

Clinical Governance

Guidelines for Credentialing and Defining Scope of Clinical Practice
for Allied Health Professionals 2011



Guidelines for credentialing and defining scope of clinical practice for allied health professionals

These guidelines are to be used in conjunction with the two implementation standards relating to credentialing and defining scope of clinical practice for allied health professionals: *Credentialing and defining the scope of clinical practice for allied health professionals not recruited by Queensland Health* and the *Credentialing and defining the scope of clinical practice for allied health professionals engaged in complex clinical practices*.

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Clinical Governance

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Clinical Governance

Guidelines for Credentialing and Defining Scope of Clinical Practice for Allied Health Professionals 2011



INTRODUCTION

The Guidelines for Credentialing and Defining Scope of Clinical Practice for Allied Health Professionals 2011 form part of the Allied Health Clinical Governance Framework which aims to provide clear policies, processes and accountabilities for all allied health professionals and their managers to ensure improved patient safety and the quality, effectiveness and dependability of allied health services within Queensland Health.

These guidelines are intended to be used in conjunction with the two implementation standards relating to credentialing and defining scope of clinical practice for allied health professionals: *Credentialing and defining the scope of clinical practice for allied health professionals not recruited by Queensland Health* and the *Credentialing and defining the scope of clinical practice for allied health professionals engaged in complex clinical practices*.

There are two implementation standards because there are two different processes for credentialing and defining scope of clinical practice. There is a one process for allied health professionals who engage in complex clinical practices not traditionally performed by the profession that may pose a risk to patient safety and a different process for allied health professionals who are not employed by Queensland Health but intend to provide services in Queensland Health facilities/services.

It is the intent of these guidelines to assist allied health professionals and managers to work through the credentialing and defining scope of clinical practice process by providing additional information, rationale and sample templates and forms.

Appendices and forms have been included in these guidelines as examples only. Individual districts can modify any aspect of these forms or templates as long as there is adherence to the requirements stipulated in the implementation standards.

For further information on the *Guidelines for Credentialing and Defining Scope of Clinical Practice for Allied Health Professionals in Queensland Health* or the *Allied Health Clinical Governance Framework in Queensland Health*, please visit www.health.qld.gov.au/ahwac or contact:

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Clinical Governance

Guidelines for Credentialing and Defining Scope of Clinical Practice
for Allied Health Professionals 2011



CONTENTS

1.0	BACKGROUND	5
1.1	WHAT IS CREDENTIALING AND DEFINING SCOPE OF CLINICAL PRACTICE?	5
1.2	WHY DO WE NEED TO CREDENTIAL AND DEFINE SCOPE OF CLINICAL PRACTICE?	5
1.3	PURPOSE OF THE GUIDELINES	5
1.4	WHICH ALLIED HEALTH PROFESSIONS ARE INCLUDED?	5
1.5	DO WE HAVE TO CREDENTIAL ALL ALLIED HEALTH PROFESSIONALS?	6
1.6	WHICH GROUPS OF ALLIED HEALTH PROFESSIONALS NEED TO BE CREDENTIALLED?	6
1.7	HOW DO I KNOW WHAT TO DO?	6
2.0	DECISION MAKING	6
2.1	COMPLEX CLINICAL PRACTICES	6
2.2	ALLIED HEALTH PROFESSIONALS NOT RECRUITED BY QUEENSLAND HEALTH	6
2.3	WHO SITS ON THE ALLIED HEALTH CREDENTIALING AND DEFINING SCOPE OF CLINICAL PRACTICE COMMITTEE?	6
3.0	CREDENTIALING AND DEFINING SCOPE OF CLINICAL PRACTICE FOR ALLIED HEALTH PROFESSIONS WHO ENGAGE IN COMPLEX CLINICAL PRACTICES NOT TRADITIONALLY PERFORMED BY THE PROFESSION	7
3.1	WHY WOULD A PROFESSIONAL ENGAGE IN COMPLEX CLINICAL PRACTICES NOT TRADITIONALLY PERFORMED BY THE PROFESSION?	7
3.2	WHAT DO YOU DO IF THE NON-TRADITIONAL PRACTICE IS A NEW CLINICAL SERVICE, PROCEDURE OR INTERVENTION FOR THE FACILITY OR SERVICE?	7
3.3	DO YOU KNOW IF IT IS LEGAL TO PERFORM A SPECIFIC PRACTICE?	9
3.3	DECISION MAKING TOOL FOR DETERMINING IF A PRACTICE NEEDS TO BE CREDENTIALLED	9
3.4	WHAT HAPPENS IF IT IS DETERMINED THAT A PRACTICE DOES NOT REQUIRE CREDENTIALING?	9
3.5	WHAT HAPPENS IF IT IS DETERMINED THAT A PRACTICE SHOULD BE CREDENTIALLED?	10
3.6	HOW DOES THE PROCESS WORK?	10
3.6	HOW DOES THE PROCESS WORK?	11
4.0	CREDENTIALING AND DEFINING SCOPE OF CLINICAL PRACTICE FOR ALLIED HEALTH PROFESSIONALS NOT RECRUITED BY QUEENSLAND HEALTH	12
4.1	WHICH ALLIED HEALTH PROFESSIONALS WILL NEED TO BE CREDENTIALLED?	13
4.2	WHICH ALLIED HEALTH PROFESSIONALS WILL NOT REQUIRE CREDENTIALING?	13
4.3	WHO MAKES THE DECISION ABOUT APPLICANTS NOT RECRUITED BY QUEENSLAND HEALTH?	13
4.4	WHAT INDEMNITY INSURANCE IS REQUIRED?	13
4.5	WHAT CRIMINAL HISTORY CHECKING IS REQUIRED?	13
4.6	PROCESS FOR CREDENTIALING APPLICANTS NOT RECRUITED BY QUEENSLAND HEALTH	15
5.0	ONGOING PROCESSES FOR CREDENTIALING AND DEFINING SCOPE OF CLINICAL PRACTICE	16
5.1	CAN I CREDENTIAL SOMEONE QUICKLY IF THERE IS AN EMERGENT NEED FOR A COMPLEX PRACTICE?	16
5.2	...CAN I CREDENTIAL SOMEONE QUICKLY IF THERE IS AN EMERGENT NEED FOR AN ALLIED HEALTH PROFESSIONAL NOT RECRUITED BY QUEENSLAND HEALTH?	16
5.3	WHAT HAPPENS IF AN ALLIED HEALTH PROFESSIONAL WORKS IN MORE THAN ONE FACILITY?	16
5.4	ONCE A PERSON IS CREDENTIALLED, CAN THEY PRACTISE INDEFINITELY?	17
5.5	WHAT IS AN UNSCHEDULED REVIEW?	17
5.6	WHAT HAPPENS IF AN ALLIED HEALTH PROFESSIONAL NOT RECRUITED BY QUEENSLAND HEALTH INTENDS TO ENGAGE IN COMPLEX PRACTICES REQUIRING CREDENTIALING?	18
5.7	WHAT HAPPENS WHEN AN INDIVIDUAL WANTS TO APPEAL A DECISION?	19

Clinical Governance



Guidelines for Credentialing and Defining Scope of Clinical Practice
for Allied Health Professionals 2011

5.8 WHAT METHOD OF MANAGING INFORMATION IS REQUIRED? 19

1.0 BACKGROUND

1.1 What is credentialing and defining scope of clinical practice?

Credentialing and defining scope of clinical practice is one component of clinical governance.

Credentialing is the process used to make a determination about the individual's competence, performance and professional suitability to practise safely.

Defining scope of clinical practice is a process separate to credentialing that determines the support services, staff profile, minimum safety standards and other requirements that ensure clinical services are provided safely and are appropriately supported.

1.2 Why do we need to credential and define scope of clinical practice?

Credentialing and defining the scope of clinical practice is a process which was developed in recognition that health facilities have a moral and legal obligation to the people of Queensland to ensure that services are provided in circumstances where the safety and quality of health care has been properly addressed.

1.3 Purpose of the guidelines

The purpose of these guidelines is to provide support materials and additional tools for allied health professionals as they implement the *Credentialing and Defining the Scope of Clinical Practice for Allied Health Professionals Implementation Standards*

1.4 Which allied health professions are included?

The following professions are required to utilise these guidelines:

- Audiology
- Clinical Measurement Sciences
- Dietetics
- Exercise Physiology
- Music Therapy
- Nuclear Medicine
- Nutrition
- Occupational Therapy
- Optometry
- Orthoptics
- Orthotics/Prosthetics
- Pharmacy
- Physiotherapy
- Podiatry
- Psychology
- Radiation Therapy
- Radiography
- Sonography
- Social Work
- Speech Pathology

Clinical Governance

Guidelines for Credentialing and Defining Scope of Clinical Practice for Allied Health Professionals 2011



1.5 Do we have to credential all allied health professionals?

We are not required to credential all allied health professionals. There are a number of processes already in place to ensure the safety and quality of allied health professionals employed by Queensland Health including the rigorous verification of registration status, eligibility for membership of a recognised professional association or qualifications as part of the selection and recruitment process.

1.6 Which groups of allied health professionals need to be credentialed?

Two groups of allied health professionals are required to be credentialed and these include:

1. allied health professionals who engage in complex clinical practices not traditionally performed by the profession that may pose a risk to patient safety.
2. allied health professionals who are not recruited by Queensland Health but intend to provide services in Queensland Health facilities/services or on behalf of Queensland Health.

1.7 How do I know what to do?

There are two implementation standards to assist you with the process. There is an implementation standard for each of the two different groups of allied health professionals listed above in 1.6.

These guidelines will also assist you to work through the process. The guidelines can be used by managers or allied health professionals wishing to be credentialed and have their scope of practice defined.

2.0 DECISION MAKING

There are two different processes of decision making for the two different groups. This is why there are two different implementation standards.

2.1 Complex clinical practices

The District CEO (or delegate) is responsible for making the ultimate decision about an individual's credentialing and scope of clinical practice where the individual is engaging in complex clinical practices not traditionally performed by the profession. The District CEO (or delegate) is also responsible for the final decision regarding new services, procedures or interventions. The District CEO (or delegate) receives recommendations from the Allied Health Credentialing and Defining Scope of Clinical Practice Committee.

2.2 Allied health professionals not recruited by Queensland Health

For decisions regarding allied health professionals not employed by Queensland Health but working in Queensland Health facilities and services, the District CEO (or delegate) delegates the responsibility for decision making to the Executive Director Allied Health (or equivalent).

2.3 Who sits on the Allied Health Credentialing and Defining Scope of Clinical Practice Committee?

An Allied Health Credentialing and Defining Scope of Clinical Practice Committee should be developed in each facility/district for the purpose of credentialing and defining scope of clinical practice for allied health professionals.

The District CEO (or delegate) appoints the membership of the committee and appoints a chair. The

Clinical Governance

Guidelines for Credentialing and Defining Scope of Clinical Practice for Allied Health Professionals 2011



chair will be the Executive Director Allied Health (or equivalent) in most cases.

The committee membership will include:

- the Executive Director Allied Health (or Director Allied Health or Allied Health Team Leader)
- a medical officer from, or nominated by, a relevant medical credentialing and defining scope of clinical practice committee
- a nursing officer nominated by the District/Executive Director Nursing and Midwifery Services
- one other senior allied health professional

The terms of reference should allow the profession-specific manager for an applicant and a manager from the same profession who operates from a different facility to attend the Allied Health Credentialing and Defining Scope of Clinical Practice Committee meetings to provide professional input into the discussions about individual applications. They will also allow profession-specific input when making recommendations about new services, procedures or interventions.

3.0 CREDENTIALING AND DEFINING SCOPE OF CLINICAL PRACTICE FOR ALLIED HEALTH PROFESSIONS WHO ENGAGE IN COMPLEX CLINICAL PRACTICES NOT TRADITIONALLY PERFORMED BY THE PROFESSION

3.1 Why would a professional engage in complex clinical practices not traditionally performed by the profession?

Sometimes it is in the interests of the service and the patient/consumer for an allied health professional to engage in complex practices in an area not traditionally part of their profession. This situation may occur as a result of long waiting lists or inefficiencies in patient flow.

The decision to propose the introduction of a practice that is not traditionally performed by the profession is not made by an individual. The decision must be made collaboratively with the multi-disciplinary team and profession-specific managers from the relevant professions.

3.2 What do you do if the non-traditional practice is a new clinical service, procedure or intervention for the facility or service?

Any proposal to introduce a new service, procedure or intervention into a health service for the first time must be taken to the Allied Health Credentialing and Defining Scope of Clinical Practice Committee prior to the commencement of the service, procedure or intervention. The proposal should be submitted on an approved template (see Appendix 1 as an example) and it must be accompanied by a draft protocol (see Appendix 2 as an example) which provides clear guidance in relation to the parameters of practice and the level of competency required by an individual engaging in the practice.

The Allied Health Credentialing and Defining Scope of Clinical Practice Committee will make a recommendation about the ability of the facility to support the clinical practice based on safety, cost, support services, staff training, and other considerations.

Factors that may be considered include (but are not limited to) access to the following:

- Specialist medical officers
- Specialised equipment
- Equipment that is compliant with legislation and regulations
- Staffing mix and level of staffing resource
- Specialised teams (Emergency response team, surgical team)
- Service planning

Clinical Governance

Guidelines for Credentialing and Defining Scope of Clinical Practice for Allied Health Professionals 2011



- Capability based planning
- Professional support

The profession will provide recommendations in relation to the staffing and resources necessary to practise utilising recommendations from regulatory and professional bodies.

The Allied Health Credentialing and Defining Scope of Clinical Practice Committees will utilise any professional advice in conjunction with the committee's knowledge of health practice and the particular facility in their deliberations.

The Allied Health Credentialing and Defining Scope of Clinical Practice Committee will then make a recommendation in relation to the draft protocol.

This will include a recommendation about whether individuals are required to be credentialed in addition to the protocol or whether competency can be managed through the Performance Appraisal and Development process.

This recommendation is given to the District CEO (or delegate) who makes the ultimate decision about whether the new service, procedure or intervention can proceed.

3.2.2 What happens if an existing practice is not traditionally performed by a particular profession?

There may be instances as the credentialing and defining scope of clinical practice process is introduced, where an existing practice is occurring that is not traditionally performed by a particular allied health profession. In these cases, a brief/proposal and draft protocol should be submitted to the Allied Health Credentialing and Defining Scope of Clinical Practice Committee

The Committee will make a recommendation (using similar criteria as listed above) to the District CEO (or delegate) who will make the decision about whether the practice should continue and whether the allied health professional should be credentialed and have their scope of practice defined.

3.2.3 When would an individual not require credentialing if they are engaging in practices that are not traditionally performed by the profession?

There are some technical skills or tasks that do not require complex clinical decision making however they are not traditionally practised by all professions.

These skills have processes around the training, competency development, assessment and endorsement of professionals to utilise the particular practice.

If an allied health professional intends to utilise a technical skill or task that does not require complex decision making but is not traditionally practised by the profession, the team should submit a brief/proposal and draft protocol (see Appendix 1 and 2 as examples) to the Allied Health Credentialing and Defining Scope of Clinical Practice Committee.

It will not be necessary to credential the individual however the Allied Health Credentialing and Defining Scope of Clinical Practice Committee will make a recommendation to the District CEO (or delegate) in relation to the development of a local protocol to provide the authority for any endorsed professional to practise within the facility. These protocols will contain any restrictions or parameters of practice if required.

Any individual who wishes to practice must undertake the required training and competency development as specified in the protocol. It will be the responsibility of the profession-specific

Clinical Governance

Guidelines for Credentialing and Defining Scope of Clinical Practice for Allied Health Professionals 2011



manager to ensure individuals maintain competency in the particular practice. This shall occur in partnership with the profession that has traditionally performed this practice.

3.3 Do you know if it is legal to perform a specific practice?

There are some practices that are not able to be performed by certain professionals as the ability to practice is governed by legislation.

Allied health professionals are not able to practice in an area which is restricted due to legislation.

The Allied Health Workforce Advice and Co-ordination Unit may be able to assist professions to advocate for changes to legislation however this is a lengthy process.

The flow chart in Appendix 4 may assist teams to determine the process to follow when dealing with legislative restrictions.

3.3 Decision making tool for determining if a practice needs to be credentialed

Appendix 3 is a decision making tool which can be used by the Allied Health Credentialing and Defining Scope of Clinical Practice Committee when determining whether a practice should be credentialed.

The aim of the tool is to provide some broad areas which may assist in the decision making process. Other factors may also be considered during this process.

Factors that may be considered include (but are not limited to):

- Complexity of clinical decision making
- Autonomy and accountability for clinical decisions
- Complexity of the practice
- Level of risk associated with the practice
- Invasiveness of the practice
- Extensiveness of the change in role
- Extent of new knowledge required of the professional
- Acceptability (from all professional bodies) of the practice
- Scope of practice of the profession
- Type of profession that has historically conducted the practice
- Impact of the practice on the multi-disciplinary team
- Extent of the practice in other jurisdictions

3.4 What happens if it is determined that a practice does not require credentialing?

If it is determined that a practice does not require credentialing, it remains the responsibility of the profession-specific manager to ensure the allied health professional is competent and maintains competence in the area of practice.

Profession-specific managers have the responsibility of ensuring the development and maintenance of professional standards regardless of whether the practice is credentialed.

Maintenance and monitoring of competence and capability should occur through the professional support plan as part of the Performance Appraisal and Development process.

Clinical Governance

Guidelines for Credentialing and Defining Scope of Clinical Practice for Allied Health Professionals 2011



3.5 What happens if it is determined that an individual should have credentials and scope of clinical practice in order to practise?

If it is determined that an individual should apply for credentials and scope of clinical practice, the individual should work closely with the profession-specific manager to ensure the individual can demonstrate the appropriate skills, competence and qualifications to the Allied Health Credentialing and Defining Scope of Clinical Practice Committee.

This could include the following information:

- Documentary evidence such as curriculum vitae, log books, a summary of cases seen, objective outcome data and other verification of currency of practice and experience relative to the area of practice being credentialed;
- Commitment to past and continuing professional education including evidence of compliance with professional association accreditation programs relative to the area of practice being credentialed;
- Qualifications or certifications of competence in the area of practice;
- Professional body or registration board requirements;
- Profession-specific group recommendations;
- Queensland Health requirements.

The Allied Health Credentialing and Defining Scope of Clinical Practice committee will consider the information provided and make a recommendation in relation to the individual's competency to practice and any conditions related to their practice that are not included in the relevant protocol.

Appendix 4 is a flow chart which may assist teams to understand how the process works.

Clinical Governance

Guidelines for Credentialing and Defining Scope of Clinical Practice for Allied Health Professionals 2011



3.6 How does the process work?

Step 1: Identification of the need for an allied health professional to engage in a clinical practice not traditionally performed by the profession

- The multi-disciplinary team identifies a need for an allied health professional to engage in a practice not traditionally performed by the profession to alleviate inefficiencies in the service and significantly improve patient/consumer care.
- The team identifies that the practice would occur with adequate frequency to maintain competence.
- The profession-specific manager is consulted about the appropriateness of the professional engaging in the practice including any legislative restrictions.
- The profession-specific manager considers the impact of the practice on existing services and a collaborative decision is made in relation to whether the practice should be proposed.
- The team seeks advice from the profession specific manager of the profession who has traditionally performed the practice as to:-
 1. the frequency required to maintain competence
 2. the training required to develop the competence
 3. the level of supervision required to maintain the competence

Step 2: Obtaining approval to conduct the practice

- If the practice is a new intervention, service or practice, the multi-disciplinary team, in collaboration with the profession-specific managers of the profession that traditionally performs the practice and the profession who intends to perform the practice, submits a proposal/brief (Appendix 1) and draft protocol (Appendix 2) to the Allied Health Credentialing and Defining Scope of Clinical Practice Committee.
- In situations where a team is requesting the introduction of a new intervention, service or practice, the relevant profession-specific managers shall attend the committee meeting to provide professional input.
- The Allied Health Credentialing and Defining Scope of Clinical Practice Committee must convene within thirty (30) business days of receipt of the proposal. Following consideration of the submission, the committee makes a recommendation to the District CEO (or delegate). The recommendation needs to include whether the Health Credentialing and Defining Scope of Clinical Practice Committee believes the practice should be conducted in the facility and if so, whether individuals engaged in the practice need to apply for credentials and scope of clinical practice.

Step 3: Credentialing and defining scope of clinical practice

- If the District CEO (or delegate) determines that an individual must apply for credentials and scope of clinical practice in order to practise, the individual intending to engage in the complex practice completes the application form (see Form 2 as an example) and provides evidence of any qualifications, competencies or experience as required.
- The applicant should work closely with the profession-specific manager to ensure the application is complete and accurate.
- The application is submitted to the Chair of the Allied Health Credentialing and Defining Scope of Clinical Practice Committee.
- The application is then sent to the members of the Committee and a meeting is scheduled.
- The profession-specific manager is responsible for obtaining at least one referee report prior to the meeting (see Form 7 as an example).
- The meeting of the Allied Health Credentialing and Defining Scope of Practice Committee considers the application and makes a recommendation to the District CEO (or delegate) within thirty (30) business days of receiving the application.

Step 4: Advice on outcome of application

Clinical Governance

Guidelines for Credentialing and Defining Scope of Clinical Practice for Allied Health Professionals 2011



- The District CEO (or delegate) is the primary decision maker and he/she reviews the recommendation provided by the Allied Health Credentialing and Defining Scope of Clinical Practice Committee.
- Applicants must be notified by the District Chief Executive Officer within ten (10) business days of the decision and this notification must include information relied on in the decision making process in the event the application is denied.
- Relevant managers should be informed.
- An applicant may be successful or alternatively an applicant may be granted interim scope of clinical practice, limited scope of clinical practice or may be refused scope of clinical practice.
- The Chair ensures the state-wide Allied Health Governance Committee is notified.
- If successful, the applicant's details are entered into a district database.

Step 5: Monitoring

- Successful applicants must have a clinical supervisor who has experience and skill in the area of practice that has been credentialed
- Clinical supervisors may be located in another district or facility and are not necessarily the individual's professional supervisor.
- The clinical supervisor must monitor competence and should provide feedback to the profession-specific manager every 6 months. An example of a template (Form 8) is provided in the appendices.
- The individual must have a current Performance Appraisal and Development Plan at all times.

4.0 CREDENTIALING AND DEFINING SCOPE OF CLINICAL PRACTICE FOR ALLIED HEALTH PROFESSIONALS NOT RECRUITED BY QUEENSLAND HEALTH

Any allied health professional that is not recruited by Queensland Health but intends to practise in Queensland Health facilities will need to submit an application for credentialing and defining scope of clinical practice unless there has been an endorsed agreement at a corporate or district level with the organisation employing the external professional.

The student deeds which govern the delivery of clinical education provides an assurance that university employees who are providing supervision will have their credentials verified by the tertiary education body. Therefore, university employees providing supervision are not required to submit an application for credentialing and defining scope of practice unless they are applying for endorsement to engage in complex clinical practices.

Government departments and non government agencies that provide regular services within Queensland Health may have memorandums of understanding with Queensland Health that specify processes for checking credentials or are listed on the register of pre-qualified service providers. These agreements and registers provide an assurance that these agencies will have a process of checking employees' credentials as part of their employment. This will mean that these employees will not be required to submit an application for credentialing unless they intend to engage in complex practices. If a memorandum of understanding does not exist or the agency is not listed on the pre-qualified service provider register, the individual will need to be credentialed. If a memorandum of understanding does not specifically state that the other agency will check credentials the individual will need to be credentialed and have their scope of clinical practice defined.

Clinical Governance

Guidelines for Credentialing and Defining Scope of Clinical Practice for Allied Health Professionals 2011



4.1 Which allied health professionals will need to be credentialed?

It is proposed that credentialing would be required for the following:

- Allied health professionals employed by external organisations/agencies to provide direct clinical services in Queensland Health facilities and services where there is no agreement with Queensland Health that the organisation/agency will conduct a credentialing process with its employees;
- Private allied health professionals providing services which will be charged to individual patients;
- Private allied health professionals providing services to patients in private beds in Queensland Health facilities;
- Private supervisors who are providing supervision to Queensland Health 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;

4.2 Which allied health professionals will not require credentialing?

It is proposed that credentialing would **not** be required for:

- Allied health professionals employed or sub-contracted by service providers from the register of pre-qualified service providers;
- Allied health professionals from other government and nongovernment 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 Health 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 Queensland Health practitioners;
- Allied health professionals who are employed by Queensland Health and provide relieving services through relief pool programs or exchange programs.

4.3 Who makes the decision about applicants not recruited by Queensland Health?

Applications from applicants not recruited by Queensland Health and intending to practise in Queensland Health facilities are not required to be endorsed by the Allied Health Credentialing and Defining Scope of Clinical Practice Committee.

The District CEO (or delegate) delegates the authority to make decisions relating to these applications to the Executive Director Allied Health (or equivalent).

4.4 What indemnity insurance is required?

Queensland Health provides indemnity for *“employees and other persons performing duties and functions on behalf of Queensland Health...”*, provided *“...the person has diligently and conscientiously endeavoured to carry out the assigned duty or function.”* (Indemnity for Employees and Other Persons [HR Policy I3](#)).

Allied health professionals not recruited by Queensland Health must provide evidence of their own indemnity arrangements, as they are not covered by the provisions of the HR Policy I3.

4.5 What criminal history checking is required?

Allied health professionals not employed by Queensland Health must have a general criminal history

Clinical Governance

Guidelines for Credentialing and Defining Scope of Clinical Practice for Allied Health Professionals 2011



check completed prior to commencement if they are not registered. The cost of the criminal history check is paid by Queensland Health and should be costed to the cost centre for the unit or team utilising the individual's services.

Clinical Governance

Guidelines for Credentialing and Defining Scope of Clinical Practice for Allied Health Professionals 2011



4.6 Process for credentialing and defining scope of clinical practice for applicants not recruited by Queensland Health

Step 1: Credentialing and defining scope of clinical practice.

- The applicant completes an application form (see Form 1A an example) and a criminal history form and submits the application to the primary delegated decision maker.
- The facility/service or unit manager provides information about the amount of time the facility requires the services of the applicant and the types of clinical practice they require (see Form 1B as an example) and submits it to the primary delegated decision maker.
- The primary delegated decision maker forwards the application to the relevant profession-specific manager. If there is no profession-specific manager within the district, a request should be made to another district that has a profession-specific manager to support the process. Where the profession is small and no profession-specific manager positions exist, the most senior member of the profession in the state should be approached. The Chair of the state-wide Discipline Specific Group would be the most appropriate person to contact in these instances and a list of the chairs can be obtained through the Allied Health Workforce Advice and Co-ordination Unit.
- The facility/service/unit manager submits the criminal history forms .
- The profession-specific manager reviews the application, contacts at least one referee (see Form 7 as an example) and provides a recommendation to the primary delegated decision maker within thirty (30) business days of receipt of the application based on the qualifications, competencies, experience, professional standing and other relevant professional attributes of the applicant. This will include a recommendation about the scope of clinical practice for that individual.
- In some instances the profession-specific manager may feel they do not have enough information to make a recommendation. An interview with the applicant and facility/unit/service manager may be required to ensure the profession-specific manager has sufficient information to assess whether the applicant has the qualifications, competencies, experience, professional standing and other relevant professional attributes necessary to provide the services required of the facility/unit/service.
- The primary delegated decision maker makes a decision and approves or denies the application.
- If the applicant is successful they will have credentials approved and scope of clinical practice defined pending the outcome of any criminal history checking processes.

Step 2: Advice on outcome of application/reporting

- Applicants must be notified by the primary delegated decision maker within twenty (20) business days of the decision and this notification must include information relied on in the decision making process in the event the application is denied.
- An applicant may be successful or alternatively an applicant may be granted interim scope of clinical practice, limited scope of clinical practice or may be refused scope of clinical practice.
- The primary delegated decision maker ensures the relevant managers are notified.
- The primary delegated decision maker must place the names of successful applicants on an accessible register including the scope of clinical practice.

Step 3: Commencement

The facility/service/unit manager must utilise appropriate human resources processes such as facility-specific orientation and training for the allied health professional to further enhance patient safety.

- The facility/service/unit manager must ensure there is clarity around the source of payment of the allied health professional.
- The profession-specific manager is responsible for professional standards and conduct of the allied health professional whilst they are practising in Queensland Health facilities. Facility/service/unit managers and profession-specific manager should work in partnership to ensure allied health professionals comply with standards and policies.

Step 4: Monitoring

Clinical Governance

Guidelines for Credentialing and Defining Scope of Clinical Practice for Allied Health Professionals 2011



- Successful applicants must have a professional supervisor.
- The professional supervisor must monitor competence and should provide feedback to the profession-specific manager every 6 months.
- Successful applicants will have their registration/accreditation/insurances checked annually.

5.0 ONGOING PROCESSES FOR CREDENTIALING AND DEFINING SCOPE OF CLINICAL PRACTICE

5.1 Can I credential someone quickly if there is an emergent need for a complex practice?

If an allied health professional is required to engage in a complex practice due to an emergent situation, they can be granted interim credentialing and scope of clinical practice.

The applicant, in consultation with the facility/service/unit manager and professional manager should submit a letter to the Chair of the Allied Health Credentialing and Defining Scope of Clinical Practice Committee stating their request for interim credentialing and scope of clinical practice for the relevant complex clinical practice. This letter should include reasoning for emergent need and a copy of the applicant's registration and/or qualifications.

The District CEO (or delegate) is able to grant interim credentialing and scope of clinical practice if the Chair of the Allied Health Credentialing and Defining Scope of Clinical Practice Committee recommends granting of interim credentialing and scope of clinical practice once the applicant's registration and/or qualifications have been sighted.

The decision made in relation to the interim credentialing and scope of clinical practice must be reviewed at the next Allied Health Credentialing and Defining Scope of Clinical Practice Committee meeting and a recommendation needs to be made to the District CEO (or delegate). Interim scope of clinical practice only exists for a maximum of ninety (90) business days and therefore it is recommended that a full application is submitted within sixty (60) business days.

5.2 Can I credential someone quickly if there is an emergent need for an allied health professional?

If an allied health professional not recruited by Queensland Health is required to provide services urgently, interim credentialing and scope of clinical practice can be granted by the primary delegated decision maker once the applicant's registration and/or qualifications and indemnity insurance certificate are sighted.

The applicant, in consultation with the facility/service/unit manager and profession-specific manager should submit a letter to the primary delegated decision maker stating their request for interim credentialing for practice at the relevant facility. This letter should include reasoning for emergent need and a copy of the applicant's indemnity insurance, registration and/or qualifications.

The decision made in relation to the interim scope of clinical practice must be reviewed and a recommendation needs to be made to the primary delegated decision maker within ninety (90) business days. Therefore it is recommended that a full application is submitted within sixty (60) business days.

5.3 What happens if an allied health professional works in more than one facility?

Credentialing and defining scope of clinical practice is a process specific to one facility.

Clinical Governance

Guidelines for Credentialing and Defining Scope of Clinical Practice for Allied Health Professionals 2011



If an applicant wishes to work at a number of different facilities they will need to apply for credentials and scope of clinical practice at each facility at which they practise.

Once a professional has credentials and scope of clinical practice at one facility they can apply for mutual recognition at other Queensland Health facilities.

The process is similar to that required of a new or review application however it should not require a large amount of extra work for the applicant. They will be required to submit a streamlined mutual recognition application (see Form 5 and 6 as examples) to the Chair of the Allied Health Credentialing and Defining Scope of Clinical Practice Committee (for complex practices) or the primary delegated decision maker (for non-Queensland Health personnel). These applications require minimal information if the most recent application has been less than two (2) years. The facility that intends to engage the allied health professional should provide details of the areas of clinical practice in which the allied health will be required to practise and how often they will be required to practise in the facility (see Form 5B or 6B). The facility at which the applicant obtained credentials and scope of clinical practice should also provide a reference for the applicant.

If the clinical services capability of the facility is similar to the facility that granted the original credentials, the process should be straight-forward and it would be expected that mutual recognition be granted.

The clinical services capability of the credentialing facility must always be taken into consideration however and therefore mutual recognition may not be granted.

5.4 Once a person is credentialed, can they practise indefinitely?

5.4.1 Scheduled Review

Credentials and scope of clinical practice must be reviewed every three years at least for allied health professionals not recruited by Queensland Health and those engaged in complex clinical practices. This is achieved by completing the re-application form.

Three months prior to the expiration date, the applicant completes an application (see Form 3A for non-Queensland Health recruits and Form 4 for those engaging in complex clinical practices as examples) and submits it to the primary delegated decision maker or Chair of the Allied Health Credentialing and Defining Scope of Clinical Practice. For non-Queensland Health recruits, the facility/unit/service also provides information in relation to scope of clinical practice (see Form 3B as an example).

Each year the registration and professional indemnity status of all applicants is checked.

5.4.2 Unscheduled Review

The committee may also choose to review an individual before the scheduled review is due.

5.5 What is an unscheduled review?

An unscheduled review occurs when a third party submits reasons for why an allied health professional should have their credentials and scope of clinical practice reviewed before the scheduled date of review.

The Chair of the Allied Health Credentialing and Defining Scope of Clinical Practice Committee must notify the District CEO (or delegate) that an unscheduled review has been requested within two (2) business days of receiving the application.

The Chair of the Allied Health Credentialing and Defining Scope of Clinical Practice Committee can either initiate immediate reduction/suspension of scope of clinical practice OR progress through standard

Clinical Governance



Guidelines for Credentialing and Defining Scope of Clinical Practice for Allied Health Professionals 2011

process for managing a request for an unscheduled review.

5.5.1 Immediate Reduction/Suspension of Scope of Clinical Practice

At short notice and in emergency situations when there is a reasonable apprehension that patient safety will be compromised, the Chair of the Allied Health Credentialing and Defining Scope of Clinical Practice Committee, after consulting with the profession-specific manager, can reduce or suspend an allied health professional's credentials and scope of clinical practice immediately if he/she has a reasonable belief that the allied health professional presents a risk to the safety of patients until an extraordinary meeting of the Allied Health Credentialing and Defining Scope of Clinical Practice Committee can be convened.

In these circumstances the following steps must subsequently occur:

1. The Chair of the Allied Health Credentialing and Defining Scope of Clinical Practice Committee must inform the District CEO (or delegate) within two (2) business days
2. The Chair of the Allied Health Credentialing and Defining Scope of Clinical Practice Committee must formally remove approval to practice and confirm this in writing to the allied health professional within two (2) business days. The allied health professional should be advised of the issues to be considered at the formal hearing of the Allied Health Credentialing and Defining scope of Clinical Practice Committee. They should also be advised that they have twenty (20) business days to respond to issues raised however they should be informed that they can choose to waive this time period.

3. The Allied Health Credentialing and Defining Scope of Clinical Practice Committee must meet to consider the allied health professional's credentials and scope of clinical practice. The profession-specific manager should attend the Allied Health Credentialing and Defining scope of Clinical Practice Committee to discuss the issues presented.

Before making a recommendation, the profession-specific manager will obtain the advice of a suitable senior clinician with expertise in the same field as the allied health professional under consideration and the Chair of the Allied Health Credentialing and Defining Scope of Clinical Practice Committee will obtain human resources and legal advice.

5.5.2 Standard Process for Managing a Request for an Unscheduled Review

This applies when there is no immediate concern that patient safety will be compromised. All processes as per 5.5.1 above will apply except that approval to practice will not be altered until after the meeting of the Allied Health Credentialing and Defining Scope of Clinical Practice Committee.

5.6 What happens if an allied health professional not recruited by Queensland Health intends to engage in complex practices requiring credentialing?

An allied health professional not recruited by Queensland Health may apply for credentialing to engage in complex practices although this will not be common.

The applicant would need to satisfy all the requirements of both applications for credentialing and defining scope of clinical practice for allied health professionals not recruited by Queensland Health and for complex practices.

It is suggested that the applicant submit all required information to the Chair of the Allied Health Credentialing and Defining Scope of Clinical Practice Committee and the committee deals with both aspects of the process together.

It is important that the profession-specific manager and facility/service/unit manager is involved in all discussions relating to the need and appropriateness for the practice to occur prior to the commencement of the application process.

Clinical Governance

Guidelines for Credentialing and Defining Scope of Clinical Practice for Allied Health Professionals 2011



5.7 What happens when an individual wants to appeal a decision?

A request for reconsideration can be made in writing by the allied health professional to the District CEO (or delegate) within thirty (30) business days of receipt of notification that anticipated scope of clinical practice has been limited or not been granted. The District CEO (or delegate) must then make a determination to confirm or reject the original decision within thirty (30) business days of receipt of the appeal.

Appeal processes are different for non-Queensland Health personnel and those engaged in complex practices. If the allied health professional is appealing a decision of the primary delegated decision maker, the appeal is heard at a meeting of the Allied Health Credentialing and Defining Scope of Clinical Practice Committee. If the appeal is against a decision of the District CEO (or delegate) (complex practices), an Allied Health Appeals Committee is convened.

Both committees will evaluate the evidence before them and make a recommendation which then becomes a decision of the District CEO (or delegate).

If the reconsidered decision is favourable to the applicant an offer of altered scope of clinical practice will be made.

Decisions of the Committee will be given in writing to the applicant, and will include reasons for the decision.

5.8 What method of managing information is required?

It is recommended that a database is developed to assist with the collation and monitoring of information. A database would need to include fields for the following:

- applicant name
- applicant profession
- name of facility/service applicant is credentialing to work in
- registration number
- due date for registration renewal
- insurer
- due date for insurance renewal
- name of professional supervisor
- approval date of credentialing and scope of clinical practice
- review date for credentialing and scope of clinical practice

Clinical Governance

Guidelines for Credentialing and Defining Scope of Clinical Practice
for Allied Health Professionals 2011



APPENDICES

**APPENDIX 1
PROPOSAL TO INTRODUCE A NEW SERVICE**

Subject: A short and succinct subject title

(Proposal to introduce a new intervention or service – name of intervention or service)

Reference No. Secretariat use only

Meeting date: Secretariat use only

Submitted by: Insert name

**New Item /
Previously Raised:** Insert date(s) previously raised

Recommendation(s):

That Allied Health Credentialing and Defining Scope of Clinical Practice Committee:

Do you want the committee to just note the work you are doing in the area of a new service or intervention?

Do you want the committee to endorse the proposal and protocol

Do you want the committee to endorse a proposal re: need for credentialing of individuals

Number each item e.g.

- 1. Note the work being conducted on the development of a proposal for a new xxx service*
- 2. Endorse the protocol for xxx (see attached) for xxxx*

Context:

Highlight the reasons for this new service or intervention. What is the background? Has it been done elsewhere? What is the evidence?

Issues:

*How will this effect other service areas?
What are the risks?
What are the benefits?*

Legal Implications/Legislative Issues

*Are there any restrictions because of legislation?
What has been done to ensure the proposal complies with legislation?*

Options (where necessary only)

Consultation

Provide evidence of consultation with the relevant stakeholders

Financial Considerations:

Will this cost more or less than the existing service?
Show cost benefit analysis if available

Implementation: (where necessary only)

Attachments:

The draft protocol should be attached

APPENDIX 2

PROTOCOL FOR A PRACTICE NOT TRADITIONALLY PERFORMED BY AN ALLIED HEALTH PROFESSIONAL IN A FACILITY/SERVICE

PROTOCOL FOR:

- 1. Purpose:** This protocol states the circumstances in which, and the conditions under which, a (name of allied health profession) may (details of practice).
- 2. Scope:** This protocol applies to (name of allied health professional/group) who will
- 3. Authorizing Legislation:** (if appropriate)
- 4. Circumstances:** A (name of allied health professional/group) may (details of practice).
- 5. Conditions:**
 - { list when the practice can occur (business hours or after hours) }
 - { list where the practice can occur (name of unit/facility) }
 - (list clinical practice areas)
 - { list qualifications or competence of staff mix that must be available during the practice (availability of specialist within the facility) }
 - List how competency will be initially assessed and monitored
 - List the profession and level of assessors and supervisors
 - List professional support requirements
- 6. Suspension or Cancellation:** A (name of allied health profession's) authority to act under this protocol may be suspended or cancelled at any time as directed by the District CEO (or delegate).
- 7. Certification:** Certified at (place) this xx day of xxxx 20xx to take effect from (insert date).

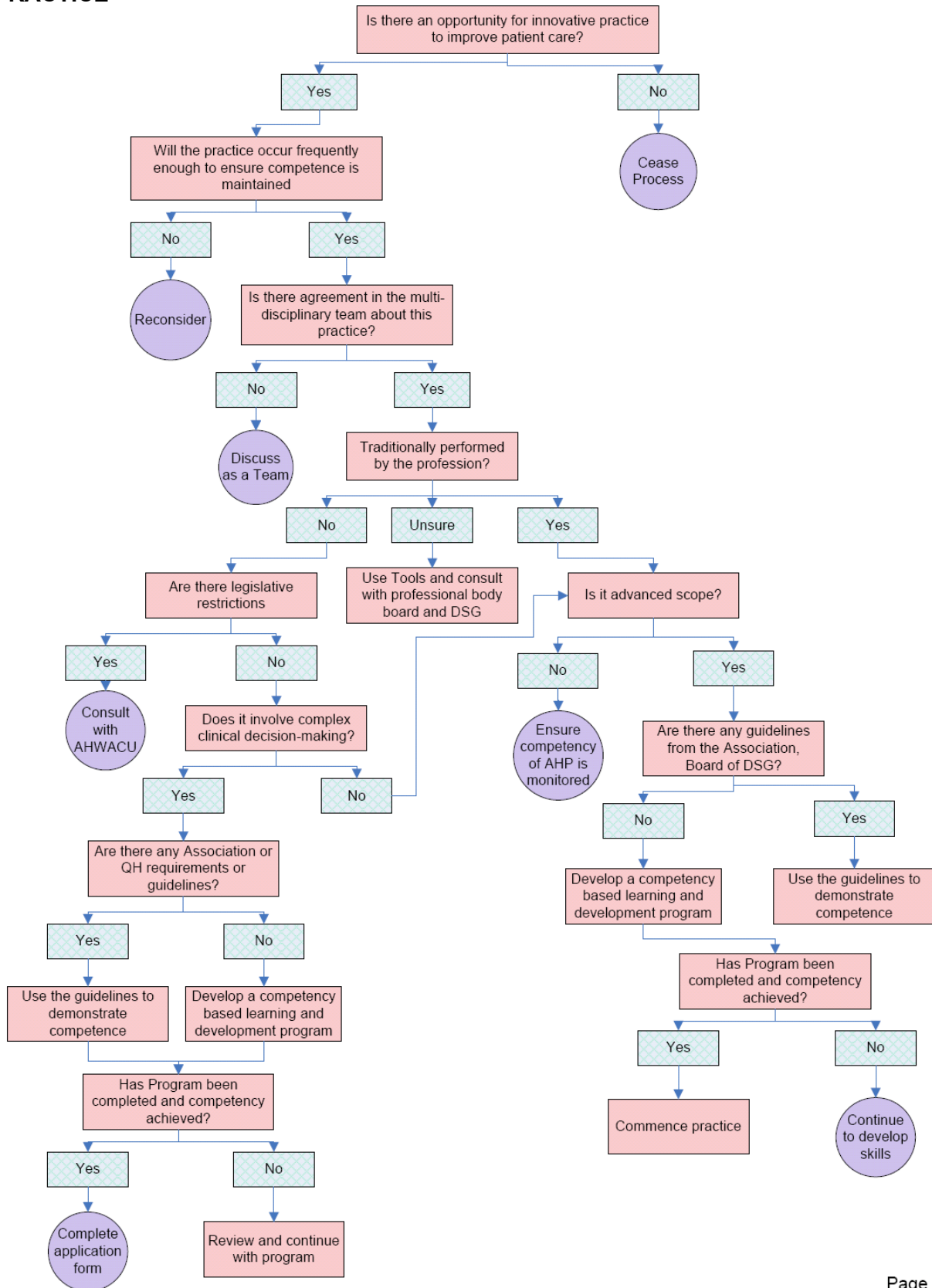
Signed by District CEO (or delegate): _____

APPENDIX 3

FACTORS TO CONSIDER WHEN DETERMINING THE NEED TO CREDENTIAL

Factor	Low need	Medium need	High need
Complexity of decision making	Low level of complexity in clinical decision making	Medium level of complexity in clinical decision making	High level of complexity in clinical decision making
Autonomy and accountability in decision making	Limited decision making is required	Some independent decision making is required	The clinician makes autonomous decisions regarding treatment and is fully accountable for these decisions
Complexity of the practice	A technical skill	A complex practice	A highly complex practice
Risk	Low risk. Likelihood of harm and consequences of harm are negligible or minimal	Medium risk. Likelihood of harm and consequences of harm are moderate	High risk. Likelihood of harm or consequences of harm are significant.
Level of invasiveness	Non invasive intervention	A medium level of invasiveness is required as part of the intervention	Invasive intervention or assessment and diagnosis becomes part of the extended role
Extensiveness of change	Involves the addition of one additional discrete task to existing practice	Involves the addition of more than one additional discrete task to existing practice	Involves a change in service delivery, operation and role
Knowledge base of profession	The change in scope utilises a body of knowledge that was acquired as part of the initial qualification	Draws on knowledge from initial qualification but requires further understanding and new skills and abilities	Requires new knowledge that is not part of initial qualification
Extensiveness of change	Involves the addition of one additional discrete task to existing scope	Involves the addition of more than one additional discrete task to existing scope	Involves a change in service delivery, operation and role
Scope of practice	Has only been within scope for a short period of time	There is some controversy about whether it is within scope or not	Is not within scope of practice
Role substitution	Practice involves a role substitution with a like professional	Practice involves role substitution with a medical officer	Practice involves role substitution with a specialist medical officer
Extent of impact on multidisciplinary team	Practice has a minimal impact on the multidisciplinary team	Practice has a moderate impact on the multidisciplinary team	Practice impacts on a number of different professional groups from medical, nursing and allied health
Extent practice has been used in other jurisdictions	Practice is used frequently in other jurisdictions by the profession	Practice has been used occasionally in other jurisdictions by the profession	Practice has not been used frequently in other jurisdictions by the profession

**APPENDIX 4
DECISION MAKING TREE FOR CREDENTIALING AND DEFINING SCOPE OF CLINICAL PRACTICE**



APPENDIX 5

MODEL TERMS OF REFERENCE – ALLIED HEALTH CREDENTIALING AND DEFINING SCOPE OF CLINICAL PRACTICE COMMITTEE

1. Membership of the committee

The core committee is responsible for credentialing and defining the scope of clinical practice of allied health professionals, and should be comprised of at least four members including:

- Executive Director Allied Health (or Director Allied Health or Allied Health Team Leader)
- a medical officer from, or nominated by, a relevant medical credentialing and defining scope of clinical practice committee
- a nursing officer from, or nominated by, a relevant medical credentialing and defining scope of clinical practice committee
- one other senior allied health professional

The chair will invite the appropriate profession-specific manager and one other manager from the same profession who operates from a different facility to attend the committee meetings considering individual applications. The chair should also invite appropriate participation from relevant managers for deliberations regarding new interventions, services or practices, these people can attend via teleconference, video conference or in person.

2. Length of appointments to the committee

This may be determined locally.

3. Frequency of meetings

The committee will meet as necessary.

4. Role and function of the committee

The committee will:

- follow the established terms of reference, written protocols and procedures for evaluation of credentials and defining the scope of clinical practice
- observe confidentiality throughout its processes
- assist each facility to ensure that clinical services are provided by competent allied health professionals in a clinical setting that supports the provision of safe, high quality health care services
- ensure that all members understand that their role is to bring to the committee relevant expertise and experience and not to act in a way that represents their specific personal interests
- produce a timetable for the periodic formal review and verification of the credentials and scope of clinical practice of allied health professionals
- undertake the process of assessing credentials and recommending appropriate scope of clinical practice
- determine specific criteria with reference to the health service capability framework, the resources and facilities available, and the recommendations of the profession where appropriate. These criteria will be used for determining scope of clinical practice for each application
- review scope of clinical practice of allied health professionals at regular intervals (at least every three years) and as soon as practicable on request
- make recommendations to the district chief executive officer in respect of all allied health professionals whose scope of clinical practice has been considered
- maintain and retain comprehensive records of all deliberations and recommendations of the committee. The keeping of records is the responsibility of the chair of the committee
- ensure that the process is conducted in a fair, transparent, and legally robust manner.

5. Requirement to comply with principles of natural justice

Credentialing and scope of clinical practice determinations and deliberations must be carried out in compliance with the principles of natural justice. Any deliberations and determinations are reviewable under the *Judicial Review Act (Qld) 1991*.

Allied health professionals are entitled to a hearing free of prejudice before any decision is made or implemented which affects the way in which they practice. This principle should be particularly observed in relation to cases where potential termination or suspension of their scope of clinical practice is being considered.

The principles of natural justice and fairness are:

- to act fairly, in good faith and without bias or perception of bias.
- to ensure all relevant documents which are being considered by the committee are disclosed in a timely manner to the parties concerned.
- to ensure allied health professionals know what allegations/claims are made against them.
- allied health professionals should be given sufficient time to prepare their response to those issues or claims.
- to ensure allied health professionals are given the opportunity to adequately state their case and correct or contradict any statement prejudicial to their case.
- all members of the committee must *ab initio* declare any conflicts of interest and manage those in consultation with chairperson. Appropriate management may range from merely declaring the conflict, through to resignation from the committee.
- When a member is excluded he/she must physically leave the meeting, and must not take any action to influence the committee's deliberations.
- When a member is excluded, the reason for that recusal should be documented.
- It is essential that any decision-maker who is in competition or stands to benefit from any outcome of the proceedings declare that conflict, and manage it in a transparent and appropriate manner.

6. Quorum

A quorum necessary for decision-making includes a minimum of one medical practitioner, one nursing officer and two allied health professionals.

A quorum should be present for all deliberations of the credentials and scope of clinical practice committee, to provide continuity of process and decision-making by the committee.

7. Documentation / written procedures

The committee, in consultation with the District CEO (or delegate), will ensure that written procedures for dealing with the process of assessment of credentials and delineation of scope of clinical practice for allied health professionals is developed.

Any documents obtained or created by the committee will be accessible under *Freedom of Information Act (Qld) 1992* (subject to the exemptions specified in that Act) and other court processes.

The outcome of credentials and scope of clinical practice processes, including deliberations and minutes and the credentialed status of the allied health professional, will be stored and maintained and must be accessible for at least seven years after their creation, except in special patient populations (for example, paediatrics) where records retention requirements are extended.

8. Credentialing of members

Where the credentials and scope of clinical practice of any member of the committee are being considered, that member shall recuse themselves from participation in those deliberations.

9. Indemnity of committee members

Members of credentialing and scope of clinical practice committees are indemnified in accordance with Queensland Health indemnity arrangements.

APPENDIX 6

SAMPLE TERMS OF REFERENCE

Name of Committee Allied Health Credentialing and Defining Scope of Clinical Practice Committee

Endorsement and Authorisation

This committee is authorised to conduct meetings in accord with the following terms of reference for a period of 12 months from the date of signing by the District CEO (or delegate).

Statement of Strategic Intent

The Allied Health Credentialing and Defining Scope of Clinical Practice Committee will ensure that all allied health professionals engaging in complex practices not traditionally practised by the profession are appropriately credentialed for their position and are granted clinical privileges consistent with their experience and training and within the service capability of the health service.

Aim

The Committee shall be responsible for undertaking reviews of credentials and recommending appropriate clinical privileges for allied health professionals engaging in complex practices not traditionally practised by the profession.

Objectives

The Committee will:

- Ensure that allied health professionals who have been identified as requiring credentialing, practise safe and high quality care by granting clinical privileges only to those practitioners who are appropriately qualified, trained and experienced to undertake clinical care within the facility
- Ensure that clinical privileges granted are appropriate to the available resources within the facility and consistent with the service capability of the facility.
- Ensure that applicants agree to undertake and comply with continuing professional development requirements and provide evidence of same with both new and renewal applications.
- Review clinical privileges granted to allied health professionals when required.

Membership

Executive Director Allied Health (or equivalent) (Chairperson)
Senior Medical Officer
Senior Nursing Officer
Senior allied health professional

Reporting Relationships

The Committee reports to the District CEO (or delegate)

Meeting Protocols

Chair

The Executive Director Allied Health (or equivalent) is the chairperson of the committee. In the absence of the chairperson, the chair will be taken by an appointed or elected committee member.

Secretary

The chair will ensure a minute secretary is present who will provide secretariat support to the Committee.

Frequency/Length of Meeting

Meetings will be held as required. The meeting duration is intended to be no more than one hour.

Quorum

A quorum will comprise four members. A quorum must include the chair or nominated chair. In the event that one of the members is absent, a proxy may be present in their place.

Agenda/Minutes

All items will be distributed to members of the committee at least one week prior to the meeting.

Confidentiality

The deliberations of the committee are confidential and will not be available for distribution to other sectors of the district. The original files and records of the Committee will be held by the office of the Executive Director Allied Health.

Granting of Privileges

Privileges will be granted for up to three years and will be reviewed three-yearly.

Authority for Granting of Privileges

The District CEO (or delegate) is the delegated officer with responsibility to confer clinical privileges, after recommendation from the Committee. The District CEO (or delegate) may confer privileges no wider than those recommended by the committee, but may request the committee reconsider recommendations. Interim privileges for temporary or relief appointees may be approved by the Executive Director Allied Health for a period of up to three (3) months.

Changes to the Terms of Reference

These Terms of Reference may be altered following committee consultation and endorsement by the District CEO (or delegate) on the recommendation of the District Safety and Quality Committee.

The Terms of Reference will be reviewed in June each year.

APPENDIX 7

SAMPLE LETTER OF APPOINTMENT TO THE ALLIED HEALTH CREDENTIALING AND SCOPE OF CLINICAL PRACTICE COMMITTEE

Dear <insert name of committee appointee>

I am pleased to inform you of your appointment to the <insert name of relevant committee> of <insert name of health service> for a period of <insert period of appointment> years, commencing <insert commencement date>.

The committee has an important role in contributing to the safety and quality of this health service in that it has been allocated, by the district chief executive officer, the important responsibility for making recommendations to him/her about credentialing and scope of clinical practice of allied health professionals.

The role of the committee is to:

- assist each facility to ensure that clinical services are provided by competent allied health professionals in a clinical setting that supports the provision of safe, high quality health care services
- undertake the process of assessing credentials and recommending appropriate scope of clinical practice for new applicants
- review scope of clinical practice of existing allied health professionals who provide health services or clinical supervision within a public health facility at regular intervals
- make recommendations to the district chief executive officer in respect of all allied health professionals whose scope of clinical practice have been considered.

The committee's recommendations will be provided by the committee to the district chief executive officer.

The committee will meet as required to ensure that allied health professionals are appropriately credentialed and have their scope of clinical practice defined in a timely manner.

Members of the Allied Health Credentialing and Scope of Clinical Practice Committee are indemnified in accordance with Queensland Health indemnity arrangements.

Committee members are obliged to act in 'good faith' and must disqualify themselves from acting on any matter before the committee if they have a material or perceived personal (including but not limited to pecuniary) interest in the outcome of the matter. Committee members are also required to maintain confidentiality regarding the proceedings of the committee.

Please find enclosed copies of the Allied Health Credentialing Guidelines and Implementation Standards.

Members are requested to acknowledge that they have read the enclosed documents and to accept their appointment to the committee by signing below and returning a copy of this letter to the district chief executive officer.

I thank you for agreeing to undertake this very important work on behalf of the health service.

Yours sincerely

District Chief Executive Officer

Committee member name:

Committee member signature:

Date:

**APPENDIX 8
SAMPLE LETTER TO APPLICANTS NOT RECRUITED BY QUEENSLAND HEALTH
REQUESTING AN APPLICATION KIT**

Enquires to:
Telephone:
Facsimile:
Email:
Our Ref:

Dear

Thank you for your enquiry in relation to credentialing and defining scope of clinical practice within the xx facility/district.

Please find attached a copy of the application form and a criminal history check form.

Please complete the application, attach any relevant documents and send to:

XXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXX

I have also attached a copy of the Queensland Government Code of Conduct. You will be required to comply with this code of conduct when you practise in Queensland Health facilities and services.

Please do not hesitate to contact the me on the above numbers should you require any further information

Yours sincerely,

XXXXX
Or Executive Director Allied Health
Xxx Health Service District

/ / 2011

APPENDIX 9
**SAMPLE LETTER TO APPLICANTS NOT RECRUITED BY QUEENSLAND HEALTH-
OUTCOME OF DECISION**

Enquires to:
Telephone:
Facsimile:
Email:
Our Ref:

Dear

Thank you for your application to provide services within the xx facility/district.

I am pleased to inform you that your application has been successful and you are able to practise in xx facility/district as at (date) in the clinical areas of xxxx xxxx xxx pending the outcome of the criminal history checking process.

To sustain credentialing rights it is your responsibility to:

- Work in accordance with the Queensland Health Code of Conduct
- If applicable, keep your registration or membership with the appropriate registration authority or association current and supply a copy annually to (name of position)
- notify (name of position) if your circumstances change such that ability to practice should be reviewed
- practice within the service capability framework approved for the facility in which you practice.

Please find enclosed a copy of the Code of Conduct.

Please do not hesitate to contact the me on the above numbers should you require any further information

I look forward to working with you in the future.

Yours sincerely,

XXXXX

Chair

Allied Health Credentialing and Defining Scope of Clinical Practice Committee

Xxx Health Service District

/ / 2011

Cc Facility manager
Profession-specific manager

APPENDIX 10
SAMPLE LETTER FOR INTERIM SCOPE OF CLINICAL PRACTICE

Enquires to:
Telephone:
Facsimile:
Email:
Our Ref:

Dear

I wish to advise that you have been granted interim scope of clinical practice to work within xxxxx Health Service District as a (**insert title**) until XXXXX .

In order to sustain credentialing rights you will be required to submit a full application by xxx date.

Please do not hesitate to contact the me on the above numbers should you require any further information

Yours sincerely,

Chair,
Executive Director Allied Health Services,
/ / 2011

Cc **Facility manager**
 Profession-specific manager

FORMS

Hard copy

New application for credentialing and defining scope of clinical practice for allied health professionals not recruited by Queensland Health practising withinfacility

Applicant and contact details

Allied Health Profession

Surname: Given Name/s:

Previous Name: (Please include your previous name if that appears on certificates)

Date of Birth: Place of Birth:

Preferred Postal Address

Business Phone:Mobile:

Please attach copies of:

- Certificate of registration (if from a registered profession)
Qualifications or membership of national professional association (if from a non-registered profession)
- Professional indemnity certificate (including provider number and type of cover)
- Copy of Hepatitis B immunisation record or serology results (if applicant belongs to one of the mandatory work categories*)
- Certificate of accreditation and recent professional development
- Completed criminal history form (if from a non-registered profession)
- Copy of Blue Card or Aged Care Check (if relevant)
- 100 points of identification

*physiotherapy, speech pathology, occupational therapy, radiography, sonography, podiatry, clinical measurement sciences)

Please list the clinical areas in which you intend to practise

.....
.....

History of employment in the past five years (please attach a separate sheet if necessary)

Date	Title of position	Organisation	Clinical practice areas

Continuing professional development (please attach a separate sheet if necessary)

Date	Description/Name	Relevant to the following practice areas

References

Please list the names and contact details of two (2) professional referees who can comment on your skills in the areas for which you wish to practice.

Name:

Current position: Professional address:

Business phone no: Mobile phone no:

Pager: Email address:

Name:

Current position: Professional address:

Business phone no: Mobile phone no:

Pager: Email address:

Applicant's Declaration			
I declare that all the following statements are TRUE or FALSE as indicated in the tick boxes.	N/A	TRUE	FALSE
My right to practise has never been denied, restricted, suspended, terminated or otherwise modified by any health care organisation (including overseas organisations, health facilities, registration bodies, professional associations or other official bodies).		<input type="checkbox"/>	<input type="checkbox"/>
A professional association has never refused to renew my membership.		<input type="checkbox"/>	<input type="checkbox"/>
I participate in the continuing professional development program, maintenance of professional standards program, or similar, of my professional body and I am current with the requirements of that program.		<input type="checkbox"/>	<input type="checkbox"/>
I have no physical or other condition or substance abuse that may limit my ability to exercise the scope of practice which has been granted/requested.		<input type="checkbox"/>	<input type="checkbox"/>
I have never claimed professional indemnity		<input type="checkbox"/>	<input type="checkbox"/>

Please attach any relevant documentation if you are unable to answer "True" to any of the above questions.

I,, will provide Queensland Health with evidence of currency of registration (if applicable), continuing professional development, membership of professional bodies and indemnity insurance on an annual basis.

I authorise Queensland Health to conduct a criminal history check and aged care or working with young children check (if required).

I am prepared to participate in a professional support program (supervision, peer supervision or mentoring) with a supervisor approved by the profession-specific manager

I declare that the statements contained in this application are correct. In applying for appointment I agree to abide by Queensland Health policies and regulations and any terms and conditions which are attached to my appointment by the credentialing and scope of clinical practice committee. I undertake to immediately notify the Chair of the credentialing and scope of practice committee if my clinical privileges are retracted, withdrawn or altered at any other hospital or day procedure centre. I authorise Queensland Health, its officers and agents to seek information as to my past experience, performance and current fitness and the validity of my responses to the above questions.

Signed

Date

Witness Signature

Witness Name
(Block Letters)

Office use only:

Recommendation:

I support/do not support this applicant practising atfacility
in the following clinical areas:

.....
.....

Comments:

.....
.....

Name:

Position:.....

Signature

Date

Name of referee who has confirmed the applicant's competence, performance and good standing

.....

Decision:

Application

Approved

Rejected

Executive Director Allied Health

Date

If application is rejected please detail reasons:

.....
.....
.....

Review date

Letter to applicant advising outcome of application **Yes** **Copy attached**

Letter to facility manager advising outcome of application **Yes** **Copy attached**

Review date entered into database **Yes**

Facility information in relation to the new application for credentialing and defining scope of clinical practice for allied health professionals not recruited by Queensland Health practising withinfacility

This information relates to the new application for credentialing and defining scope of clinical practice for the following applicant:

Allied Health Profession

Surname: Given Name/s:

How often will the applicant be practising?

- only for periods of leave relief/not frequently
- frequent and regular service provision
- other (please specify)

.....
.....
.....

Please list the clinical areas in which the applicant will be required to practise?

.....
.....
.....

Name:

Position:.....

Signature: Date:

New application for credentialing and defining scope of clinical practice for allied health professionals engaging in complex practices traditionally not performed by the profession atfacility

Application Details

Allied Health Profession

Practice to be credentialed

Profession-specific manager endorsementDate

Director of unit/Facility Manager endorsementDate

Applicant and contact details

Surname: Given Name/s:

Professional Address:

Preferred Postal Address

Business Phone:Mobile:

Current position

Please attach copies of the following:

- Qualifications relating to the practice
- Evidence of competence (CV, log books, summary of cases seen, outcome data etc)
- Evidence of continuing professional development relating to the practice
- Relevant clinical audit or review reports conducted
- Relevant academic appointments or teaching experience
- Professional indemnity certificate including provider number and type of cover (if not recruited by Queensland Health)
- Evidence of Australian residency status (if appropriate)

Name of proposed clinical supervisor:

Experience of proposed clinical supervisor:

.....

.....

References

Please list the names and contact details of two (2) professional referees who can comment on your skills in the areas for which you wish to practice.

Name:

Current position: Professional address:

Business phone no: Mobile phone no:

Pager: Email address:

Name:

Current position: Professional address:

Business phone no: Mobile phone no:

Pager: Email address:

Office use only:

Application details checked by (name)

Signature Date

Recommendation of Allied Health Credentialing and Defining Scope of Clinical Practice Committee

Application Recommended Rejected

Date

Application Approved Rejected

District CEO (or delegate)..... Date

If application is rejected please detail reasons:

.....
.....
.....

Review date

Letter to applicant advising outcome of application Yes Copy attached

Review entered into database Yes

Form 3: Re-application form –credentialing and defining scope of clinical practice

Re-application for credentialing and defining scope of clinical practice for applicants not recruited by Queensland Health at.....facility

Applicant and contact details

Allied Health Profession

Surname: Given Name/s:

Previous Name: (Please include your previous name if that appears on certificates)

Date of Birth: Place of Birth:

Preferred Postal Address

Business Phone: Mobile:

Application Details

Date of previous credentialing & scope of clinical practice approval

Nature of your re-application

1. I wish to re-apply for the defined scope of practice that I was previously granted **with no changes**. Yes No

OR

2. I wish to **limit the defined scope of clinical practice** that I was previously granted. Yes No

OR

3. I wish to apply for an **extension to the defined scope of clinical practice** that I was previously granted. Yes No

Please attach copies of:

- Certificate of registration (if from a registered profession)
- Qualifications since last application
- Professional indemnity certificate (including provider number and type of cover)
- Certificate of accreditation and recent professional development
- Completed criminal history form (if from a non-registered profession)

Please list the clinical areas in which you intend to practise

.....
.....

History of employment in the past three years (please attach a separate sheet if necessary)

Date	Title of position	Organisation	Clinical practice areas

Continuing professional development in the past three years (please attach a separate sheet if necessary)

Date	Description/Name	Relevant to the following practice areas

References

Please list the names and contact details of two (2) professional referees who can comment on your skills in the areas for which you wish to practice.

Name:

Current position: Professional address:

Business phone no: Mobile phone no:

Pager: Email address:

Name:

Current position: Professional address:

Business phone no: Mobile phone no:

Pager: Email address:

Applicant's Declaration			
I declare that all the following statements are TRUE or FALSE as indicated in the tick boxes.	N/A	TRUE	FALSE
My right to practise has never been denied, restricted, suspended, terminated or otherwise modified by any health care organisation (including overseas organisations, health facilities, registration bodies, professional associations or other official bodies).		<input type="checkbox"/>	<input type="checkbox"/>
A professional association has never refused to renew my membership.		<input type="checkbox"/>	<input type="checkbox"/>
I participate in the continuing professional development program, maintenance of professional standards program, or similar, of my professional body and I am current with the requirements of that program.		<input type="checkbox"/>	<input type="checkbox"/>
I have no physical or other condition or substance abuse that may limit my ability to exercise the scope of practice which has been granted/requested.		<input type="checkbox"/>	<input type="checkbox"/>
I have never claimed professional indemnity		<input type="checkbox"/>	<input type="checkbox"/>

Please attach any relevant documentation if you are unable to answer "True" to any of the above questions.

I,, will provide Queensland Health with evidence of currency of registration (if applicable), continuing professional development, membership of professional bodies and indemnity insurance on an annual basis.

I authorise Queensland Health to conduct a criminal history check and aged care or working with young children check (if required).

I am prepared to participate in a professional support program (supervision, peer supervision or mentoring) with a supervisor approved by the profession-specific manager

I declare that the statements contained in this application are correct. In applying for appointment I agree to abide by Queensland Health policies and regulations and any terms and conditions which are attached to my appointment by the credentialing and scope of clinical practice committee. I undertake to immediately notify the Chair of the credentialing and scope of practice committee if my clinical privileges are retracted, withdrawn or altered at any other hospital or day procedure centre. I authorise Queensland Health, its officers and agents to seek information as to my past experience, performance and current fitness and the validity of my responses to the above questions.

Signed

Date

Witness Signature

Witness Name
(Block Letters)

Office use only:

Recommendation:

I support/do not support this applicant practising atfacility in the following clinical areas:

.....
.....

Comments:

.....
.....

Name:

Position:.....

Signature

Date

Name of referee who has confirmed the applicant's competence, performance and good standing

.....

Decision:

Re-Application

Approved

Rejected

Executive Director Allied Health

Date

If re-application is rejected please detail reasons:

.....
.....
.....

Review date

Letter to applicant advising outcome of re-application Yes **Copy attached**

Letter to facility manager advising outcome of re-application Yes **Copy attached**

Review date entered into database Yes

Facility information in relation to the re-application for credentialing and defining scope of clinical practice for allied health professionals not recruited by Queensland Health practising withinfacility

This information relates to the re-application for credentialing and defining scope of clinical practice for the following applicant:

Allied Health Profession

Surname: Given Name/s:

How often will the applicant be practising?

- only for periods of leave relief/not frequently
- frequent and regular service provision
- other (please specify)

.....
.....
.....

Please list the clinical areas in which the applicant will be required to practise?

.....
.....
.....

Name:

Position:.....

Signature: Date:

Form 4: Application form –allied health professionals engaging in complex practices

Re-application for credentialing and defining scope of clinical practice for allied health professionals engaging in complex practices traditionally not performed by the profession atfacility

Application Details

Allied Health Profession

Practice to be credentialed

Profession-specific manager endorsementDate

Director of unit/Facility Manager endorsementDate

Date of previous credentialing & scope of clinical practice approval

Nature of your re-application

1. I wish to re-apply for the defined scope of practice that I was previously granted **with no changes**. Yes No

OR

2. I wish to **limit the defined scope of clinical practice** that I was previously granted. Yes No

OR

3. I wish to apply for an **extension to the defined scope of clinical practice** that I was previously granted. Yes No

Applicant and contact details

Surname: Given Name/s:

Professional Address:

Preferred Postal Address

Business Phone:Mobile:

Current position

Please attach copies of the following:

- Qualifications relating to the practice since last application
- Evidence of competence since last application
- Relevant clinical audit or review reports conducted
- Relevant academic appointments or teaching experience
- Certificate of registration (if from a registered profession)

History of employment in the past three years (please attach a separate sheet if necessary)

Date	Title of position	Organisation	Clinical practice areas

Continuing professional development in the past three years (please attach a separate sheet if necessary)

Date	Description/Name	Relevant to the following practice areas

References

Please list the names and contact details of two (2) professional referees who can comment on your skills in the areas for which you wish to practice.

Name:

Current position:Professional address:

Business phone no: Mobile phone no:

Pager: Email address:

Name:

Current position:Professional address:

Business phone no: Mobile phone no:

Pager: Email address:

Office use only:

Re-application details checked by (name)

Signature Date

Recommendation of Allied Health Credentialing and Defining Scope of Clinical Practice Committee

Re-Application Recommended Rejected

Date

Re-Application Approved Rejected

District CEO (or delegate)..... Date

If application is rejected please detail reasons:

.....
.....
.....

Review date

Letter to applicant advising outcome of application Yes Copy attached

Review entered into database Yes

Form 5A – Application for mutual recognition where applicant is not recruited by Queensland Health

Application for mutual recognition of credentials for allied health professionals atfacility

Application details

Allied Health Profession

Surname: Given Name/s:

Preferred Postal Address

Business Phone: Mobile:

Please attach your original application including attachments and letter of acceptance

Please attach copies of any documents that were required in the original application that are now not current and any other information that was not included in your original application (e.g. new qualifications or additional CPD)

Applicant's Declaration			
I declare that all the following statements are TRUE or FALSE as indicated in the tick boxes.	N/A	TRUE	FALSE
My right to practise has never been denied, restricted, suspended, terminated or otherwise modified by any health care organisation (including overseas organisations, health facilities, registration bodies, professional associations or other official bodies).		<input type="checkbox"/>	<input type="checkbox"/>
A professional association has never refused to renew my membership.		<input type="checkbox"/>	<input type="checkbox"/>
I participate in the continuing professional development program, maintenance of professional standards program, or similar, of my professional body and I am current with the requirements of that program.		<input type="checkbox"/>	<input type="checkbox"/>
I have no physical or other condition or substance abuse that may limit my ability to exercise the scope of practice which has been granted/requested.		<input type="checkbox"/>	<input type="checkbox"/>
I have never claimed professional indemnity		<input type="checkbox"/>	<input type="checkbox"/>

Please attach any relevant documentation if you are unable to answer “True” to any of the above questions.

I,, will provide Queensland Health with evidence of currency of registration (if applicable), continuing professional development, membership of professional bodies and indemnity insurance on an annual basis.

I authorise Queensland Health to conduct a criminal history check and aged care or working with young children check (if required).

I am prepared to participate in a professional support program (supervision, peer supervision or mentoring) with a supervisor approved by the profession-specific manager

I declare that the statements contained in this application are correct. In applying for appointment I agree to abide by Queensland Health policies and regulations and any terms and conditions which are attached to my appointment by the credentialing and scope of clinical practice committee. I undertake to immediately notify the Chair of the credentialing and scope of practice committee if my clinical privileges are retracted, withdrawn or altered at any other hospital or day procedure centre. I authorise Queensland Health, its officers and agents to seek information as to my past experience, performance and current fitness and the validity of my responses to the above questions.

Signed

Date

Witness Signature

Witness Name
(Block Letters)

Office use only:

Recommendation:

I recommend that this application for mutual recognition is supported/not supported

Comments:

.....
.....

Name:

Position:.....

Signature **Date**

Decision:

Mutual Recognition **Approved** **Rejected**

Executive Director Allied Health **Date**

If mutual recognition is rejected please detail reasons:

.....

Facility information in relation to the mutual recognition application for credentialing and defining scope of clinical practice for allied health professionals not recruited by Queensland Health practising withinfacility

This information relates to the mutual recognition application for credentialing and defining scope of clinical practice for the following applicant:

Allied Health Profession

Surname: Given Name/s:

How often will the applicant be practising?

- only for periods of leave relief/not frequently
- frequent and regular service provision
- other (please specify)

.....
.....
.....

Please list the clinical areas in which the applicant will be required to practise?

.....
.....
.....

Name:

Position:.....

Signature: Date:

Form 6 – Application for mutual recognition (complex)

Application for mutual recognition of credentials for allied health professionals atfacility

Application details

Allied Health Profession

Surname: Given Name/s:

Preferred Postal Address

Business Phone: Mobile:

Please attach your original application including attachments and letter of acceptance

Please attach copies of any documents that were required in the original application that are now not current and any other information that was not included in your original application (e.g. new qualifications or additional CPD)

Office use only:

Application details checked by (name)

Signature Date

Recommendation of Allied Health Credentialing and Defining Scope of Clinical Practice Committee

Mutual Recognition Application Recommended Rejected

Date

Mutual Recognition Application Approved Rejected

District CEO (or delegate)..... Date

If mutual recognition application is rejected please detail reasons:

.....
.....

Review date

Letter to applicant advising outcome of mutual recognition application Yes Copy attached

Review entered into database Yes

Form 7 – Referee Report

Referee Report

Applicant Name		
Referee Name		
Relationship to Applicant		
REFEREE'S RESPONSE:		
<ul style="list-style-type: none"> Clinical Knowledge and Abilities: 		
<ul style="list-style-type: none"> Effective autonomous & teamwork practice, organisation and time and responsibility management skills: 		
<ul style="list-style-type: none"> Communication with patients and health care professionals: 		
<ul style="list-style-type: none"> Continuous quality improvement and evidence based approaches: 		
<ul style="list-style-type: none"> Ethics and ethical conduct and behaviours, adhere to occupational health and safety practices 		
<ul style="list-style-type: none"> Other Comments 		
Office use only:		
Authorising Officer:		
Name		
Signature		
Date		

Supervisors Report

1. Details of scope of clinical practice applicant

SurnameFirst Name

Assessment period Date fromDate to

2. Details of supervisor

SurnameFirst Name

Position

5. Complete the following performance action plan with the applicant which can be used in the Performance Appraisal and Development process.

	Actions/Tasks	Review date

6. Certification

We declare that the information given in this report is true and correct in every particular.

Applicant's signature:

Date:

Supervisor's signature:

Date: