TARGET AUDIENCE
All Alfred Health clinical staff who have responsibility for patient care and non-clinical managers employing clinicians.

This policy therefore applies to senior & junior medical & dental staff (including honoraries); nursing staff including nurse practitioners and allied health staff from therapy and science disciplines - https://www2.health.vic.gov.au/health-workforce/allied-health-workforce/allied-health-disciplines.

This policy also applies to agency, locum and bank staff.

PURPOSE
- To ensure that the credentialing of clinical staff is formally undertaken on appointment and as relevant or required by Alfred Health discipline guidelines thereafter.
- To outline the process of assessing staff qualifications, training, experience, professional standing and required competence as part of the appointment process for clinical staff as well as for re-credentialing where required.
- Where a professional body requires annual registration that this will be checked and monitored by the relevant Alfred Health professional or department head or designated person (Appendix A).
- To link with the Alfred Health framework for clinical governance and risk management.

DEFINITIONS
Credentials – the qualifications, achievements, clinical expertise, leadership, research, education, communication and teamwork that contributes to an health professional’s competence, performance and professional suitability to provide safe, high quality health care services.

Credentialing - the formal process used to verify the qualification, experience, professional standing and other relevant professional attributes of health professionals for the purpose of forming a view about their professional suitability to provide safe, high quality health care services within this specific organisational environment.

Competence – demonstrated ability to provide health care services at an expected level of safety and quality.

Competency – the consistent application of knowledge and skill to the standard of performance required in the workplace. It embodies the ability to transfer and apply skills and knowledge to new situations and environments (National Quality Council 2014, p. 4).

Defining scope of clinical practice - extent of an individual health professional's clinical practice within the organisation, based on the individual’s credentials, competence, performance and professional suitability and the needs and capability of the organisation.

Registration – Legally able to practise within the scope of their registration. Each National Board sets Registration Standards, designed to ensure patient safety and approved by Ministerial Council, that every registered health practitioner must meet. Only practitioners who have the skills and qualifications to provide safe care to the Australian community are registered to practise their profession.

1 ACSQHC, Standard 1 Governance for Safety & Quality in Health Service Organisations, October 2012
2 ibid
3 www.ahpra.gov.au/registration

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POLICY

All Alfred Health clinical staff who have responsibility for patient care and who are appointed to Alfred Health must be credentialed and given an appropriate scope of practice. This must be in accordance with their skill level, experience and the requirements of their position.

Clinical staff must also comply with proof of identity requirements, police checks and working with children checks and licensing where applicable.

Credentialing

- All credentialing requirements must be documented, either in position descriptions or separate credentialing documentation as applicable.
- Credentialing requirements can include - mandatory professional registration, licensing, postgraduate qualifications and training, eligibility for professional body memberships, relevant experience, log books, other registrations (e.g. around radiation), professional references, CPD, specific competency/skills training, etc.
- Verification is required that the classification of the position is consistent with the scope of practice required to perform the role.
- Verification is required that appointed staff meet credentialing requirements and meet the experience/skills/competencies listed.
- Certified copies of qualifications and proof of registration and licensing of all staff (where required) must be sighted and forwarded to the relevant Alfred Health Department. Note: this may be done online if available.
- Relevant managers are required to maintain an appropriate record of proof of annual registration and any other mandatory recurrent requirements.

Defining scope of practice

The scope of practice represents the range and scope of clinical responsibility that a clinician may exercise. Scope of practice can be outlined and defined through the following mechanisms:

- Position descriptions
- Competency requirements
- Clinical practice standards
- Scope of practice documentation
- Employment contracts

Scope of practice is monitored using the following:

- Orientation
- Supervision
- Performance review systems
- Competency and skills evaluation
- Review of clinical practice/log books/portfolios etc
- Audit
- Regular review

Credentialing and Scope of Practice Governance

- It is the responsibility of professional discipline leaders and operational managers to:
  - Ensure appointments are made consistent with relevant Alfred Health Guidelines
  - inspect and verify the credentials of an applicant, including their professional degrees, diplomas, certificates, registration/licenses (where applicable), references and professional indemnity insurance (where applicable).
  - determine the professional eligibility of applicants for specific duties including their training and experience
Mandatory Reporting Obligations (for registered professionals)
Section 140 of the National law requires that a registered health practitioner must notify the Board if, in the course of practising their profession, they form a reasonable belief that another registered health practitioner has behaved in a way that constitutes ‘notifiable conduct’. Refer to Alfred Health Policy – Mandatory Reporting of Health Practitioners.

Any registered practitioner who fails to report notifiable conduct on the part of another registered health practitioner may be the subject of disciplinary action by AHPRA. Some sonographers who do not have a Medical Imaging Technologist background are not AHPRA registered but registered with the Australian Sonographer Accreditation Registry (ASAR).

KEY RELATED DOCUMENTS
- Alfred Health Mandatory Reporting of Health Practitioners Policy
- Allied Health Clinical Governance Framework
- Alfred Health Supervision Policy
- Allied Health Credentialing and Scope of Practice Guideline
- Process for changes to Nursing Scope of Practice Guideline
- Nurse Practitioner Role Development Guideline
- Nursing and Allied Health Observers and Temporary Honorary Appointees Guideline
- Credentialing and Delineation of Scope of Clinical Practice for Senior Medical Staff Guideline
- www.ahpra.gov.au/registration

Key legislation, acts & standards:
- Charter of Human Rights and Responsibilities Act 2006 (Vic)4
- Health Practitioner Regulation National Law Act 2009 (the ‘Act’)

REFERENCES
KEYWORDS

AUTHOR / CONTRIBUTORS
* denotes key contact

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<tr>
<th>Name</th>
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<tr>
<td>* Lisa Somerville</td>
<td>Director Allied Health</td>
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<td>* Dr Lee Hamley</td>
<td>ED Medical Services</td>
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<tr>
<td>* Janet Weir Phyland</td>
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Endorsed by: Dr Lee Hamley  
Title: Chief Medical Officer  
Date: December 2015

Approved by: Alfred Health Executive Committee  
Date: 16 December 2015

Disclaimer: This guideline has been developed within the context of Alfred Health service delivery. Alfred Health shall not be responsible for the use of any information contained in this document by another organisation outside of Alfred Health.

[1] REMINDER: Charter of Human Rights and Responsibilities Act 2006 – All those involved in decisions based on this guideline have an obligation to ensure that all decisions and actions are compatible with relevant human rights.
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