

BDHC Policy 2.06 – Clinician Credentialing and Appointments

Definitions

“Credentialing” refers to the formal process used to verify the qualifications, experience, professional standing and other relevant professional attributes of medical practitioners, dentists, allied health practitioners and above standard scope of practice registered nurses. Credentialing allows health care services and their governing bodies to form views regarding the competence, performance and professional suitability of the above-mentioned health practitioners to provide safe, high-quality healthcare services within the organisation’s health service.

“Scope of clinical practice” is the process whereby credentialing decisions are matched to the organisation’s clinical capability framework as defined in order to:

- delineate the extent of any health practitioner's clinical practice within the organisation, based on that health practitioner’s individual credentials, qualifications, experience, competence, performance or professional suitability; and
- balance those skills with the needs and clinical capability of the organisation to guarantee safe clinical practice within the health service.

“Appointment” is the process whereby the organisation’s governing body authorises a health practitioner to practise with defined clinical privileges that align with the organisation’s clinical capability framework. These definitions are also set out in employment contracts with each appointed health practitioner engaged by the health service.

Policy Statement

Whenever registered health practitioners (including doctors, dentists and/or above standard scope registered nurses or allied health practitioners) request treatment, visiting, or admitting rights (hereafter referred to as “clinical privileges”) within the health service, the organisation ensures that they are appropriately credentialed before they commence clinical work within it.

The process for assessing the experience, qualifications and skills of health practitioners for the organisation is known as “credentialing”. When the organisation approves the credentials of applicant health practitioners, this process also takes into consideration the clinical capability of the organisation, and the service needs of the organisation, before

Ballan District Health & Care Policy 2.06 – Clinician Credentialing and Appointments	Authorised by: Director Medical Services	Authorised: February 2021
Reviewed: March 2021	BoG approved: 7 May 2021	Commence next review: September 2024
UNCONTROLLED WHEN DOWNLOADED	Page 1	

conferring to applicant health practitioners the necessary clinical privileges to safely conduct their clinical practice upon inpatients or outpatients of the health service.

Credentialing for all BDHC doctors and dentists is performed by the Grampians Regional Credentialing Committee (GRCC) and Ballarat Health Services (BHS) Credentialing Committee. GRCC and BHS Credentialing Committees meet quarterly to consider new health practitioner applications and, when doing so, also review previously credentialed doctors and dentists in order to renew health practitioner credentialing for periods of one (1) year to three (3) years. In all instances, credentialing recommendations from GRCC, BHS, the Director of Medical Services (DMS) or – in the case of above standard scope registered nurses or allied health practitioners – from the Director Clinical Services (DCS) or Director of Allied Health Services (DAH) are brought to the next meeting of the Board’s Appointments Committee (AC) or full Board of Management.

“Interim” or “temporary” credentialing may also initially be conducted by the relevant department head – the DMS for doctors and dentists; the DCS for above standard scope of practice registered nurses, and by the DAH for above standard scope of allied health practitioners. Such decisions in the case of medical or dental practitioners can be for no longer than three (3) months before the applicant is formally credentialed by GRCC and BHS.

Routine credentialing of allied health practitioners and registered nurses is undertaken by the DAH and DCS respectively. (See also Policy 2.01 Recruitment). Currently, there is no formal process of credentialing general register nurses beyond thorough checking by the DCS of applicant nurse references, current registrations, police and Working with Children checks, level of experience verifications and scope of practice definitions. Allied health practitioners likewise do require the afore mentioned checks, but also require consideration of continuity of professional development and professional indemnity insurance if required etc. Above standard scope allied health practitioners (undertaking interventional or fee-for-service activities, as well as registered specialised nurses (RIPERN nurses, nurse consultants or nurse practitioners) are to be referred to the Appointments Committee by the DCS or DAH to confirm and define each above scope registered nurse’s or allied health practitioner’s scope of practice and privileges within the organisation.

Clinician appointments occur following the endorsement of recommendations from these external credentialing committees (or from the DMS, DCS or DAH as detailed above) by the organisation’s Board of Management (acting as the organisation’s Appointments Committee).

The Appointments Committee formalises health practitioner appointments within the organisation, stipulating for each practitioner specific scope of clinical practice limitations within which each health practitioner can safely practise within the organisation. These clinical practice limitations align with the organisation’s clinical capability framework as so defined.

Ballan District Health & Care Policy 2.06 – Clinician Credentialing and Appointments	Authorised by: Director Medical Services	Authorised: February 2021
Reviewed: March 2021	BoG approved: 7 May 2021	Commence next review: September 2024
UNCONTROLLED WHEN DOWNLOADED	Page 2	

Appointments Committee meetings review credentialing recommendations and define scope of practice limitations applicable to credentialed applicant health practitioners. The Appointments Committee is comprised of the organisation’s leadership team (CEO, DCS, DMS, DFS), as well as the President of the Board of Management and other Board members as required to fulfil quorum requirements.

The role of the Appointments Committee is to:

- assist the Health Service ensure that clinical services, procedures or other interventions are provided by competent and credentialed health practitioners so that they may safely provide efficient high quality health care to patients of the health service;
- maintain comprehensive records of appointment proceedings, including minuted recommendations of the two external credentialing committees responsible for credentialing and defining the scope of clinical practice of the organisation’s health practitioners;
- advise the health service on the extent and range of clinical services, procedures or other interventions that can be provided safely within the health service in accordance with its clinical capability framework;
- advise applicant health practitioners of their credentialing, defined scope of practice, privileges and duration of their clinical appointments at the health service.

The Appointments Committee will, at all times, act in 'good faith' and promptly make known its appointment decision(s) in writing to applicant doctors, dentists or other health practitioners clearly stating applicant scope of practice conditions and thus allowing normal industrial employment contracts to also conclude.

Credentialing Procedure

Guidelines for ***defining and reviewing credentials***:

- SCV credentialing policies allow for regional credentialing committees, such as the Grampians Regional Credentialing Committee (GRCC) and Ballarat Health Services (BHS) to conduct credentialing of health care practitioners for smaller healthcare organisations.
- BDHC has formal arrangements with both GRCC and BHS to undertake this credentialing role for senior doctors and dentists on its behalf.
- GRCC and BHS Credentialing Committees are duly constituted with senior experienced health professionals able to assess the credentials of applicant medical and dental practitioners needed to meet each participating health service’s requirements.

Ballan District Health & Care Policy 2.06 – Clinician Credentialing and Appointments	Authorised by: Director Medical Services	Authorised: February 2021
Reviewed: March 2021	BoG approved: 7 May 2021	Commence next review: September 2024
UNCONTROLLED WHEN DOWNLOADED	Page 3	

- GRCC and BHS Credentialing Committees painstakingly verify the credentials, clinical experience, professional references, proof of qualifications, indemnity insurance, medical registration, good standing, ongoing professional educational participation and any other relevant information, such as police and Working with Children Checks.
- The GRCC and BHS Credentialing Committees also review references from at least two (2) referees who can attest to any new applicant's professional performance within the previous three (3) years.
- Both GRCC and BHS have been provided with craft group specific scope of clinical practice statements by the organisation so that their decisions are linked to the clinical capability of the organisation.
- Issues pertaining to registered health practitioner competence, performance and maintenance of continuing education are managed by the line Clinical Directors (DMS, DCS and DAH) within the organisation, and satisfactory attainment of these is also checked by GRCC and BHS at each medical and dental practitioner's credentialing.
- Regular staff performance appraisals are undertaken annually by the line Clinical Directors (DMS, DCS and DAH) within the organisation and for medical practitioners, also align with DHHS "Partnering for Performance" guidelines.
- The terms and conditions relating to the appointment of visiting medical practitioners, including scope of practice statements, are set out by the CEO, DMS and/or DAH in individual credentialing letters and/or employment agreements between visiting medical or dental practitioners (or other registered health professionals) and the health service, which are also subject to review from time to time.
- The health service maintains comprehensive records of all deliberations and recommendations relevant to the credentialing and scope of clinical practice of all its medical, dental and above standard scope registered nurses and allied health practitioners.
- The organisation will inform registered health practitioners of the outcome of GRCC, BHS and Appointments Committee recommendations in a timely manner and in doing so, detail the period of applicability of the appointment and the defined scope of clinical practice conferred.
- The DMS advises the health service on the minimum credentials necessary for a medical and dental practitioner to competently fulfil the duties of a specified position and scope of clinical practice within the health service.
- The Practice Manager ensures each medical or dental practitioner's credentials are obtained prior to credentialing and appointment within the organisation.
- The DCS and DAH ensure each above scope registered nurse or allied health practitioner's credentials are obtained prior to the practitioner's credentialing and appointment within the organisation, which is then discussed at the next Board's Appointments Committee for consideration, and the granting of above standard scope of practice clinical privileges to the afore mentioned allied health or registered nurse applicants.
- The DMS reviews and verifies each medical and dental practitioner's initial or renewal applications for clinical privileges in alignment with organisational requirements and the most recent Safer Care Victoria's (SCV) credentialing and scope of practice policy.

Ballan District Health & Care Policy 2.06 – Clinician Credentialing and Appointments	Authorised by: Director Medical Services	Authorised: February 2021
Reviewed: March 2021	BoG approved: 7 May 2021	Commence next review: September 2024
UNCONTROLLED WHEN DOWNLOADED	Page 4	

- The DMS and Practice Manager provide GRCC and BHS Credentialing Committees with: all prescribed applicant papers and documents prior to their scheduled meetings, as well as any interim credentialing determinations of no longer than three (3) months as previously determined by the CEO or DMS.
- The DMS and CEO attend GRCC Credentialing Committee meetings as voting committee members.
- GRCC and BHS Credentialing Committees consider each medical or dental practitioner's credentials in line with SCV policies on same, and inform the DMS and the organisation of their credentialing decisions regarding applicant health practitioners of the organisation.
- GRCC and BHS Credentialing Committees also consider requests from medical and/or dental practitioners, or from organisations requesting variation or extinguishment of clinical privileges held by an individual medical or dental practitioner based upon: changes of practitioner practice, including requests to reduce clinical privileges or request to expand clinical privileges; request to undertake new procedures; disciplinary or poor performance issues; health practitioner deregistration or changed status with AHPRA; or, following serious professional misconduct or unprofessional conduct.
- Recommendations made by GRCC and BHS Credentialing Committees to vary or extinguish clinical privileges of appointed medical or dental practitioners are likewise considered by the Board's Appointments Committee to either support or reject – following which the affected doctor or dentist concerned will promptly receive formal written communication of the Board's decision.
- Health practitioners aggrieved by credentialing decisions of GRCC or BHS, may appeal that decision to the afore mentioned committee(s) for consideration by their respective Appeals Committees.
- Decisions from either the GRCC or BHS Appeals Committee are likewise forwarded to the organisation's Appointments Committee which then makes the final determination on the matters raised, and informs the particular doctor or dentist concerned regarding its decision.
- In all of the above situations, the GRCC, BHS and/or the Board's Appointments Committee will apply high standards of procedural fairness so as to ensure that only appropriately trained, experienced and qualified health practitioners are appointed to treat patients of the health service within the limitations of the organisation's clinical capability and service requirements.

Responsibilities of medical practitioners

Medical and/or dental health practitioners approved by the Board for admission/visiting rights are required to comply with the health service's policies and procedures.

Visiting medical and/or dental health practitioners may be requested to participate in health service committees and working groups involved in monitoring and reviewing clinical practice and related policies and procedures.

Ballan District Health & Care Policy 2.06 – Clinician Credentialing and Appointments	Authorised by: Director Medical Services	Authorised: February 2021
Reviewed: March 2021	BoG approved: 7 May 2021	Commence next review: September 2024
UNCONTROLLED WHEN DOWNLOADED	Page 5	

Visiting medical and/or dental health practitioners appointed to the health service must agree to advise the organisation immediately if there is any change to their registration status, medical indemnity cover, authorised scope of clinical practice or suspension, or withdrawal of right to practise in any other organisation.

Visiting medical and/or dental health practitioners must also agree to advise the organisation if they have any health impairment that may affect their ability to practise, or have been involved in a criminal investigation or conviction.

All medical and/or dental health practitioners at initial credentialing are required to provide the organisation and its external Credentialing Committees with:

- Satisfactory in-period completion of professional development requirements stipulated by their respective Learned College or like professional association.
- Proof of identification – 100 point check, including photo ID, verification of signatory, as required by Austrac <http://www.austrac.gov.au/>
- A copy of his/her current curriculum vitae (CV).
- Certified copies of all specialist or other basic medical/dental qualifications.
- A copy of current registration with the Australian Health Practitioner Regulation Agency (AHPRA).
- A copy of their Medicare provider and PBS prescriber numbers.
- A current copy of his/her medical/dental indemnity insurance, which aligns with the applied for scope of practice.
- A recent Working with Children Check.
- A recent police check, as well as for overseas trained doctors holding registration in other countries, an international police check.
- A signed VMO application form in which the declarative questions are answered, dated and signed.
- Copies of additional licenses to operate x-ray or ultrasound apparatus etc.
- Referee reports from three (3) professional referees who have recency of professional conduct with the applicant VMO.

All medical and/or dental health practitioners at subsequent re-credentialings are required to provide the organisation and its external Credentialing Committees with:

- A copy of current medical indemnity insurance certificate, if applicable (initial applications need to supply a certified copy).
- A copy of current registration with the Australian Health Practitioner Regulation Agency(AHPRA).
- A signed VMO application form in which the declarative questions are answered, dated and signed.
- Satisfactory in-period completion of professional development requirements stipulated
- by their respective Learned College or like professional association.

Ballan District Health & Care Policy 2.06 – Clinician Credentialing and Appointments	Authorised by: Director Medical Services	Authorised: February 2021
Reviewed: March 2021	BoG approved: 7 May 2021	Commence next review: September 2024
UNCONTROLLED WHEN DOWNLOADED	Page 6	

- Satisfactory in-period completion of an Annual Performance Review as required by the organisation and completed by the DMS (for doctors and dentists), the DCS (for registered nurses and the DAH (for allied health practitioners).

References

- DHHS Vic – *Partnering for Performance* Guidelines, April 2010.
- DHHS Vic – Guidelines and templated forms for the credentialing of medical practitioners working in Residential Aged Care, 2009.
- Vic Department of Health (DOH) – Allied Health Credentialing Policy, Competency Capability and Resource Toolkit, 2014.
- Australian Commission on Safety and Quality in Healthcare – Credentialing health practitioners and defining their scope of clinical practice: A guide for managers and practitioners, 2015.
- Safer Care Vic – Credentialing and scope of clinical practice for senior medical practitioners policy, January 2018.

Ballan District Health & Care Policy 2.06 – Clinician Credentialing and Appointments	Authorised by: Director Medical Services	Authorised: February 2021
Reviewed: March 2021	BoG approved: 7 May 2021	Commence next review: September 2024
UNCONTROLLED WHEN DOWNLOADED	Page 7	