1. Statement

All identified medical practitioners and dentists (collectively referred to as 'practitioners') shall be credentialed and have a defined scope of clinical practice (SoCP) to support the delivery of safe and high quality health care within the Department of Health (the department).

2. Purpose

The intent of this policy is for the department to:

- ensure all identified practitioners are credentialed and have a defined SoCP
- maintain a policy for credentialing and defining the SoCP for identified practitioners
- have a process in place which affords practitioners the opportunity to have a decision regarding their SoCP reviewed or appealed
- provide an immediate report, by briefing to the Chief Health Officer and Deputy Director-General, Prevention Division in the capacity as Chief Medical Officer and custodian of this policy, clinical incidents pertaining to credentialing and SoCP that:
  - may result in media attention and require a response by the department
  OR
  - were subject to risk assessment by the department and rated as high risk or a SAC 1 event.

3. Scope

This policy applies to the department and is mandatory for practitioners. This policy is supported by the

- Credentialing and defining the scope of clinical practice for medical practitioners and dentists Standard (QH-IMP-445:2017)
- Credentialing and defining the scope of clinical practice for medical practitioners and dentists: a best practice guideline (QH-GDL-446:2017)

Health professionals employed by a Hospital and Health Service (HHS) should refer to the Credentialing and defining the scope of clinical practice Health Service Directive (HSD) (QH-HSD-034:2017) and to the local HHS policy.

4. Principles

- **patient safety** — ensuring practitioners practice within the bounds of their education, training and competence and within the capacity and capability of the service in which they are working
- **consistency** — aligning with National Safety and Quality Health Service Standards
- **natural justice and procedural fairness** — the credentialing and SoCP processes are underpinned by the principles of natural justice and procedural fairness
- **due care and diligence** — all parties act with due care and diligence to support procedural fairness. Credentialing and defining SoCP processes are underpinned by transparency and accountability
- **equity** — applicants be treated equally and without discrimination. All decisions shall be based on the professional competence of the applicant and the capacity of the relevant service.
5. Requirements

5.1 Department responsibilities

The department’s credentialing committees shall ensure all of the principles described in section 4 of this policy are followed when undertaking credentialing and SoCP processes.

5.2 Mandatory requirements

5.2.1 Medical Practitioners and Dentists

The department’s credentialing committees shall:

- ensure all identified, Australian Health Practitioner Regulation Agency (AHPRA) registered practitioners, have a current documented SoCP covering all work performed
- where SoCP is granted, ensure SoCP is granted for an individual practitioner for a period not greater than five (5) years for each separate application. Variances less than this maximum period may be imposed according to the considerations and circumstances of the application
- recognise the approved statewide/multi HHS services and processes as described in Schedule A of this policy, and as amended from time to time by the Chief Health Officer and Deputy Director-General, Prevention Division
- have established and maintained auditing processes in place. At a minimum, conduct an annual audit of credentialing and SoCP practices by a person/entity independent of the department’s credentialing process
- conduct an annual Compliance Self-Assessment audit in the month of July to ensure compliance with this policy, and report outcomes of the annual audit to the Office of the Chief Medical Officer for reporting purposes.
- maintain an up-to-date local ‘Register of Practitioners’ who are credentialed and have a defined SoCP.
6. **Schedule A – statewide/multi HHSs services for medical practitioners and dentists**

It is important to note that Schedule A requires the collaboration of both the HHSs and the department to enact. Therefore, the content within Schedule A of this policy is also incorporated in the Credentialing and defining the scope of clinical practice HSD (QH-HSD-034:2014) and references to both the HHSs and the department within the schedule are relevant.

Statewide or multi-HHS health services describes the scenario where services are provided, coordinated and monitored by a single HHS or the department. These services are then receipted by multiple other HHSs, where practitioners (employed or engaged staff) provide patient care within public health facilities across the State.

**Amendments to Schedule A**

Proposed amendments to this policy will be made by the Chief Health Officer and Deputy Director-General, Prevention Division in accordance with the Policy Management Implementation Standard (QH-IMP-042:2015).

The relevant HHS/department division will give two months’ notice in writing to the Chief Health Officer and Deputy Director-General Prevention Division of any change to services in Schedule A.

**Accountabilities**

The HHS/department division that employs/engages the practitioner with a designated approved statewide/multi HHS SoCP shall:

- ensure the practitioner has appropriate SoCP for the service they are providing
- notify other relevant HHSs/department divisions of a practitioner’s statewide/multi HHS status
- manage any patient safety concern that may arise with a practitioner in their HHS/department division and immediately notify other HHSs/department divisions where the practitioner has SoCP
- as the employer, manage any practitioner’s performance issues that may occur with the provision of services under Schedule A.

Where relevant, the recipient HHS to the statewide/multi HHS service:

- may accept the credentialing process and awarding of the practitioner’s SoCP for that service.
  
  However, if not satisfied, the HHS may choose to:
  
  a) accept the credentialing process from the employing/engaging HHS, but, may issue a new SoCP recognising that at times the recipient HHS Clinical Services Capability Framework (CSCF) may be at a different level than the CSCF as part of the granted SoCP
  
  OR
  
  b) acknowledge the employing/engaging HHS’s credentialing and SoCP decision, but conduct an additional risk management process to affirm the employing/engaging HHS’s decision.

**NB:** The recipient HHS may request additional information from the employing/engaging HHS/department division regarding a practitioner’s SoCP (for example, in conducting an additional risk management process). Resource implications of this are to be managed between respective entities.

The recipient HHS may request information directly from the practitioner, as per a new SoCP application.
shall notify the employing/engaging HHS/department division of the acceptance or otherwise of a practitioner’s statewide/multi HHS status
shall continue to exercise due diligence with credentialing processes and the monitoring of a practitioner’s SoCP at the local level
shall manage any immediate local patient safety concern/s that may arise with a practitioner, and immediately formally notify the entity which granted the statewide/multi HHS SoCP of the concerns.

Statewide/multi HHS services

Statewide/multi HHS services include the following:

1) Credentialing for services provided by the department (with employed or engaged staff).

The following department services are recognised as statewide/multi HHS for the purpose of credentialing.

a) Department of Health Credentialing and Defining Scope of Clinical Practice Committee
   • Breast Screen Queensland (Breast Screen, Breast Imaging, Breast Assessment and Breast procedural skills) (Specialist/Non-Specialist)
   • Queensland Ambulance Service – Medical Coordination and Prehospital and Retrieval Medicine Specialists
   • Retrieval Services – including contracted/engaged, department and HHS specialist medical practitioners such as LifeFlight Retrieval Medicine and the Royal Flying Doctor Service. This also includes neonatal and paediatric retrieval services that are provided by the Metro North HHS, the Children’s Health Queensland HHS, and the Townsville HHS.

There are departmental practitioners credentialed by the department to undertake roles that are authorised or delegated to function, as required, at a statewide/multi HHS service level. These positions are covered by respective legislation or a HSD and therefore do not require a statewide/multi HHS SoCP.

These positions and authorities are included in the below table.

<table>
<thead>
<tr>
<th>Position/s</th>
<th>Authority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Health Officer</td>
<td>• Biosecurity Act 2015 (Cth)</td>
</tr>
<tr>
<td></td>
<td>• Disaster Management Act 2003 (Qld)</td>
</tr>
<tr>
<td></td>
<td>- Disaster Management Regulation 2014 (Qld)</td>
</tr>
<tr>
<td></td>
<td>• Disaster Management HSD QH-HSD-003:2015</td>
</tr>
<tr>
<td></td>
<td>• Food Act 2006 (Qld)</td>
</tr>
<tr>
<td></td>
<td>- Food Regulation 2016 (Qld)</td>
</tr>
<tr>
<td></td>
<td>• Health Act 1937 (Qld)</td>
</tr>
<tr>
<td></td>
<td>- Health Regulation 1996 (Qld)</td>
</tr>
<tr>
<td></td>
<td>- Health (Drugs and Poisons) Regulation 1996 (Qld)</td>
</tr>
<tr>
<td></td>
<td>• Hospital and Health Boards Act 2011 (Qld), Part 3, Division 3,ss.52 and 53</td>
</tr>
<tr>
<td></td>
<td>• Major Events Act 2014 (Qld)</td>
</tr>
<tr>
<td></td>
<td>- Major Events (Commonwealth Games – Visiting Health Practitioner Exemptions)</td>
</tr>
<tr>
<td>Chief Psychiatrist</td>
<td>Mental Health Act 2016 (Qld), s.298</td>
</tr>
<tr>
<td>-------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>Executive and Medical Directors, Communicable Diseases Branch</td>
<td>Biosecurity Act 2015 (Cth)</td>
</tr>
<tr>
<td></td>
<td>Public Health Act 2005 (Qld)</td>
</tr>
<tr>
<td></td>
<td>Public Health (Infection Control for Personal Appearance Services) Act 2003 (Qld)</td>
</tr>
<tr>
<td></td>
<td>Public Health (Infection Control for Personal Appearance Services) Regulation 2016 (Qld)</td>
</tr>
<tr>
<td></td>
<td>Public Health (Infection Control for Personal Appearance Services) (Infection Control Guideline) Notice 2013 (Qld)</td>
</tr>
</tbody>
</table>

b) Health Support Queensland Credentialing Committee
- Clinical Forensic Medicine (Forensic Medical Officers and Government Medical Officers)
- Forensic Odontology
- Forensic Pathology
- Pathology (Pathology Queensland)

2) Children’s Health Queensland HHS Credentialing Committee
Statewide/multi HHS services are as follows:
- Deadly ears program – ENT and Anaesthesia
- General paediatric medicine
- Paediatric allergy and immunology
- Paediatric anaesthesia and pain management
- Paediatric cardio-thoracic surgery
- Paediatric cardiology
- Paediatric child development
- Paediatric child protection
- Paediatric clinical genetics
- Paediatric cystic fibrosis
- Paediatric dermatology
- Paediatric endocrinology
- Paediatric gastroenterology
3) Remote and Rural Clinical Support Unit Credentialing Committee
The Remote and Rural Clinical Support Unit Credentialing Committee supports services across South West HHS, Central West HHS, North West HHS, and Torres and Cape HHS. Statewide/multi HHS services are as follows:
- Torres and Cape HHS - General Practitioners working with the Royal Flying Doctor Service
- Torres and Cape HHS - Queensland Country Practice Senior Relievers
- South West HHS - Flying Specialist Service
  **NB:** The Flying Specialist Service provides multi HHS specialist Obstetrics and Gynaecology, General Surgery and Anaesthetic services to South West HHS, Central West HHS, Central Queensland HHS and the Darling Downs HHS.

4) Metro North HHS Credentialing Committee
Statewide/multi HHS services are as follows:
- Cardiology
- Queensland Eating Disorder Service
- Forensic Psychiatry
- Genetic Health Queensland (adults)
- Nuclear medicine
5) **Metro South HHS Credentialing Committee**
Statewide/multi HHS service is as follows:
- Renal and Liver Transplant Service.
7. Legislation

- Acts Interpretation Act 1954 (Qld)
- Anti-Discrimination Act 1991 (Qld)
- Biosecurity Act 2015 (Cth)
- Criminal Law (Rehabilitation of Offenders) Act 1986 (Qld)
- Coroners Act 2003 (Qld)
- Coroners Regulation 2015 (Qld)
- Disaster Management Act 2003 (Qld)
- Disaster Management Regulation 2014 (Qld)
- Disaster Management HSD QH-HSD-003:2015
- Food Act 2006 (Qld)
- Food Regulation 2016 (Qld)
- Guardianship and Administration Act 2000 (Qld)
- Health Act 1937 (Qld)
- Health Regulation 1996 (Qld)
- Health (Drugs and Poisons) Regulation 1996 (Qld)
- Health Ombudsman Act 2013 (Qld)
- Health Practitioner Regulation National Law Act 2009 (Qld)
- Hospital and Health Boards Act 2011 (Qld)
- Hospital and Health Boards Regulation 2012 (Qld)
- Information Privacy Act 2009 (Qld)
- Judicial Review Act 1991 (Qld)
- Major Events Act 2014 (Qld)
- Major Events (Commonwealth Games – Visiting Health Practitioner Exemptions) Regulation 2016 (Qld)
- Major Events (Motor Racing Events) Regulation 2015 (Qld)
- Mental Health Act 2016 (Qld), s.298
- Mental Health Regulation 2017 (Qld)
- Patient Safety HSD QH-HSD-032:2014
- Private Health Facilities Act 1999 (Qld)
- Private Health Facilities Regulation 2016 (Qld)
- Private Health Facilities (Standards) Notice 2016 (Qld)
- Public Health Act 2005 (Qld)
- Public Health Regulation 2005 (Qld)
- Public Health (Infection Control for Personal Appearance Services) Act 2003 (Qld)
- Public Health (Infection Control for Personal Appearance Services) Regulation 2016 (Qld)
- Public Health (Infection Control for Personal Appearance Services) (Infection Control Guideline) Notice 2013 (Qld)
- Radiation Safety Act 1999 (Qld)
- Radiation Safety Regulation 2010 (Qld)
- Radiation Safety (Radiation Safety Standards) Notice 2010
- Right to Information Act 2009 (Qld)
- Transplantation and Anatomy Act 1979 (Qld)
- Transplantation and Anatomy Regulation 2004 (Qld)
8. Related policy or documents

- Employees to Notify Supervisor if Charged with or Convicted of an Indictable Offence. Human Resources Policy E4 (QH-POL-127:2014)
- Credentialing and defining the scope of clinical practice for medical practitioners and dentists: a best practice guideline (QH-GDL-446:2017)

9. Supporting documents

## 10. Definitions

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audit</td>
<td>A risk management strategy to monitor and verify compliance with the organisation’s policies and practices on credentialing and defining SoCP.</td>
</tr>
<tr>
<td>Clinical practice</td>
<td>The professional activity undertaken for the purpose of investigating patient symptoms and preventing and/or managing illness, together with associated professional activities related to patient care. Refer also to the definition of ‘Practice’.</td>
</tr>
<tr>
<td>Credentialing</td>
<td>The formal process used to verify the qualifications, experience, professional standing and other relevant professional attributes of practitioners for the purpose of forming a view about their competence, performance and professional suitability to provide a safe, high quality healthcare service within specific environments.</td>
</tr>
<tr>
<td>Dentist</td>
<td>A person registered and legally able to practice, within the scope of their registration, as a dentist and/or dental specialist by AHPRA.</td>
</tr>
<tr>
<td>Independent audit</td>
<td>An audit conducted by a person/entity independent to the HHS/department credentialing process to verify compliance to the organisation’s policies and practices on credentialing and defining SoCP</td>
</tr>
<tr>
<td>Identified medical practitioners and dentists</td>
<td>Means the practitioners that this policy and associated credentialing and SoCP documents applies to, namely medical practitioners and dentists that are registered with the Australian Health Practitioners Agency (AHPRA) and are employed or contracted by the department. This includes Health Support Queensland and the Queensland Ambulance Service.</td>
</tr>
<tr>
<td>Medical Practitioner</td>
<td>A person registered and legally able to practice, within the scope of their registration, as a medical practitioner and/or medical specialist by AHPRA.</td>
</tr>
<tr>
<td>National Safety and Quality Health Service Standards</td>
<td>National standard for performance and skills management: Standard 1.10, September 2012.</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Practice</strong></td>
<td>Any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. Practice need not be restricted to the provision of direct clinical care. It may also include using professional knowledge in a direct, nonclinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession. Medical Board of Australia– definitions: <a href="http://www.medicalboard.gov.au/Registration-Standards.aspx">http://www.medicalboard.gov.au/Registration-Standards.aspx</a> Dental Board of Australia– definitions: <a href="http://www.dentalboard.gov.au/Registration.aspx">http://www.dentalboard.gov.au/Registration.aspx</a></td>
</tr>
<tr>
<td><strong>Practitioner</strong></td>
<td>A collective term used in the policy, standard and guideline which refers to a medical practitioner and/or dentist.</td>
</tr>
<tr>
<td><strong>SAC 1</strong></td>
<td>Severity Assessment Code (SAC) 1 incidents are incidents causing death or likely permanent harm which is not reasonably expected as an outcome of healthcare.</td>
</tr>
<tr>
<td><strong>Statewide/multi HHS scope of clinical practice</strong></td>
<td>Services delivered, or managed and monitored, by a single HHS or the department. These services are then receipted by multiple other HHSs or department divisions, where medical practitioners or dentists (employed or contracted staff) provide patient care within public health facilities across the state.</td>
</tr>
</tbody>
</table>

### 11. Version Control

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Version 1</td>
<td>25/06/2013</td>
<td>New document</td>
</tr>
<tr>
<td>Version 2</td>
<td>13/06/2014</td>
<td>Minor updates following review</td>
</tr>
<tr>
<td>Version 3</td>
<td>20/04/2015</td>
<td>Policy Rationalisation Project review</td>
</tr>
<tr>
<td>Version 4</td>
<td>28/06/2017</td>
<td>Updated following the review of the corresponding Credentialing and defining the scope of clinical practice Health Service Directive and the inclusion of Schedule A – statewide/multi HHS SoCP</td>
</tr>
</tbody>
</table>