dental practitioner registered by the Dental Board of Australia under the Health Practitioner Regulation National Law within the division of dental specialist.</p> <p>An independent practitioner who is legally able to practice within the definition of dentistry and within their scope of practice.</p> <p>A dentist who has completed specialised training and education plus at least two years of general dental practice and is registered in one or more of the 13 specialties listed below:</p> <ul style="list-style-type: none"> • dento-maxillofacial radiology • endodontics • forensic odontology • paediatric dentistry • periodontics • prosthodontics • public health (community) dentistry • oral and maxillofacial pathology • oral and maxillofacial surgery • oral medicine • oral surgery • orthodontics • special needs dentistry.
Dental Therapist	<p>Dental therapists focus on oral health and provide assessment, diagnosis, treatment, management, prevention services. Services may include restorative treatment, fillings, tooth removal, promotion of oral health, other oral care.</p> <p>Dental therapists predominantly treat children, however, can treat adults with appropriate education and training.</p>
Engaged	<p>Used in conjunction with employed, this refers to health professionals who provide services in a Queensland public health facility but are not employed by a HHS or the Department. This may include, but is not limited to:</p> <ul style="list-style-type: none"> • Contracted services • Third party providers • Outreach and visiting clinical services
Extended scope of practice	<p>Any task or clinical practice that falls outside the recognised scope of practice of the specific allied health profession.</p>

Term	Definition
Health professional	Health professional means: <ol style="list-style-type: none"> a) a person registered under the Health Practitioner Regulation National Law; b) or a person, other than a person referred to in paragraph (a), who provides a health service, including, for example, an audiologist, dietitian or social worker.
Independently practicing medical practitioner	The medical practitioner has full responsibility for patient care. The level of responsibility may be related to for example (not an exhaustive list), registration, qualifications, role description, pay scale or contract requirements. It also includes using professional knowledge in a non-clinical relationship with patients where the position requires the practitioner to be a registered medical practitioner.
Medical Practitioner	A person registered and legally able to practice, within the scope of their registration, as a medical practitioner and/or medical specialist by the Medical Board of Australia.
Midwife	A person with prescribed educational preparation and competence for practice who is registered as a midwife by the Nursing and Midwifery Board of Australia under the Health Practitioner Regulation National Law.
Nurse	A person who has completed the prescribed educational preparation and competence for practice, who is registered as an enrolled nurse or registered nurse by the Nursing and Midwifery Board of Australia under the Health Practitioner Regulation National law.
Nurse Practitioner	<p>A registered nurse educated and authorised to function autonomously and collaboratively in an advanced and extended clinical role.</p> <p>A nurse practitioner is an advanced practice nurse endorsed as a Nurse Practitioner by the Nursing and Midwifery Board of Australia, who has direct clinical contact and practices within their scope under the legislatively protected title 'nurse practitioner' under the National Law.</p>
Oral Health Therapist	<p>Oral health therapists focus on oral health and have qualifications in dental therapy and dental hygiene and include assessment, diagnosis, treatment, management, prevention services. Services may also include restorative treatment, fillings, tooth removal, periodontal treatment, other oral care to promote healthy oral behaviours.</p> <p>Oral health therapists can treat patients of all ages.</p>

Term	Definition
Practice Plan	Means an 'approved form', as defined under the Medicines and Poisons Act 2019, as a requirement under Medicines and Poisons (Medicines) Regulation 2021, for a class of approved person to be authorised to carry out regulated activities with medicines.
Privately practicing midwives	Midwives who practice as a sole practitioner, in partnership or in self-employed models and working on their own account.
Privately practicing nurses	Nurses who practice as a sole practitioner, in partnership or in self-employed models and working on their own account.
Professional supervision	Professional supervision is a formal working alliance between two allied health professionals with the primary intention to ensure alignment of practice capabilities to the supervisee's role and setting and to enhance the knowledge, skills and attitudes of the supervisee
Queensland Health	Queensland Health refers to the public sector healthcare system, incorporating the Department of Health and HHSs.
SAC 1	Severity Assessment Code (SAC) 1 incidents are incidents causing death or likely permanent harm which is not reasonably expected as an outcome of healthcare.
Scope of clinical practice (SoCP)	The extent of an individual health professional's approved clinical practice within an organisation based on the individual's credentials, competence, performance and professional suitability and the needs and capability of the organisation to support the health professional's SoCP.
Scope of practice	The full spectrum of roles, functions, responsibilities, activities and decision-making capacity that individuals within that profession are educated, competent and authorised to perform.
Senior Medical Officer (SMO)	<p>A registered medical practitioner employed in:</p> <ol style="list-style-type: none"> 1) any position in a classification level L13 (C1-1 only) to L29 under clause 2.6.3 of the Medical Officers (Queensland Health) Certified Agreement (No. 6) 2022 (MOCA 6) 2) any position classified and remunerated as a Medical Officer with Private Practice, Medical Superintendent with Private Practice or Senior Medical Superintendent with Private Practice. <p>Senior Medical Officers include a diverse group of independent practitioners which includes, but is not limited to:</p> <ul style="list-style-type: none"> • General practitioners

Term	Definition
	<ul style="list-style-type: none"> • Staff specialists • Career hospital doctors • International medical graduates (IMGs) offered a staff grade position • Clinical managers and medical managers
Specific procedures or practices	<p>Specific procedures or practices are those where it cannot be reasonably assumed to be within the health professional's core scope of clinical practice or competency and require specific training or qualifications.</p> <p>See also: Core scope of clinical practice</p>
Telehealth	<p>The use of telephone or videoconferencing technologies to conduct a patient consultation where the patient and health professional are not in the same physical location and audio and/or visual information is exchanged in real time.</p> <p>Telehealth is a modality of care not a scope of clinical practice.</p>
Temporary SoCP	<p>Temporary SoCP may be used in circumstances when the services of a health professional without SoCP are required at very short notice or where it is not possible to complete a full application process prior to the health professional commencing.</p> <p>This process strikes a balance between risks of patient harm which arise from a failure to provide an appropriately skilled health professional in a timely manner, and risks of patient harm arising from processes with reduced credentialing requirements and with less checks and balances in place.</p>
Visiting Medical Officer (VMO)	<p>A person who is registered under the Health Practitioner Regulation National Law to practice in the medical profession and who incurs ongoing private practice costs. This includes:</p> <ul style="list-style-type: none"> • a visiting general practitioner (VGP) • a VGP with FRACGP • a VGP with FRACGP and/or Vocational Registration • a visiting senior specialist, or, a visiting specialist registered with the Medical Board of Australia under the provisions of the Health Practitioner Regulation National Law Act 2009 (Qld). <p>VMOs are specialists that have their own private practice or general practitioners who choose to consult within public and private hospitals on a part time basis.</p>

9. Approval and implementation

Policy Custodian	Policy Contact Details	Approval Date	Approver
<i>Assistant Deputy Director-General, Workforce Strategy Branch, Clinical Planning and Service Strategy Division</i>	<i>ADDGWS@health.qld.gov.au</i>	<i>3 January 2025</i>	<i>Acting Deputy Director-General, Clinical Planning and Service Strategy Division</i>

Version control

Version	Date	Comments
1	16 February 2022	New document.
2	20 June 2023	Requirements for authorised VAD practitioners added.
3	3 January 2025	Minor amendment to clarify the use of a practice plan for Aboriginal and Torres Strait Islander Health Practitioners in accordance with relevant legislative tools and general administrative updates.