Credentialed and defining the scope of clinical practice

Purpose

The purpose of this health service directive (HSD) is to ensure identified health professionals are credentialed and have a defined scope of clinical practice (SoCP) to support the delivery of safe and high quality health care within Hospital and Health Services (HHS).

It also outlines specified clinical services, and the medical practitioners or dentists (employed or engaged) to that clinical service, that are identified as having a statewide/multi HHS SoCP (refer to Schedule A).

Scope

This HSD applies to all HHSs and is relevant to professionals identified in the professional stream requirements section of this document.

Health professionals employed within the Department of Health (the department) should refer to the appropriate policy, standard and guideline.

Principles

- **Patient safety** — ensuring health professionals 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.
Outcomes

All HHSs shall ensure all identified health professionals are credentialed and have a defined SoCP.

Mandatory requirements

Hospital and Health Services shall:

- maintain a HHS policy for credentialing and defining the SoCP for identified health professionals
- ensure that local Human Resource Delegation Manuals align to the full suite of credentialing and SoCP delegations that are represented in the Department of Health’s Delegations Manuals, while reflecting the local context and content
- 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 HSD, clinical incidents pertaining to credentialing and SoCP that:
  - may result in media attention that may require a response by the department OR
  - were subject to risk assessment by a HHS and rated as high risk or a SAC 1 event
- have a process in place which affords health professionals the opportunity to have a decision regarding their SoCP reviewed or appealed.

Specific mandatory professional stream requirements

1. Medical Practitioners and Dentists

Hospital and Health Services shall:

- ensure all identified, Australian Health Practitioner Regulation Agency (AHPRA) registered medical practitioners and dentists, have a current documented SoCP covering all work performed
- recognise the approved statewide/multi HHS services and processes as outlined in Schedule A, and as amended from time to time by the Director-General
- have an established and maintained auditing processes in place. At a minimum, conduct an annual audit of credentialing and SoCP matters by a person/entity independent of the HHS credentialing process
- conduct an annual Compliance Self-Assessment audit in the month of July to ensure compliance with this HSD, 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.
2. **Registered Nurses and Midwives**

Hospital and Health Services shall:

- ensure nurse practitioners are credentialed and have a current, documented SoCP
- ensure nurses and midwives intending to engage in a specific scope of practice are credentialed and have a current, documented SoCP for that specific scope of practice
- ensure all privately practicing nurses and midwives working within Queensland Health, but not employed by Queensland Health, are credentialed and have a current, documented SoCP
- ensure credentialing decisions are professionally led with appropriate nursing and midwifery representation.

3. **Allied Health Professionals**

Hospital and Health Services shall:

- ensure all allied health professionals intending to engage in an extended scope of practice are credentialed and have a current, documented defined SoCP
- have mechanisms in place to support professional support activities for all allied health professionals regardless of the allied health professional’s clinical area, career stage, location or profession speciality.
Schedule A – statewide/multi HHS 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 HSD is also incorporated in the department’s Credentialing and defining the SoCP policy (QH-POL-390:2016) and references to both the HHSs and the department within the schedule are relevant.

Statewide or multi-HHS 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 medical practitioners or dentists (employed or engaged staff) provide patient care within public health facilities across the State.

Amendments to Schedule A

Proposed amendments to this HSD will be made to the Director-General by the Chief Health Officer and Deputy-Director General Prevention Division in accordance with the HSD Management Standard (QH-IMP-366-1:2015) and HSD Consultation Standard (QH-IMP-366-2:2015).

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 proposed change to services in Schedule A.

Accountabilities

The HHS/department division who employs/engages the medical practitioner or dentist 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 divisions and immediately notify other HHSs 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
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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 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, departmental 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...
There are departmental medical practitioners and dentists 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>
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<tbody>
<tr>
<td>Chief Health Officer</td>
<td>• Biosecurity Act 2015 (Cth)</td>
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<td></td>
<td>• Disaster Management Act 2003 (Qld)</td>
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<td></td>
<td>- Disaster Management Regulation 2014 (Qld)</td>
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<td></td>
<td>• Disaster Management HSD QH-HSD-003:2015</td>
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<td></td>
<td>• Food Act 2006 (Qld)</td>
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<td>- Food Regulation 2016 (Qld)</td>
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<td></td>
<td>• Health Act 1937 (Qld)</td>
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<td></td>
<td>- Health Regulation 1996 (Qld)</td>
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<td></td>
<td>- Health (Drugs and Poisons) Regulation 1996 (Qld)</td>
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<tr>
<td></td>
<td>• Hospital and Health Boards Act 2011 (Qld), Part 3, Division 3,ss.52 and 53</td>
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<td>• Major Events Act 2014 (Qld)</td>
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<td></td>
<td>- Major Events (Commonwealth Games – Visiting Health Practitioner Exemptions) Regulation 2016 (Qld)</td>
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<td></td>
<td>- Major Events (Motor Racing Events) Regulation 2015 (Qld)</td>
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<td></td>
<td>• Private Health Facilities Act 1999 (Qld)</td>
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<tr>
<td></td>
<td>- Private Health Facilities Regulation 2016 (Qld)</td>
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<td></td>
<td>- Private Health Facilities (Standards) Notice 2016 (Qld)</td>
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<td></td>
<td>• Public Health Act 2005 (Qld)</td>
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<td></td>
<td>- Public Health Regulation 2005 (Qld)</td>
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<td></td>
<td>• Radiation Safety Act 1999 (Qld)</td>
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<td>• Transplantation and Anatomy Act 1979 (Qld)</td>
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<tr>
<td>Chief Psychiatrist</td>
<td>• Mental Health Act 2016 (Qld), s.298</td>
</tr>
<tr>
<td>Executive and Medical Directors, Communicable Diseases Branch</td>
<td>• Biosecurity Act 2015 (Cth)</td>
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<td></td>
<td>• Public Health Act 2005 (Qld)</td>
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<td></td>
<td>• Public Health (Infection Control for Personal)</td>
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</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
- Paediatric hepatology and liver transplant
- Paediatric haematology
- Paediatric infectious diseases
- Paediatric metabolic medicine
- Paediatric and neonatal surgery
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- Paediatric nephrology
- Paediatric neurosciences
- Paediatric neurosurgery
- Paediatric nuclear medicine
- Paediatric oncology
- Paediatric ophthalmology
- Paediatric oral and maxillofacial surgery
- Paediatric orthopaedics
- Paediatric otolaryngology – ENT
- Paediatric palliative care medicine
- Paediatric plastic and reconstructive surgery
- Paediatric psychiatry
- Paediatric radiology
- Paediatric rehabilitation and cerebral palsy health
- Paediatric rheumatology
- Paediatric respiratory
- Paediatric sleep medicine
- Paediatric urology, burns and trauma.

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
- Otolaryngology
- Thoracic medicine
- Heart and Lung Transplant Service.

**Metro South HHS Credentialing Committee**

Statewide/multi HHS service is as follows:

- Renal and Liver Transplant Service.
Related or governing legislation, policy and agreements

- 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)
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- 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)

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)
- Indemnity for Queensland Health Medical Practitioners Human Resources Policy I2 (QH-POL-153:2014) Information regarding indemnity (excluding medical) is available in the Queensland Government Indemnity Guideline:
  

- Indemnity for all HHS and department employees refer to the Queensland Government indemnity Guideline:
  

- Credentialing and defining scope of clinical practice for medical practitioners and dentists in Queensland – a best practice guideline (QH-GDL-446:2017)
- Guideline for credentialing, Defining the Scope of Clinical Practice and Professional Support for Allied Health Professionals, QH-HSDGDL-034-1:2015
Supporting documents

- Australian Commission on Safety and Quality in Health Care, Safety and Quality Improvement Guideline October 2012, Standard 1: Governance for Safety and Quality in Health Service Organisations (in review) available at:

- National Standard for Credentialing and Scope of Clinical Practice 2004 available at:

- Australian Health Practitioner Regulation Agency (AHPRA) National Board guidelines for registered health practitioners Guidelines for Mandatory Notifications relevant to the professions, available at:

- Australian Health Practitioner Regulation Agency (AHPRA) Recency of Practice Registration Standard relevant to the professions, available at:

- Clinical Services Capability Framework for Public and Licensed Private Health Facilities available at:

- Office of the Health Ombudsman Mandatory Notifications available at:

- RACMA Guide to Practical Credentialing and Scope of Clinical Practice Processes, August 2015, available at:

Business area contact

Office of the Chief Medical Officer
Chief Medical Officer and Healthcare Regulations Branch
Prevention Division

Review

This directive will be reviewed at least every three years.
Credentialing and defining the scope of clinical practice

Date of last review: 28 August 2014
Supersedes: Version 1.2

Approval and Implementation

Directive Custodian

Chief Health Officer and Deputy-Director General Prevention Division

Approval by Chief Executive

Director-General, Queensland Health

Approval date: 13 June 2017

Issued under section 47 of the Hospital and Health Boards Act 2011

Version Control

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Prepared by</th>
<th>Comments</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>01/07/2013</td>
<td>Office of Principal Medical Officer</td>
<td>New HSD</td>
</tr>
<tr>
<td>1.1</td>
<td>18/07/2013</td>
<td>Office of Principal Medical Officer</td>
<td>Minor updates incorporated resulting from feedback from second round of statewide consultation.</td>
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<td>1.2</td>
<td>10/04/2014</td>
<td>Office of Principal Medical Officer</td>
<td>Minor inclusions following statewide consultation, feedback, Credentialing Officers Network and alignment with the draft Credentialing and defining scope of clinical practice for medical practitioners and dentists in Queensland guide Consultation has occurred with the: • Acting Chief Dental Officer • Nursing and Midwifery Office, Queensland • Allied Health Professions’ Office, Queensland.</td>
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<td>2.0</td>
<td>1/06/2017</td>
<td>Office of the Chief Medical Officer</td>
<td>Inclusions following the review of the Credentialing and defining SoCP for medical practitioners and dentists in Queensland; a best practice guide, June 2014. Inclusion of approved ‘statewide/ multi HHS’ services (Schedule A) category pertaining only to medical practitioners and dentists. Consultation has occurred with the: • All HHS Chief Executives through the Chief Executive Forum</td>
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</table>
### Credentialing and defining the scope of clinical practice

- Multiple EDMSs
- Credentialing Officers
- Office of the Chief Nursing and Midwifery Officer
- Allied Health Professions’ Office of Queensland
- Office of the Chief Dental Officer.
- Credentialing Health Service Directive Advisory Committee
## Definitions

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition / Explanation / Details</th>
<th>Source</th>
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</thead>
<tbody>
<tr>
<td>Allied Health Professionals</td>
<td>This directive applies to the following allied health professions: audiology; clinical measurement sciences; dietetics; exercise physiology; music therapy; nuclear medicine technologists; nutrition; occupational therapy; optometry; orthoptics; orthotics / prosthetics; pharmacy; physiotherapy; podiatry; psychology; physicists; radiation therapy; radiography; radiochemists; sonography; social work; speech pathology; social work associates; welfare officers.</td>
<td>Allied Health Professions’ Office of Queensland</td>
</tr>
<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>
<td></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>
<td>Standard for Credentialing and Scope of Clinical Practice 2004.</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>
<td>National Safety and Quality Health Service Standards, Governance for Safety and Quality in Health Service Organisations, Standard 1, October 2012</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>
<td>Australian Health Practitioner Regulation Agency.</td>
</tr>
<tr>
<td>Health professional</td>
<td>A trained health professional who may or may not be required to be registered with AHPRA</td>
<td></td>
</tr>
<tr>
<td>Independent audit</td>
<td>An audit conducted by a person/entity independent to the HHS credentialing process to verify compliance to the organisation’s policies and practices on credentialing and defining SoCP.</td>
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<tr>
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<tr>
<td>Identified health professionals</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)</td>
<td>Australian Health Practitioner Regulation Agency</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>
<td><a href="http://www.ahpra.gov.au/Registration/Registers-of-Practitioners.aspx">http://www.ahpra.gov.au/Registration/Registers-of-Practitioners.aspx</a></td>
</tr>
<tr>
<td>Nurse or Midwife</td>
<td>A person registered and legally able to practice, within the scope of their registration, as a Registered Nurse and/or Midwife by the Australian Health Practitioner Regulation Agency.</td>
<td><a href="http://www.ahpra.gov.au/Registration/Registers-of-Practitioners.aspx">http://www.ahpra.gov.au/Registration/Registers-of-Practitioners.aspx</a></td>
</tr>
<tr>
<td>Practice</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.</td>
<td>Medical Board of Australia– definitions.</td>
</tr>
<tr>
<td>Private Practice Nurses and Midwives</td>
<td>A Nurse or a Midwife who is a self-employed professional healthcare provider.</td>
<td>AHPRA definition generally for regulated health professions</td>
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</tbody>
</table>

Effective From: 23 October 2017
## Credentialing and defining the scope of clinical practice

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition / Explanation / Details</th>
<th>Source</th>
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<tbody>
<tr>
<td>Queensland Health</td>
<td>Queensland Health refers to the public sector healthcare system, incorporating the Department of Health and HHSs.</td>
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<tr>
<td>SAC 1</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>
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</tr>
<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>
<td>Australian Commission on Safety and Quality in Health Care, <em>Credentialing health practitioners and defining their scope of clinical practice: A guide for managers and practitioners.</em> December 2015.</td>
</tr>
<tr>
<td>Specific scope of practice</td>
<td>Scope of clinical practice requiring specific credentialing based on additional training, the introduction of new clinical procedures, equipment or where any other significant change in practice occurs.</td>
<td>Australian Commission on Safety and Quality in Health Care, <em>Credentialing health practitioners and defining their scope of clinical practice: A guide for managers and practitioners.</em> December 2015.</td>
</tr>
<tr>
<td>Statewide/multi HHS scope of clinical practice</td>
<td>Services delivered, or managed and monitored by a single HHS or the DoH. These services are then receipted by multiple other HHSs where medical practitioners or dentists (employed or engaged staff) provide patient care within public health facilities across the State.</td>
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