

RACMA Guide to Practical Credentialing & Scope of Clinical Practice Processes



RACMA

ROYAL AUSTRALASIAN COLLEGE
of Medical Administrators

RACMA Guide to Practical Credentialing and Scope of Clinical Practice Processes
2nd edition – March 2020
First published – 2015

Published by

Royal Australasian College of Medical Administrators ABN 39 004 688 215

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Acknowledgements

This document has been compiled in consultation with RACMA members, based on the 2015 edition.

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1. INTRODUCTION

RACMA Fellows and Associate Fellows have key roles in clinical governance in our organisations. Their expertise in this area means that they are in a position to provide expert advice and leadership in all areas of clinical governance. One of the specific areas where such leadership is of significant importance to health service organisations is in the development, maintenance and improvement of processes that lead to appropriate credentialing and defining the scope of clinical practice of medical staff both within the health service organisation and for medical staff who may be affiliated with that organisation.

All RACMA members need to have an awareness of all of the issues around the recruitment of medical staff, including credentialing and defining scope of clinical practice. They are the guardians of these processes, ensuring safety for the organisation, for patients and for medical staff themselves.

This practical guide has been developed to ensure that all RACMA members have a consistent way of functioning as the guardian and that there is agreement about the factors that need to be considered in any process that is adopted. The guide has been developed to be complimentary to the guidelines provided by jurisdictions as those guides provide a regulatory framework for specific jurisdictions with less of the practical details of how to go about setting up processes, maintaining processes or making improvements.

This guide is aimed at providing RACMA members with a “how to” in relation to setting up appropriate processes, indicating how the processes can be monitored and by whom, what issues need to be considered in the processes of appropriate credentialing and defining scope of clinical practice and how these may be ascertained. The objective is that all of us as RACMA members will ensure that our systems provide a high level of safety in medical staff practice and support quality of clinical practice.

This second revised version of the Guide builds upon the 2015 version which was developed by a team of RACMA experts to ensure it is robust enough so that the processes will provide the best possible guarantee that any medical staff employed in health service organisations have been appropriately credentialed and that their scope of clinical practice fits both their competencies and the capability of the organisations in which they carry out their practice.



Associate Professor Alan Sandford AM
RACMA President
March 2020

2. DEFINITIONS

Practice: in the Medical Board of Australia / AHPRA CPD standard is clearly defined:

Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. For the purposes of this registration standard, practice is not restricted to the provision of direct clinical care. It also includes 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.

Credentialing: Establishing qualifications and experience of the medical practitioner in relation to their application to practise

Scope of clinical practice: Establishing what practice rights a medical practitioner has in a specific organisation based on the capability of the organisation

This includes:

- **Core scope of clinical practice:** relates to competencies defined by a specialist medical college in a specialty or sub-specialty
- **Extended scope of clinical practice:** relates to requirements for extra training and experience for specific procedures not normally included in the college training program

Practice of Medicine: The Medical Council of New Zealand (MCNZ) defines the practice of medicine as including any of the following:

- advertising, holding out to the public, or representing in any manner that one is authorised to practise medicine in New Zealand
- signing any medical certificate required for statutory purposes, such as death and cremation certificates
- prescribing medicines, the sale or supply of which is restricted by law to prescription by medical practitioners or designated prescribers
- assessing, diagnosing, treating, reporting or giving advice in a medical capacity, using the knowledge, skills, attitudes and competence initially attained for the MB ChB degree (or equivalent) and built upon in postgraduate and continuing medical education (CME), wherever there could be an issue of public safety.

‘Practice’ in this context goes wider than clinical medicine to include teaching, research, medical or health management, in hospitals, clinics, general practices and community and institutional contexts, whether paid or voluntary.

3. ROLES OF RACMA MEMBERS

Role of RACMA member: leadership and oversight of medical credentialing and scope of clinical practice processes and education of all staff involved in the credentialing and scope of clinical practice processes to ensure all processes are consistent and act to safeguard care and quality.

4. GUIDING PRINCIPLES

4.1 General

- The systems for both credentialing and defining the scope of clinical practice must be regularly reviewed to ensure that they continue to meet the changing needs of the organisation, take into account any improvements that need to be made and align with any changes in standards.
- These principles apply across all health services, of all sizes, rural and metropolitan, public and private.
- Although credentialing may be centralised across larger health services and/ or geographic areas, definition of the scope of clinical practice is the prerogative of the specific health service where the clinician will carry out their work and may vary depending on organisational capability. It is the organisation that will decide what it requires the clinician to do and what it can appropriately support to ensure the safety of its patients.
- Information from the performance management systems should inform the processes of credentialing and defining scope of clinical practice.
- The AHPRA website and medical practitioner register, and the Medical Council of New Zealand website and Register of Doctors should function as the trusted sources of current medical registration, current specialist registration and any limitations on registration for the two jurisdictions.

4.2 Principles underpinning credentialing processes

- Credentials are specific to the individual and include the qualifications obtained as a result of appropriate and recognised training and the subsequent experience in the specific areas for which the practitioner seeks to be credentialed to perform work. As such every individual's credentials will be different.
- Assumptions cannot be made about all aspects of experience and training and further documentary evidence will need to be sought where this is not clear.
- A specialist college Fellowship does not necessarily mean that competence in every area of the specialty under consideration can be assumed

4.3 Principles underpinning defining scope of clinical practice processes

- Decisions take into account the capability of the service i.e. the support that is available for the practitioner to safely carry out specific procedures and admit specific patients including support staff available, facilities and equipment and linkages with other organisations that can provide care for more complex patients.
- To work effectively, scope of clinical practice decisions need to be made known to staff who will come in contact with medical staff and other health professionals who exercise this e.g. theatre staff for all theatre procedures and ward staff for any specific procedures carried out on the ward.
- Scope of clinical practice also applies to trainees who undertake procedures and develop increasing competence over time. This changing scope of practice needs to be made known to staff involved with the trainee as indicated above

5. DEVELOPMENT OF ROBUST PROCESSES

5.1 Review and confirmation of credentials

Review and confirmation of credentials relies on documentary evidence of both qualifications and experience and specific documents needs to be sought including:-

5.1.1 Evidence of formal training and any further education related to scope of clinical practice

- Documented evidence of specialty Fellowship. This can be a certified copy, the original certificate or the letter of attainment of Fellowship from the appropriate specialty college if the actual certificate has not yet been awarded to a new Fellow.
- Documented evidence of further training where the applicant wishes to have an extended scope of clinical practice.
- For overseas specialists, similar evidence is required plus all of the Australian specialist college documentation that describes what is required for the applicant to achieve Fellowship and the supervision processes that have been put in place.

5.1.2 Evidence of experience in the scope of clinical practice being sought

- Evidence of relevant clinical activity and experience relating to the scope of clinical practice being proposed including previous appointments.
- This can particularly apply in areas such as paediatric and obstetric anaesthesia where not all anaesthetists have had the appropriate training or ongoing experience and for international medical graduates who may also have had different experience.
- For overseas graduates who have not had significant Australian experience the committee must have an understanding of the depth of experience in their home country and the differences that may impact on employment in the new organisation.

5.1.3 Supporting evidence of experience and competence

Appropriate referee reports

At least two (or preferably three) references, documented but preferably obtained verbally. References should be from people who have firsthand experience of the applicants work, as they have observed this and/ or have assessed appropriate data relating to competence. One of these must be from either:

- A supervisor of training or director of program where applicant completed final years of training for a recent Fellow or
- A head of the specialty or equivalent at the institution where the applicant most recently practised.

In addition:

- A reference from a Medical Director is highly recommended to provide information about the teamwork and communication skills of the practitioner as well as any adverse events or issues that may affect practice in a new environment.

- Verbal references must be obtained by a clinician who is able to effectively query the referee about competence, working in a team and other clinical matters. This should not be undertaken by an administrative staff member.

When recredentialing:

- The use of organisational data such as incident reviews, other adverse events, performance reviews etc. should be used and formal references are often not needed.

The references and the curriculum vitae must attest to evidence of recent practice in the scope of clinical practice requested.

5.1.4 Maintenance of competence

- Evidence of college certified continuing education as a minimum and this should be provided annually to the health service.
- When re-credentialing, the committee needs to ensure that the type of continuing education undertaken by the clinician is of value in the maintenance of standards of practice in the specific organisation where the practitioner is employed.
- Where for instance General Practitioner Obstetricians and Anaesthetists are employed their continuing professional development must show significant and relevant components in their area of practice in the organisation

5.2 Defining scope of clinical practice

Once credentials have been reviewed and confirmed to understand the competencies of the individual being considered for the position, the next step is to determine what the health service organisation is both capable of supporting in relation to the individual's clinical practice and what they actually wish to support based on the organisational requirements and budget.

- The facility must be clear on its areas of safe practice. Some jurisdictions have a process for role delineation of particular hospitals, and this makes it clear what can be supported by the organisation. Others, however, need to clarify organisational capability at the time of allocation of scope of clinical practice.
- It is essential that the clinician is clear particularly on what the organisation cannot or will not support and the limits of his or her scope of clinical practice and that this is documented. This needs to be clearly expressed to the practitioner in a letter that confirms appointment.
- Where the practitioner is appointed to a number of facilities in the health service and any variations in scope of clinical practice determined by the health service organisation must be clearly documented.

- Where scope of clinical practice has not been defined by the specialist college as “core” for the specialty, appropriate qualifications and experience must be presented to allow extended scope of clinical practice. This means that specific reference to the extended scope of clinical practice must be requested from referees, as well as the documented educational qualifications. These referees must have firsthand knowledge of the experience in the extended scope of clinical practice. Training programs must be carefully assessed to ensure they are relevant and of the appropriate standard to ensure competence. Competence should also be supported by relevant data such as audits.
- Extended scope of clinical practice may also be requested for new procedures for the health service organisation and these need to be covered by a separate organisational policy on new procedures. The organisation first needs to determine if it will extend its capability to the new procedure. Once this is approved, then the extended scope of clinical practice process applies as in the previous dot point.

5.3 Other documentation required

Specific documentation will be essential for any application for credentialing:

- A full curriculum vitae: it will be important to check for gaps and inconsistencies in the CV and to ensure these are appropriately explained and amended if necessary.
- 100 point identity check: it is critical to ensure that the person is actually who they purport to be.
- Applicant declaration: agreement to carry out certain responsibilities, provide accurate information and agreement to enable the organisation to obtain further information and references if necessary.
- A check of the AHPRA website and medical practitioner register, and in New Zealand the MCNZ website and Register of Doctors, should be conducted on all applicants to confirm registration and any restrictions on practice.
- A web search should be carried out for all new applicants to ensure that any relevant information that may impact on clinical competence or effective teamwork has been captured. (Refer to Queensland Guide to Credentialing and Scope of Practice Guide June 2014).

Any other documentation required may vary with the jurisdiction, the situation or the specific health service organisation. Such documentation may include:

- Criminal and working with children checks: it is noted that this is now sought in most jurisdictions and is regarded as best practice.
- Evidence of private professional indemnity insurance.
- Evidence of various vaccinations.
- For procedural specialties activity log books.

For doctors who have worked overseas in the immediate past and for International Medical Graduates:

- Documented evidence of good standing and currency provided from the overseas jurisdiction.

5.4 Recredentialing processes and change of scope of clinical practice

5.4.1 Formal review processes

Different organisations have different time periods for recredentialing and confirming scope of clinical practice. Common time periods include:

- One year for new appointments.
- Three years for existing appointments

Processes can be simplified as referred to above, but further information will be required if the applicant wishes to extend their scope of clinical practice. The applicant (or the organisation) may also wish to limit their scope of clinical practice. In both of these instances, this needs to be acknowledged in the documentation that confirms reappointment and notified to the appropriate staff in procedural areas.

Recredentialing should consider audits, incidents, relevant CPD, performance reviews and other appropriate data collected by the health service organisation as evidence of competence as well as other responsibilities which may have been determined in the previous employment contract. This could include attendance at a specific proportion of peer review meetings, educational responsibilities, management responsibilities etc.

5.4.2 Reviews outside the normal credentialing cycle

In addition, scope of clinical practice may be amended at any time based on any changes or events that come to the notice of the organisation. This may include adverse events or incidents, the specialist requesting to change scope of clinical practice, requests to the credentialing committee from other staff, complaints, annual performance review etc. It is important that both the unit and the organisation have in place robust systems that will identify any issues with scope of clinical practice and notify these to the credentialing committee.

Practitioners should be able to apply to the organisation for changes to their clinical scope of practice if their circumstances change. For example, after undertaking additional training in new techniques or attendance at workshops, an application may be made to expand the scope of clinical practice. However, before the committee reviews scope of clinical practice, it needs to confirm with the organisation that it has a need for the practitioner to expand this scope and will support any expanded scope of clinical practice. If this is not the case, the committee can confirm credentials only.

Alternatively, changes in the organisational capability may trigger an application to reduce or amend the scope of clinical practice. For example, an organisation may decide to close its paediatric service and so no specialist will be able to exercise a scope of clinical practice in this area.

5.5 Multi-facility scope of clinical practice and mutual recognition of credentials

Organisations which have multiple facilities with similar capabilities, and a method to determine facility capability, may implement a system to award scope of clinical practice across those multiple facilities. Credentials can then be centrally confirmed, and scope of clinical practice varied across different facilities depending on the staffing and support available. If facilities have different roles and different support systems, it is essential that a differential scope of clinical practice allocation is determined.

In some cases, it may be possible for the practitioner's credentials to be mutually recognised in other health services that do not belong to the group of hospitals where initial credentialing is carried out. This is acceptable if the applicant agrees that the information should be shared and if the second hospital has assured itself that the process of assessing credentials in the initial health service is robust and meets all the criteria of its own credentialing committee.

This is most commonly acceptable where a small hospital has a larger and more sophisticated health service it is affiliated with. However, scope of clinical practice must then be determined at the facility where the practitioner will be working and depends on that organisation's capability

5.6 Emergency situations

The issue of emergency situations is also worth considering whether any individual clinician may perform a therapeutic activity in genuinely life-threatening emergency if risk of delay and/or transfer substantially increases risk to the patient. Where this is an expectation, it should be included in the organisations credentialing and scope of clinical practice policy and /or on the practitioner's scope of clinical practice documentation.

Unusual circumstances, such as a pandemic, may require urgent credentialing and defining scope of practice. In such situations, the processes need to be sped up however the basic principles remain including the need to act safely and within the law. Confirmation of registration, training, experience, referees, insurance and good standing must occur. Acceptance of another health service credentialing may also be acceptable providing the requirements listed in Section 5.5 of the Guide are met.

5.7 Scope of practice for trainees

For those health services that have trainees who undertake procedures, it is essential that scope of clinical practice is defined and regularly reviewed to assess competence and increasing competence. For specific procedures, competence can be assessed by credentialing the procedure e.g. lumbar puncture or bone marrow biopsy. For procedures in the operating theatre, it is essential to clarify the level of supervision a trainee requires and to document this. This needs to be readily available to nursing staff in the operating theatre and be consistently monitored to ensure that the trainee does not exceed his or her scope of clinical practice and also to monitor any incidents relating to supervision. The results of monitoring require discussion appropriate clinical governance committee such as the at the operating theatre committee.

6. RESPONSIBILITIES OF THE COMMITTEE

The committee as referred to above is that committee that assesses and confirms credentials and then allocates a defined scope of practice for the specific organisation, hospital or site. As indicated above, in a large health service, credentialing may be carried out centrally and then scope of practice defined at a local level.

Irrespective of whether credentialing is centralised or local, the committees involved in the process have a key role in ensuring patient safety and it cannot be assumed that the members of the committee will be fully conversant with all of the tasks they need to complete to ensure as much as possible that the clinician being assessed has the requisite credentials to work within a defined scope of practice.

6.1 Education and orientation of committee members

To provide the most appropriate skills to committee members it is essential that all members are educated in the role of the committee, the information that must be sought and the way in which it is to be sought to confirm credentials, the accountability that the committee has to the organisation to ensure safe care, the ability to critically analyse any information about credentials and clarity about what the organisation is able to support in relation to scope of practice of specific clinicians.

6.2 Committee Chair

Where possible a nominated Fellow of the specialist college for the applicant under consideration is a useful addition to the committee. If this is not possible, then advice should be sought from the specific college in relation to training, supervision and pathways to Fellowship of international medical graduates and other specific matters where these are relevant.

The Chair of the committee must be an expert in credentialing and defining scope of clinical practice processes and be able to use that expertise to challenge committee discussions and decision making if necessary. Wherever possible the committee should be chaired by a FRACMA or AFRACMA or an individual with appropriate training if a suitably qualified person is not available.

6.3 Credentials Checklist

The committee must have a standardised process to review credentials with a checklist to be completed for each applicant to ensure that the requisite information has been obtained and verified. Where the checklist is incomplete, the process of credentialing cannot be completed and scope of clinical practice cannot be defined, until all the requisite information is obtained. The committee may decide in some instances to award a clinical scope of practice contingent on the remaining pieces of information but will not proceed to recommendation for a new appointment until this has been accepted and verified. In this case temporary credentialing for a strictly limited period is also an option. There are numerous examples of checklists in jurisdictional guides. One example is in the Victorian Guide 2011 (Credentialing and Defining Scope of Clinical Practice of Medical Practitioners).

6.4 Recency of practice

The Committee may need to consider recency of practice and this will need to be decided individually e.g. for a specialist who has not recently carried out a procedure but who has carried out many of these over a long career, without significant incident. The critical factor is the process that the committee goes through to determine scope of clinical practice, i.e. The data it obtains, the references it seeks, the expertise in the committee and the risks considered in coming to a decision.

In addition, all discussions, deliberations and decisions of the committee must be in accordance with natural justice and be fair and transparent.

7. OTHER ISSUES TO CONSIDER

Whilst the details of appeals processes are out of the scope of this document, it is essential that there is a clearly documented appeals procedure, with appropriate committees and timeframes and in accordance with natural justice.

In some cases, immediate suspension may be necessary and the reasons for this should be in a documented policy and/or health service by-laws if available. In the private hospital sector, the Medical Staff Bylaws (however described) govern the relationship between visiting medical officers and the health service, and should be detailed and robust enough to provide guidance in the event of misadventure.

In some states there may be jurisdiction wide credentialing for some services and this may be appropriate for specific services such as Retrieval Services which may operate across the jurisdiction.

As indicated throughout the document, it is important that appropriate reference and experience checks are made in relation to international medical graduates as their training, experience and cultural norms cannot be assumed to be identical to those in Australia. Further support and education may be required for some IMGs to ensure safe, quality care for patients.

Appropriate administrative support is required for all of these processes to ensure that all the requisite information has been sourced and carefully assessed and documented.



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