Statement

The Department of Health (the department) has developed this Credentialing and defining the scope of clinical practice (SoCP) Standard for medical practitioners, dentists and the credentialing administration staff to:

- minimise risk to patients by ensuring medical practitioners and dentists have the appropriate skills, qualifications and experience to provide services to patients, through a process for verifying and evaluating the qualifications, experience, professional standing and other relevant professional attributes of medical, and defining their SoCP within specific organisational settings
- provide a robust, non-punitive and practical credentialing and SoCP process which is consistent with the National Standard for Credentialing and Scope of Clinical Practice 2004 and the Australian Commission on Safety and Quality in Health Care, Safety and Quality Improvement Guideline, Standard 1.10
- specify the minimum actions required to comply with the department’s Credentialing and defining the scope of clinical practice Policy (QH-POL-390:2015) and identify the responsibilities and accountabilities for the management of credentialing and defining the SoCP.

The Credentialing and defining the scope of clinical practice for medical practitioners and dentists; a best practice guideline, 2017 provides a comprehensive best practice reference tool for all persons involved in the credentialing process to meet the requirements of the department’s policy and the national standards.

1. Scope

This standard applies to identified medical practitioners and dentists (collectively referred to as ‘practitioners’) who are registered with the Australian Health Practitioner Regulation Agency (AHPRA) and are employed by the department. This includes Health Support Queensland (HSQ) and the Queensland Ambulance Service (QAS).

This standard does not apply to the following departmental staff:

- dental students
- medical administration trainees
- medical registrars undertaking project work
- practitioners undertaking research and teaching which does not involve patient contact or responsibility
- practitioners who are in the role of undertaking a clinical review or a health service investigation under the Hospital and Health Boards Act 2011 (Qld).

2. Requirements

2.1 Principles

- patient safety — ensuring medical practitioners and dentists 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.

### 2.2 Governance

The Chief Health Officer and Deputy Director-General, Prevention Division (CHO and DDGPD) is the custodian of the *Credentialing and defining the scope of clinical practice* policy, standard and guideline.

The business area contact is the Chief Medical Officer and Healthcare Regulation Branch.

There are two credentialing committees within the department to enact the policies on behalf of the CHO and DDGPD, namely:

- Department of Health Credentialing and Defining Scope of Clinical Practice Committee
- Health Support Queensland Credentialing Committee.

### 2.3 Delegations

Under the Department of Health HR Delegations Manual: HRM Functions of the Director-General July 2017 (HR Delegations Manual), the following officers have the delegated authority to perform the credentialing and SoCP functions identified in the table below:

- Director-General (DG)
- CHO and DDGPD - (Band 3 delegation)
- Chief Executive, Health Support Queensland (CE HSQ) – (Band 3 delegation)
- Chief Operating Officer (COO), HSQ – (Band 4 delegations)
- Executive Director Medical Services (EDMS), HSQ – (Band 4 delegation)
- Executive Director, Pathology Queensland (ED PQ), HSQ – (Band 4 delegation)

There are conditions associated with some delegations. Refer to the HR Delegations Manual for these conditions:


The definition of ‘approve’ in the HR Delegations Manual states:

Unless stated otherwise in the delegation function description or the specific condition of a delegation, the delegation to ‘approve’ a function includes the power to approve, amend or refuse approval as the delegate thinks necessary or expedient to the proper exercise or discharge of power. Decisions by the delegate are to be in accordance with specific conditions of the delegation and processes stated in relevant legislation, policies and procedures.

It is important to note that:

- to ensure procedural fairness, the decision maker with delegation to approve SoCP must not participate in the credentialing committee process or its deliberations
- the DG maintains delegation for the full suite of credentialing/SoCP functions/activities
- the DG is the decision maker for credentialing decisions with respect to the CHO and DDGPD
- the CE HSQ is the decision maker for credentialing decisions with respect to the EDMS HSQ and the ED PQ.

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1. Whilst the DG has delegation for the full suite of credentialing functions/activities, in practice the DG’s role as decision maker should be preserved for credentialing appeals.
## Functions

<table>
<thead>
<tr>
<th>Functions</th>
<th>Delegate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Approve the appointment of the chair to the credentialing and SoCP</td>
<td>CHO and DDGPD CE HSQ</td>
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<tr>
<td>2. Approve the SoCP for individual practitioners</td>
<td>CHO and DDGPD COO HSQ EDMS HSQ ED PQ HSQ</td>
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<tr>
<td>3. Approve the interim SoCP for individual practitioners</td>
<td>CHO and DDGPD COO HSQ EDMS HSQ ED PQ HSQ</td>
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<tr>
<td>4. Approve the termination, suspension or reduction of SoCP</td>
<td>CHO and DDGPD CE HSQ</td>
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<tr>
<td>5. Approve a statewide/multi SoCP to an individual practitioner (NB: this only applies to identified services listed at Schedule A of the Credentialing and defining the scope of clinical practice policy)</td>
<td>CHO and DDGPD COO HSQ EDMS HSQ ED PQ HSQ</td>
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<tr>
<td>6. Initiate a practitioner’s ‘right to appeal’ process to the appeal committee</td>
<td>CHO and DDGPD CE HSQ</td>
</tr>
<tr>
<td>7. Approve the SoCP of a practitioner at the conclusion of the appeal process</td>
<td>DG CE HSQ</td>
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## 2.4 Process Framework

There are three distinct phases in the standard process of initial credentialing and defining the SoCP for practitioners. The credentialing committee acts as the conduit for the major component of this process.

The credentialing committee is a formally constituted committee, the members of which have the skills, knowledge and experience to determine an applicant’s SoCP. The credentialing committee examines completed SoCP applications, verifies qualifications and clinical experience and other relevant professional attributes. It forms a view on competence, performance and professional suitability, based on the practitioner’s application. The credentialing committee’s recommendation is provided to the relevant decision maker to make a final decision on the practitioner’s SoCP.
Phases 1 to 3 are usually completed prior to appointment/engagement of the practitioner. Renewal of credentialing and SoCP is completed on a regular and ongoing basis (this period should not exceed an interval of five years).

An overview of the process is provided in the table below. Processes are described in further detail within the Credentialing and defining the scope of clinical practice for medical practitioners and dentists: a best practice guideline, 2017.
# Credentialing and defining the SoCP

## Initial Credentialing

### Verification of credentials and defining the SoCP (Phase 1, 2 and 3)

**Application**
The practitioner must complete an Application for SoCP form and submit the required set of documentation (credentials) as outlined in the application form.

**Recommendation**
The SoCP application is considered by the credentialing committee and the committee provides a formal recommendation to the decision maker regarding the practitioner’s SoCP and the duration of that SoCP.

The SoCP, in all circumstances, may only be granted for an individual practitioner for a period not greater than five years for each separate application. Variances less than this maximum period may be imposed according to the considerations and circumstances of the application.

The credentialing committee’s recommendations must reflect any reprimands, conditions, notations or undertakings imposed on the applicant’s registration by the respective registration board.

**Decision**
The decision maker has delegated authority to make the decision on the practitioner’s SoCP application.

**Advice on SoCP application outcome**
The decision maker must provide written advice to the practitioner, informing them that the requested SoCP has been granted or that they may apply for a review of the SoCP outcome if the practitioner’s application is denied, withheld, limited or granted in a different form to that requested.

## Renewal of Credentialing and SoCP

### Credentialing and SoCP renewal

Credentials and the SoCP are reviewed to ensure the practitioner’s credentials remain current and relevant, and that the practitioner remains competent to provide the defined SoCP.

Renewal of SoCP must not exceed a maximum of a five-year interval, or for a lesser period, as determined by the considerations of the practitioner’s application.

## Other credentialing and defining the SoCP processes

### Mutual recognition

Some practitioners undertake clinical practice across multiple facilities. The mutual recognition process involves the recognition of credentials and SoCP approved by a primary credentialing committee, but is not an automatic transposition of SoCP. A separate and distinct SoCP determination must be made by the secondary facility.

### Statewide/multi HHS credentialing

Schedule A of the *Credentialing and defining the scope of clinical practice* policy describes statewide/multi HHS services which are managed, coordinated and monitored by the department or by a single HHS, and these services are then receipted by multiple other HHSs, where practitioners provide patient care within public health facilities across the State.

Statewide/multi HHS services are listed at Schedule A, section 1, ‘Credentialing for services provided by the department (with employed or engaged staff)’.

### Practitioner request to change SoCP

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Credentialing and defining the scope of clinical practice for medical practitioners and dentists standard.
Chief Health Officer and Deputy Director-General, Prevention Division.
Effective date: 23 October 2017

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A practitioner may request a review of their SoCP at any time, including when:
- additional specialist registration, or additional skills or qualifications, are obtained
- conditions, suspensions, notations or undertakings on their AHPRA registration which affect the practitioner’s SoCP are removed or reduced
- the practitioner seeks to reduce their SoCP
- a new clinical service, procedure, technology or intervention has been introduced.

**Interim SoCP**

All practitioners who are subject to the Credentialing and defining the scope of clinical practice policy (QH-POL-390:2015) must have an approved SoCP prior to commencing an appointment.

It is recognised that in some circumstances a practitioner is required to commence work prior to completing the standard process. In these circumstances an interim SoCP may be approved. An interim SoCP is intended to cover the period up to when the credentialing committee considers the full application, and the relevant decision maker determines SoCP. Once an application has been considered by the credentialing committee and a SoCP is approved, or otherwise, the interim SoCP becomes invalid.

Interim SoCP, if approved by the decision maker, may apply to disasters/major emergencies or specific community events.

**Termination, suspension or reduction of SoCP**

If a practitioner’s right to practice within a public health facility is altered, particularly in response to concerns regarding the practitioner’s competence and/or performance, a review of SoCP should be undertaken by the credentialing committee. Should the practitioner’s SoCP be terminated, suspended or reduced, the decision maker has a responsibility, where relevant, to:
- immediately notify other public health facilities that have recognised the practitioner through mutual recognition or through a statewide/multi HHS SoCP, of the change
- if the reporting threshold is met, report to the Health Ombudsman under the Health Practitioners Regulation National Law Act 2009 (Qld) (National Law)
- [Part 8, Division 2 of the National Law, ‘Mandatory notifications’ under sections 141 and 142; and in Part 8, Division 3 of the National Law, ‘Voluntary notifications’, if a ground for voluntary notification exists under section 144 of the National Law.]
- In addition, a health service complaint may be made in accordance with sections 13 and 32 of the Health Ombudsman Act 2013 (Qld)]
- consider notification to the relevant professional college/society/association or Australian Medical Council if this disclosure is authorised at law.

Upon notification of a change to the practitioner’s SoCP, the receiving HHS is to assess on a case-by-case basis, the local service impact of the SoCP notification. (Privacy and confidentiality obligations under the Information Privacy Act 2009 (Qld) and the Hospital and Health Boards Act 2011 (Qld), along with other health portfolio legislation, apply).

It is important to note that any decision made, or a failure to make a decision, regarding credentialing and SoCP may be reviewable by the Queensland Supreme Court under the Judicial Review Act 1991 (Qld), including the original decision, any interim decision, or any decision made after consideration by a credentialing committee.

**Review of SoCP outcome**

A practitioner may apply to the decision maker for a review of their SoCP decision. The decision maker must consider the practitioner’s application and any submissions or supporting documents, and may seek advice from the committee, where appropriate.

Resolution of credentialing and SoCP matters should be exhausted at the department division level before progressing to the appeal process.

**Appeal process**
In accordance with the Credentialing and defining the scope of clinical practice policy (QH-POL-390:2015) a practitioner whose SoCP has been terminated, suspended, reduced, denied or approved in a different form to that requested, has the right to appeal against that decision to an independent appeal committee.

A credentialing and SoCP appeal process is instigated after all possibilities of resolution have been exhausted at the department division level.

2.5  Process management

- During each stage of the credentialing and SoCP process, there is an overarching responsibility on all those involved in the process of credentialing to act at all times with due care and diligence, and to ensure procedural fairness and natural justice. The principles of procedural fairness, transparency and accountability underpin the process of assessment of credentials and delineation of a SoCP.
- Where authorised, the department should ensure that information regarding a practitioner’s approved SoCP is accessible at all times to relevant staff.
- Committees must maintain complete records of the credentialing process for each recommendation, and ensure these records are available for audit purposes, and are retained for 80 years, in compliance with the provisions of the ‘General Retention and Disposal Schedule (GRDS) for Administration Records’ [reference 1233 for employee practitioners]
- Documents obtained or created by credentialing/appeal committees may be accessible under the Right to Information Act 2009 (Qld) (subject to the exemptions specified in that Act) and other court processes, for example subpoenas
- The Credentialing and defining the scope of clinical practice for medical practitioners and dentists in Queensland: a best practice guideline 2017, provides a comprehensive risk management strategy to assist in the management of processes that underpin the maintenance of clinical governance at the service level and for the clinical workforce to meet the requirements of the department’s policy and standard, and the national standards.

3. 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)
4. Supporting documents

• Office of the Health Ombudsman Mandatory Notifications, available at:

• Department of Health Policy QH-POL-390:2015 Credentialing and defining the scope of clinical practice, available at:

• Department of Health HR Delegations Manual: HRM Functions of the Director-General October 2016, available at:
## 5. Definitions

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<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>
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<td>National Safety and Quality Health Service Standards, <em>Governance for Safety and Quality in Health Service Organisations, Standard 1</em>, October 2012:</td>
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<tr>
<td>Credentials</td>
<td>The qualification, professional training, clinical experience, and training and experience in leadership, research, education, communication and teamwork that contribute to a practitioner’s competence, performance and professional suitability to provide safe, high quality healthcare services.</td>
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<td></td>
<td>A practitioner’s history of, and current status with respect to, professional registration, disciplinary actions, indemnity insurance and criminal record are also regarded as relevant to their credentials.</td>
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<td>National Standard for Credentialing and Defining the Scope of Clinical Practice - A National Standard for credentialing and defining the scope of clinical practice of medical practitioners, for use in public and private hospitals – July 2004:</td>
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<tr>
<td>Credentialing committee</td>
<td>A committee established by the relevant delegate to facilitate the formal process used by the department 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 safe, high quality healthcare services within specific organisational environments.</td>
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<tr>
<td>Decision maker</td>
<td>The delegated person or position authorised to approve/amend/refuse a practitioner’s SoCP within the department.</td>
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<td></td>
<td>Delegations must always be checked against the Department of Health HR Delegation Manual: HRM Functions of the Director-General</td>
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<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>
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<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</td>
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<td>Term</td>
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<tr>
<td>department. This includes Health Support Queensland and the Queensland Ambulance Service</td>
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<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>
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<tr>
<td>National Safety and Quality Health Service Standards</td>
<td>National Safety and Quality Health Service Standards – September 2012: Standard 1.10.</td>
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<td>Australian Commission on Safety and Quality in Health Care:</td>
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<td>Standard 1.10:</td>
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<tr>
<td>Practitioner</td>
<td>A collective term used in the policy, standard and guideline which refers to a medical practitioner and/or a dentist.</td>
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<tr>
<td>Scope of clinical practice (SoCP)</td>
<td>The extent of an individual practitioner’s approved clinical practice within a particular organisation based on the individual’s credentials, competence, performance and professional suitability and the needs and capability of the organisation to support the practitioner’s SoCP.</td>
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<tr>
<td>Australian Commission on Safety and Quality in Health Care,</td>
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<tr>
<td>Credentialing health practitioners and defining their scope of clinical practice: A guide for managers and practitioners:</td>
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<tr>
<td>Statewide/multi HHS scope of clinical practice</td>
<td>Health Services delivered, or managed and monitored, by a single HHS or the department. These health 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>
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### 6. Version Control

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<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Version 1</td>
<td>28 June 2017</td>
<td>New document</td>
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