Allied Health - Credentialing and defining scope of clinical practice and professional support

1. Purpose

This Procedure describes the processes for credentialing and defining the scope of clinical practice, professional support and registration monitoring for allied health professionals.

2. Scope

Applies to all:
- TCHHS employees including permanent, temporary, and casual employees
- It also extends to other partners, contractors, consultants, students, trainees and volunteers

3. Procedure

The Credentialing and Defining the Scope of Clinical Practice Health Service Directive QH-HSD-034:2014 identifies the mandatory requirements for credentialing and defining the scope of clinical practice for allied health professionals working in Queensland Health facilities. This is supported by the Guideline for Credentialing and Defining the Scope of Clinical Practice and Professional Support for Allied Health Professionals QH-HSCGDL-034-1:2013

The TCHHS adopts the purpose, scope principles and associated processes as detailed in the Guideline for Credentialing and Defining the Scope of Clinical Practice and Professional Support for Allied Health Professionals (the Guidelines), noting the following specific matters:
a) **Part 3, Section 3.1, External allied health professionals**

This procedure does not apply to allied health professionals from other government and non-government organisations/agencies that have systems in place for the checking of registration (where applicable) and qualifications and that have a service agreement with TCHHS that specifies the process for checking credentials.

All service agreements (contracts) developed between TCHHS and other government and non-government organisations require clinical service review of credentialing requirements for allied health professionals. This will occur by the Director of Allied Health (Northern) and Allied Health Professional Leader (Southern) before the commencement of the service agreement.

b) **Part 4, Professional support for allied health professionals**

The Director of Allied Health (Northern) and the Allied Health Professional Lead (Southern) will:

- Be the central point of contact for AH Professionals, AH team leaders and Service Managers in TCHHS regarding professional support needs including:
  - promotion of available education and training initiatives and opportunities
  - facilitating AH professional development through liaison with training providers
  - facilitating generation of professional support program for staff members in consultation with Professional Leaders and Hospital and Health Service Managers
  - participating in the orientation and induction process for new staff
  - meeting with new staff early in their tenure with explanation of AH support roles, investigation of professional support needs and linkage into the AH Rural and Remote Training and Support (AHRRTS) Program including Rural and Remote AH Orientation Package/Program or discipline-specific R&R orientation programs e.g. pharmacy
c) Appendix 1.1 Formative of a Committee for credentialing and endorsement

The RRCSU: Allied Health Credentialing and Defining Scope of Clinical Practice Committee should include, at a minimum:

- AH professional lead Director of Allied Health (Northern) and Allied Health Professional Leader (Southern) or TCHHS
- One senior allied health professional: HP4 or above
- One medical officer from the RRCSU Medical Credentialing and Defining Scope of Clinical Practice Committee
- One nursing officer from the RRCSU Medical Credentialing and Defining Scope of Clinical Practice Committee
- Discipline Director from the professions from another Health Service

d) Appendix 1.2 Process for endorsement to conduct a new service, intervention, procedure or practice

When a new service, intervention or procedure is proposed for a facility which requires an allied health professional to engage in a professional practice or clinical practice that is not traditionally within the scope of their profession, the multi-disciplinary team from the facility/department/unit shall submit an application authorisation for the practice to their AH professional lead:

- Allied Health Professional Leader (Southern)
- Director of Allied Health (Northern)

The Rural and Remote Allied Health Credentialing and Defining Scope of Clinical Practice Committee shall provide a recommendation to the HHS CE regarding the proposed new service, intervention or procedure within thirty (30) business days of receipt of the proposal.
e) **Appendix 1.3 Process for credentialing and defining scope of practice for allied health professionals**

**Primary decision maker**
The following position in the TCHHS has delegation to endorse and approve credentialing and scope of clinical practice:

- The Health Service Chief Executive

The following position in the TCHHS is the evaluator who reviews and submits the credentialing and scope of clinical practice application for endorsement and approval:

- Allied Health Professional Leader (Southern Sector)

**Business and professional support for the application development and local auditing is through**

- Director of Allied Health (Northern)
- Allied Health Professional Leader (Southern)

**Lodgement of application**
Applications are lodged to the Torres Cape Hospital and Health Service, Rural and Remote Clinical Support Unit at: RRCSU-Credentialing@health.qld.gov.au

**Consideration and recommendation**
The Rural and Remote Clinical Support Unit is responsible for:

- Central coordination point of applications
- Forwarding applications to the primary decision maker

The evaluator is responsible to:

- Review the application for completeness and accuracy
- Seek further information where required
- Confirm that the applicant has appropriate insurance
- Confirm that the applicant has a copy of Hepatitis B immunisation record or serology results (if the applicant belongs to a mandatory work category)
- Submit the criminal history check documentation
- Confirm that the applicant has a Working with Young Children and/or Aged Care clearance if relevant to the scope of clinical practice.
• Notify and obtaining signatories from the facility manager within TCHHS
• Coordinate profession-specific leader recommendations
• Submit recommendation for credentialing and scope of practice to Health Service Chief Executive for endorsement
• The profession-specific leader providing recommendations is sourced through:
  • The professional director at the nearest tertiary facility, or where this is not relevant
  • The state-wide Discipline Chair

The profession-specific leader is responsible to:

• Verify the applicant’s registration status (if appropriate) with the relevant Board
• Confirm the applicant holds the relevant qualifications
• Confirm that the applicant has provided evidence of appropriate continuing professional development
• Obtain references from at least one professional referee who is independent of the applicant, with no conflict of interest, and who can attest to the applicant’s clinical performance within the previous two years

The TCHHS Facility Manager or the Executive General Manager (where there are multiple facilities to which the applicant will provide services), is responsible to:

• Verify and endorse the applicant’s service provision within the TCHHS facility(ies)

**Advice on applicant outcome**

The evaluator is responsible to

• Provide written advice to the applicant and facility/department/unit/service managers within twenty (20) business days of receiving the recommendation from the profession-specific manager
• Update the applicant’s scope of clinical practice on the TCHHS allied health database and informing the RRCSU, facility managers and TCHHS Director of Allied Health (Northern Sector) (where required)
• Annual registration / insurances checks

Effective from: 18 January 2016
The facility/service/unit manager is required to support the applicant to attend activity specific orientation to further enhance patient safety.

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

- The evaluator must notify the Hospital and Health Service Chief Executive of the appeal within two (2) business days of receiving the appeal request
- The appeal will be reviewed by the RRCSU: Allied Health Credentialing and Defining Scope of Clinical Practice Committee. The appeal process will be consistent with the Guideline for Credentialing and Defining the Scope of Clinical Practice and Professional Support for Allied Health Professionals.

**Interim scope of clinical practice**
The following position in the HHS has delegation to endorse interim scope of clinical practice

- The Health Service Chief Executive
- Executive Director of Medical Services

### 4. Responsibilities

<table>
<thead>
<tr>
<th>Position</th>
<th>Responsibility</th>
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<tbody>
<tr>
<td>Allied Health Professional Leader (Southern)</td>
<td>Responsible for oversight, implementation, review and compliance monitoring</td>
</tr>
<tr>
<td>Director of Allied Health (Northern)</td>
<td>Responsible for implementation, review and compliance monitoring</td>
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<tr>
<td>Governance committee</td>
<td>Table Allied Health Credentialing as standing agenda item at TCHHS Clinical Governance Committee Report provided to Quality and Safety Committee (Northern) by Director of Allied Health (Northern)</td>
</tr>
<tr>
<td>Facility / Unit Manager</td>
<td>Implement procedure including raising awareness and reviewing compliance of allied health providing services in their facilities</td>
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5. **Supporting documents**
As per supporting and related documents of the Guideline

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

Guideline for Credentialing and Defining the Scope of Clinical Practice and Professional Support for Allied Health Professionals ([#QH-HSCGDL-034-1:2013](#))

6. **Related documents**
As per supporting and related documents of the Guideline

**For Clinicians not employed by Queensland Health**
- New application for credentialing and defining scope of clinical practice for allied health professionals working in TCHHS but not employed by TCHHS
- Mutual recognition application for credentialing and defining scope of clinical practice for allied health professionals working in TCHHS but not employed by TCHHS
- Re-application form for credentialing and defining scope of clinical practice for allied health professionals working in TCHHS but not employed by TCHHS

**Proposal and Local Protocol**
- Proposal for New Intervention or Service

**Complex Clinical Practice**
- New application for credentialing and defining scope of clinical practice for allied health professionals engaging in complex practices not traditionally performed by the profession at Torres and Cape Hospital and Health Service
- Mutual recognition for credentialing and defining scope of clinical practice for allied health professionals engaging in complex practices not traditionally performed by the profession at Torres and Cape Hospital and Health Service
- Re-Application for credentialing and defining scope of clinical practice for allied health professionals engaging in complex practices not traditionally performed by the profession at Torres and Cape Hospital and Health Service
7. Terms used in the policy and supporting documents
   As per Definitions of Terms in the Guideline

8. Consultation
   Allied Health Professional Lead (Southern)
   Director of Allied Health (Northern)
   TCHHS Director of Medical Services
   TCHHS Chief Executive
   TCHHS Clinical Governance Committee

9. Approval Governance Pathway
   
   Policy Officer
   Fiona Hall, Allied Health Professional Lead (Southern)

   Policy Custodian
   Health Service Chief Executive

   Endorsing Committee or Position
   Health Service Chief Executive

   Approving Officer
   Dr Jill Newland
   Health Service Chief Executive
   Torres and Cape Hospital and Health Service

   The following Officer has approved this document

   Name: Dr Jill Newland
   Position: Health Service Chief Executive

   Signature: ___________________________ Date: __________________

10. Effective Dates
    Approval date: 18 January 2016
    Effective from: 18 January 2016
    Next Date of Review: 18 January 2018
    Supersedes
11. Version Control

<table>
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<th>Version</th>
<th>Date</th>
<th>Prepared by</th>
<th>Comments</th>
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<td>Version 0.1</td>
<td>6.11.14</td>
<td>Fiona Hall</td>
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<td>24.2.15</td>
<td>Fiona Hall</td>
<td>Consistent with the updated Health Service Directive.</td>
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<td>22.7.15</td>
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<td>18.1.2016</td>
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12. Audit Strategy

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<tr>
<th>Audit strategy</th>
<th>Annual (November) registration and professional indemnity will be audited by the Allied Health Professional Leader (Southern)</th>
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<tr>
<td></td>
<td>TCHHS will conduct an annual audit of credentialing and Scope of Practice to confirm that organisations with Service agreements with TCHHS have been credentialed and have a current Scope of Practice in accordance with the relevant Guidelines</td>
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| Audit tool attached | Allied Health Credentialing Database (not attached)  
Allied Health Audit Tool (attached) |
| Audit frequency | Annually (November) |
| Audit responsibility | Allied Health Professional Leader |
| Indicators / Outcomes | All Allied Health, credentialed in the Allied Health Credentialing Database will provide a current practicing certificate and Indemnity Insurance to the Allied Health Professional Leader |
13. **Appendices**

**Appendix One**: Guideline for Credentialing and Defining the Scope of Clinical Practice and Professional Support for Allied Health Professionals (#QH-HSCGDL-034-1:2013)

**Appendix Two**: New application for credentialing and defining scope of clinical practice for allied health professionals working in TCHHS but not employed by TCHHS

**Appendix Three**: Mutual recognition application for credentialing and defining scope of clinical practice for allied health professionals working in TCHHS but not employed by TCHHS

**Appendix Four**: Re-application form for credentialing and defining scope of clinical practice for allied health professionals working in TCHHS but not employed by TCHHS

**Appendix Five**: Proposal for New Intervention or Service

**Appendix Six**: New application for credentialing and defining scope of clinical practice for allied health professionals engaging in complex practices not traditionally performed by the profession at Torres and Cape Hospital and Health Service

**Appendix Seven**: Mutual recognition for credentialing and defining scope of clinical practice for allied health professionals engaging in complex practices not traditionally performed by the profession at Torres and Cape Hospital and Health Service

**Appendix Eight**: Re-Application for credentialing and defining scope of clinical practice for allied health professionals engaging in complex practices not traditionally performed by the profession at Torres and Cape Hospital and Health Service.

**Appendix Nine**: Audit tool