

Resource kit

# Allied health: credentialling, competency and capability framework (revised edition)

Section 1: Credentialling and scope of practice





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Section 1: Credentialling and scope of practice



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(Second Edition)

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Where the term 'Aboriginal' is used it refers to both Aboriginal and Torres Strait Islander people. Indigenous is retained when it is part of the title of a report, program or quotation.

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## CSOP resources table

The following tool, samples and case studies relating to credentialling and scope of practice are included in this resource in full.

CSOP resource name	Description or purpose
<b>Tools</b>	
1.1 Self-assessment tool: credentialling and scope of practice	Use this self-assessment tool to identify areas for targeted action by your health service. If you have identified an area of need please refer to the CSOP framework or access the other samples and tools in this resource kit to assist you in this process.
1.2 Decision tool: Is it standard clinical practice?	Use this tool to assist to determine which skills are considered 'standard' for your organisation. This will help guide decisions in situations where a hierarchy of skills is established to support CSOP processes.
<b>Samples</b>	
1.3 Sample: CSOP framework	This sample from Western Health represents a mature and broad framework for clinical governance, which includes credentialling and scope of practice processes.
1.4 Sample: New appointment, re-appointment, change of scope of practice for <b>individual</b> allied health professionals	This sample form from Barwon Health, provides a record of initial credentialling for new or (re)appointment purposes, including commonly applied parameters for this purpose. It is also adaptable for use when an <b>individual</b> applies to change their scope of practice.
1.5 Sample: Allied health CSOP procedure	This sample from Peninsula Health outlines a procedure related to allied health credentialling and scope of practice.
1.6 Sample: Credentialling and professional practice standards for allied health staff procedure	This sample from Bendigo Health outlines the credentials and professional practice standards required by allied health practitioners for employment.
1.7 Sample: Allied health CSOP committee terms of reference	This sample from Western Health outlines the terms of reference for a committee with delegated roles and responsibilities for allied health credentialling and scope of practice.
1.8 Sample: Allied health CSOP committee terms of reference	This sample from Monash Health outlines the terms of reference for a committee with delegated roles and responsibilities for allied health credentialling and scope of practice.
1.9 Sample: Registration and credentialling procedure	This sample from Austin Health outlines a procedure related to allied health registration and credentialling.

CSOP resource name	Description or purpose
<b>Samples (cont.)</b>	
1.10 Sample: Application form for a change to scope of practice, credentials or the use of a new technology or clinical practice for <b>professions</b>	This sample from Monash Health is an application form that is used for <b>professions</b> to apply for a change to scope of practice or for the use of a new technology/ clinical process.
1.11 Sample: Application form for changes to <b>individual</b> scope of practice (allied health)	This sample from Monash Health is an application form that is used for <b>individuals</b> to apply for a change to scope of practice.
1.12 Sample: Scope of practice documentation (podiatry)	This sample from Monash Health is used to define the scope of practice for a profession group and also an individual.
1.13 Generic allied health CSOP process diagram	This diagram shows the credentialling and scope of practice cycle for an individual within an organisation.
1.14 CSOP learnings from the workplace	These examples pose CSOP scenarios with proposed solutions to common issues.
1.15 Sample: Allied health advanced practice skills list	This list is an example of advanced practice skills, categorised by a health service using Resource 1.2.
<b>Case studies based on using Resource 1.2: Decision tool: 'Is it standard clinical practice?'</b>	
1	Dietitians Association of Australia: Gastrostomy feeding including tube replacement
2	Gippsland Lakes Community Health: Dry needling by physiotherapists
3	A metropolitan community health service: Interpretation of blood glucose readings and administration of appropriate actions in the event of hypoglycaemia or hyperglycaemia in diabetes mellitus clients for exercise physiologists
4	Western Health: Intravenous (IV) cannulation by radiographers
5	Western Health: Intradermal injections for lymphoscintigraphy
6	A large metropolitan hospital: Pharmacist charting in the preadmission clinic

## Resource 1.1: Self-assessment tool

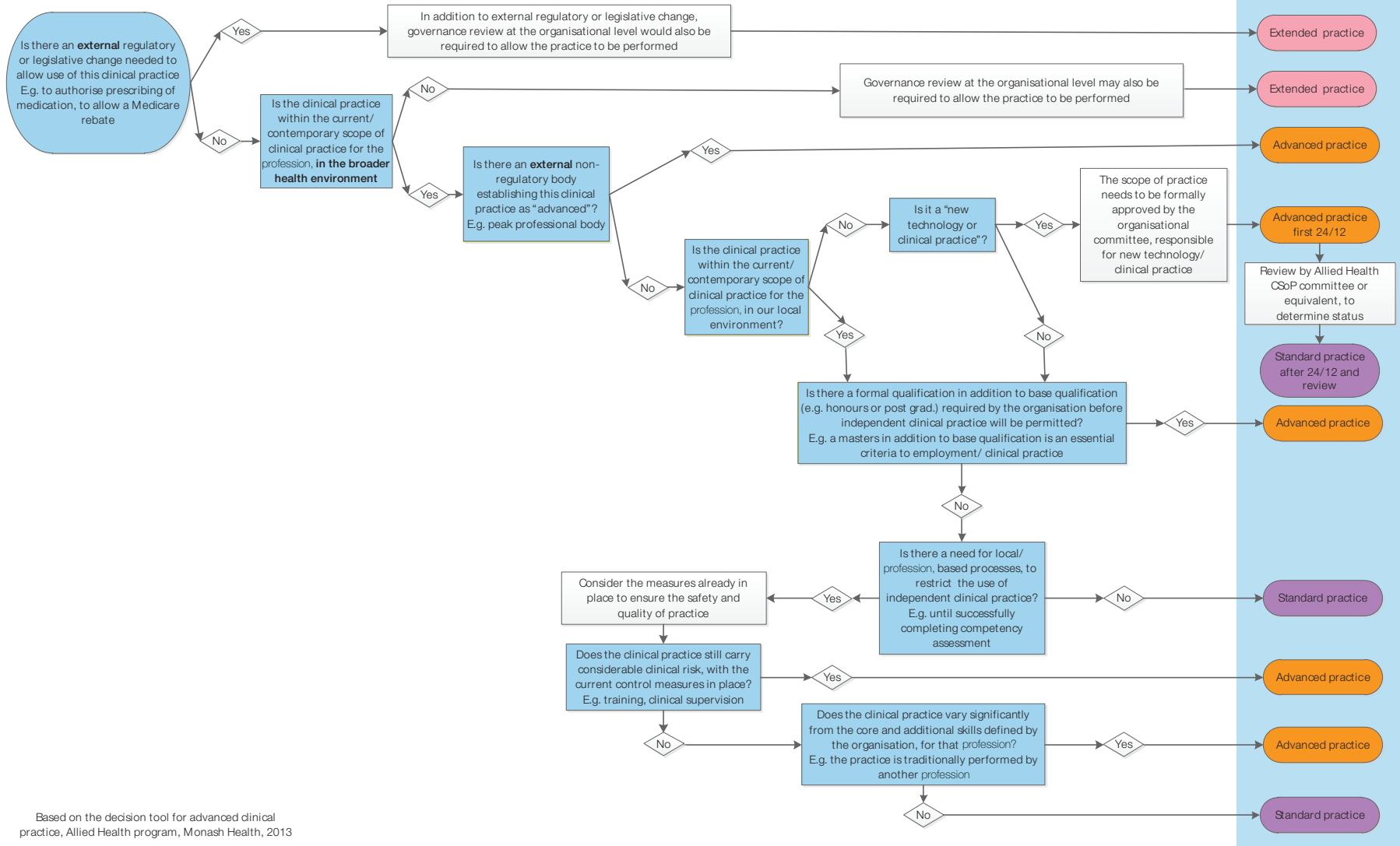
Use this self-assessment tool before you progress through the rest of the CSOP section. It can be used to identify areas for targeted action. If you have identified an area of need please refer to the methodology section of the framework to assist you in this process.

CSOP criteria	Planned	Partly implemented	Established	Not applicable	Review date
1. Do you have defined roles and responsibilities for credentialling and defining a scope of practice?					/ /
2. Do you have a documented scope of practice for all identified professions?					/ /
3. Do you have documented processes for <b>initial credentialling</b> of an individual?					/ /
4. Do you have documented processes for initial defining of an individual's <b>scope of practice</b> ?					/ /
5. Do you have documented processes for <b>re-credentialling</b> individuals?					/ /
6. Do you have documented processes for <b>reviewing</b> an individual's <b>scope of practice</b> ?					/ /
7. Do you have documented processes for credentialling and defining the scope of practice of <b>temporary</b> appointments?					/ /
8. Do you have documented processes for credentialling and defining the scope of practice for <b>brokered services</b> ?					/ /
9. Do you have documented processes for introducing <b>new technologies and clinical practice</b> ?					/ /
10. Do you have documented processes for <b>unplanned reviews</b> ?					/ /
11. Do you have documented processes for <b>appealing</b> decisions regarding scope of practice?					/ /
12. Do you have documented terms of reference for all committees?					/ /

CSOP criteria	Planned	Partly implemented	Established	Not applicable	Review date
13. Do you have a documented process that articulates how committees work together?					/ /
14. Do you have templates for position descriptions?					/ /
15. Do you have a template for reference checks (verification of experience)?					/ /
16. Do you have a template for an annual performance review?					/ /
17. Do you have performance review documentation that includes a review of credentials and scope of practice?					/ /
18. Do you have a documented process in place to check data against a register of registered health practitioners?					/ /
19. Do you have a documented system for recording the scope of practice of individuals?					/ /
20. Do you have a documented system for recording the credentials of individuals?					/ /
21. Do you have a documented process to apply for expanded scope of practice?					/ /
22. Do you have a documented process for reviewing CSOP standards?					/ /
23. Do you have a documented process for responding to concerns regarding the conduct, health or performance of a registered health practitioner (notifiable conduct)?					/ /
24. Do you have a documented process for responding to concerns regarding the conduct, health or performance of a self-regulated or non-registered health practitioner?					/ /

# Resource 1.2: Decision tool: 'Is it standard clinical practice?'

Answer the following questions to determine the Allied Health Scope of practice type.



Based on the decision tool for advanced clinical practice, Allied Health program, Monash Health, 2013

## Resource 1.3: Sample: credentialling and scope of practice framework

This sample from Western Health represents a very mature integrated system of clinical governance. The framework includes CSOP processes.



### **Allied health and community services**

#### **Clinical governance framework summary**

##### **Allied health organisational structure and reporting lines**

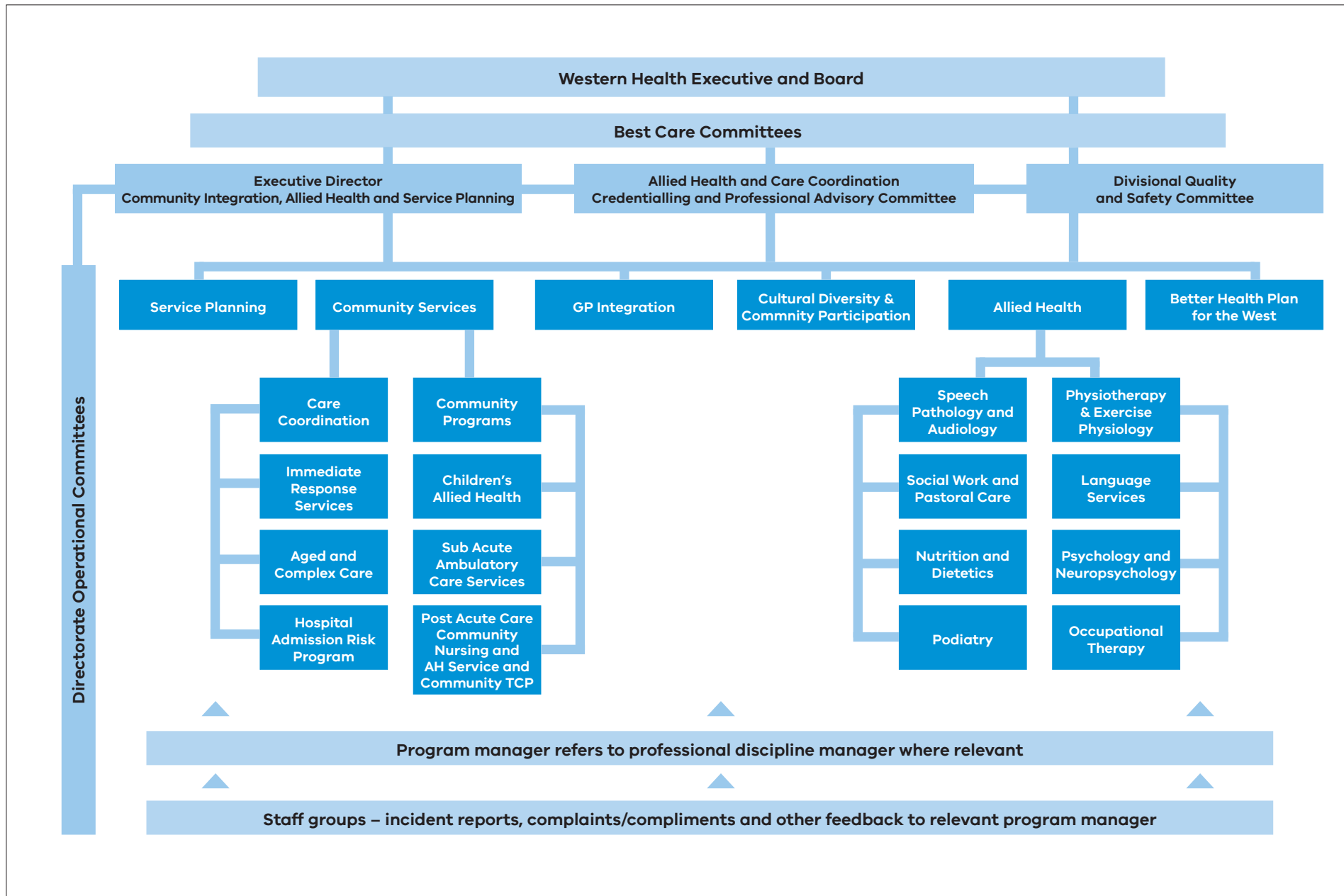
The Directorate of Community Integration, Allied Health and Service Planning consists of a range of community-based and allied health services and coordinates the service for Western Health. Community Services include Subacute Ambulatory Services (community-based rehabilitation and specialised clinics), Community Transition Care Program, the Children's Allied Health Service, Post Acute Care and Care Coordination Services including ACAS, the Immediate Response Service and HARP.

The Directorate of Community Integration, Allied Health and Service Planning has both operational and professional responsibilities for all allied health services across the continuum of care at Western Health. The disciplines within this include Language Services, Nutrition and Dietetics, Occupational Therapy, Physiotherapy, Exercise Physiology, Podiatry, Psychology and Neuropsychology, Speech Pathology, Pastoral Care and Social Work.

Please see the organisational structure of the Directorate of Community Integration, Allied Health and Service Planning, which also highlights reporting lines.



# Community Integration, Allied Health and Service Planning Governance Framework



## Allied health and community services committee structures

Allied Health and Community Services has a range of committees that facilitate work across programs and reporting lines to deliver high-quality patient service and care.

### **Community Integration, Allied Health and Service Planning Quality and Safety Committee**

The Executive Director of Community Integration, Allied Health and Service Planning, Directorate Quality Manager, Manager GP Integration, Manager Consumer Participation and Engagement, Director of Allied Health, Director of Community Services, Director of Service Planning, Group Manager Community Services, Allied Health Discipline Managers and Community Services Managers attend the Community Integration, Allied Health and Service Planning Quality and Safety Committee.

Terms of reference for the Community Integration, Allied Health and Service Planning Quality and Safety Committee are attached.

### **Allied Health and Community Services Credentialing and Professional Advisory Committee**

The Allied Health Director (Chair) and all Allied Health and Service Managers attend the Credentialing and Professional Advisory Committee (CPAC).

Terms of reference for the Allied Health and Community Services Credentialing and Professional Advisory Committee are attached.

### **Allied Health Managers Operational Committee**

The Allied Health Director and all Allied Health Managers attend this committee. Terms of reference for the Allied Health Operational Managers meeting are attached.

There are also a range of allied health committees led by an Allied Health Manager and contributed to by a range of allied health professionals working across the continuum of care. Reports from these committees are discussed with the above mentioned committees to ensure efficient transition of information and process of work programs.

- Allied Health Data Management Committee
- Allied Health Profile and Events Committee
- Allied Health Professional Development Committee

Terms of reference for the **Allied Health Data Management Committee** are attached.

Terms of reference for the **Allied Health Professional Development Committee** are attached.

Terms of reference for the **Allied Health Profile and Events Committee** are attached.

The majority of the allied health disciplines (Nutrition and Dietetics, Occupational Therapy, Physiotherapy, Podiatry, Psychology and Neuropsychology, Speech Pathology and Social Work) also have committees that then report to the above allied health committees. For example, the Occupational Therapy Department has the following committee structure:

- Lifestyle and Access Committee
- Profile and Culture Committee
- Education and Training Committee
- Quality Committee.

## Allied Health (AH) & Community Services (CS) Clinical Governance Framework

The AH & CS Clinical Governance Framework consists of 3 main components:

1. Credentialing and Scope of Practice
2. Supervision and Professional Development
3. Clinical Documentation Audit and Performance Appraisal.

### Credentialing and Defining the Scope of Clinical Practice

AH and CS have an established procedure which outlines the process for Credentialing and Defining the Scope of Clinical Practice for AH and Care Coordination (CC) workforce at Western Health – anyone currently employed at Western Health in an AH or CC role (OP-G03.12). Please see this procedure attached.

The procedure aims to:

- ensure that AH & CC workforce who have responsibility for independent patient care and treatment are appropriately credentialed
- establish a system of professional development and supervision to ensure that safe and effective patient care is delivered
- ensure Advanced Practitioner roles have a defined scope of clinical practice in accordance with the individual practitioner's level of skill, experience and the position's requirements.

This procedure includes:

- a Credentialing and Scope of Practice Checklist Form
- Application for Credentialing and Scope of Clinical practice for AH Professionals, Assistants and the CC Workforce Engaging in Advanced/Extended Scope of Practice form
- flow chart outlining re/credentialing processes
- list of AH and CC Workforce Credentialing and Competency Requirements
- flow chart to assist with defining Advanced Scope of Practice.

In support of this procedure, the following manuals, policies, instructions, guidelines and/or forms apply:

Code	Name
P-HR2.1	Western Health Recruitment, Selection and Appointment Policy
OP-HR5.2.1	WH Disciplinary Procedure
DP-GO3.2.1	Allied Health Professionals Continuing Professional Development Procedure Credentialing and Defining the Scope of Clinical Practice
P-GO3.1	Mandatory Training Procedure
P-HR4.1 OP-GO3.1.1	Credentialing and Defining the Scope of Practice for Senior Medical Professionals

## Databases where Credentialing, Scope of Practice and Registration details are maintained

The Allied Health and Care Coordination Credentialing and Scope of Clinical Practice Register maintains all information (name, discipline, role, qualifications, registration details, professional standards, relevant clinical professional development, competencies obtained) regarding allied health professionals currently participating in advanced/extended scope of practice positions. This register also outlines when re-credentialing is required for these positions.

Each Allied Health Discipline and Service Manager maintains a HR register that outlines all allied health professionals registration details as well as compliance with mandatory training.

## Clinical Supervision

AH and CS Clinical Supervision Procedure (OP-GO3.1.6) outlines:

- the importance of supervision for all AH and CC workforce
- clarifies the processes and domains involved in the supervision process
- documents the established minimum standards of supervision for the AH and CC workforce. Please see attached the WH AH Clinical Supervision Procedure.

In support of this procedure, the following manuals, policies, instructions, guidelines and/or forms apply:

Code	Name
DP-GO3.2.1	Allied Health & Care Coordination Workforce Continuing Professional Development Procedure Allied Health & Care Coordination Workforce Professional Development Leave Guidelines
DP-HR4.2.1	Allied Health & Care Coordination Workforce Credentialing and Defining the Scope of Clinical Practice Procedure
OP-GO3.1.2	Allied Health & Care Coordination Workforce Documentation Audit Procedure

AH and CS also has supporting forms to facilitate the clinical supervision process, including:

- AH and CS Clinical Supervision Agreement (please see attached)
- AH and CS Supervision Record (please see attached).

## Continuing Professional Development

AH and CC Workforce Continuing Professional Development Procedure (DP-GO3.2.1) outlines:

- the importance of continuing professional development for all the AH & CC workforce
- specifies an established minimum requirement for Continuing Professional Development for all AH & CS staff.

Please see the WH AH & CC Continuing Professional Development Procedure.



## **Documentation Audits**

AH and CC Documentation Audit Procedure (DP-CC8.1.1):

- outlines the importance of high standard, uniform and comprehensive documentation
- documents the established minimum standards for documentation audits for all AH & CS staff.  
Please see the WH AH & CC Documentation Audit Procedure attached.

## **Annual Performance Planning**


AH & CS staff abide by the Western Health Performance and Development Management Procedure.

AH & CS have developed a toolkit of documents to facilitated the Annual Performance Appraisal process. All staff working in AH & CS are required to utilise this documentation.

Please see attached the WH AH & CS Annual Performance Planning documents.

## Resource 1.4: Sample: initial credentialling document

This sample form from Barwon Health provides a record of initial credentialling for appointment, including new appointment, re-appointment or change of scope of practice for allied health professionals.



---

### New Appointment/Re-appointment/Change of Scope of Practice for Allied Health Professionals

Surname

First name  Middle name

This is an application for:

<input type="checkbox"/> New appointment
<input type="checkbox"/> Renewal of appointment
<input type="checkbox"/> Extension/variation to scope of practice

**Please note: If you need to correct any error in your application, please initial the correction.**

#### 1. Application for extension to scope of practice

I wish to apply to be credentialed to practice as:

New or innovative procedures and/or techniques will be notified to the Clinical Innovations Committee for approval.

Please attach to this form:

#### All appointments/reappointments

- Copy of current Australian Health Practitioner Regulation Agency registration where relevant (refer question 6)
- Attach evidence detailing CPD activities
- Current curriculum vitae
- Copies of relevant visa documents (if applicable)

#### New appointments only

- Current curriculum vitae including details of CPD activities.
- Certified copies of all specialty or other qualifications (other than primary allied health degree, if these are not listed on the Australian Health Practitioner Regulation Agency website.  
<http://www.ahpra.gov.au/>
- Proof of identification – 100 point test – Verification of signatory – 100 point check as required by Austrac <http://www.austrac.gov.au/>
- Working with children check, if applicable.

## 2. Applicant contact details

Surname	
Given name/s	
Previous name/s	
Date of birth	
Place of birth	
Residency status (If you are a not permanent resident please advise current visa type)	<input type="checkbox"/> Australian citizen
	<input type="checkbox"/> Permanent resident
	<input type="checkbox"/> Temporary resident
Professional address	
	Postcode
Postal address (if different to professional address above)	
Phone (BH)	
Phone (AH)	
Fax	
Mobile/pager	
Contact e-mail address	

### 3. All qualifications including your primary allied health degree

New appointments – please list all your qualifications.

Reappointments (or if seeking to extend current scope of practice) – please list any new qualifications obtained since last appointment. Please provide certified copies of new qualifications obtained.

Qualifications	University/organisation	Year obtained
Primary allied health degree		
<b>Others</b>		

Reappointment only	Are you requesting a change to your existing scope of practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--------------------	---	--

### 4. Specialist area of practice

#### 4a. Specialty information

<b>Primary specialty</b>		Qualifications to support this specialty:
Sub-specialty or area of special interest (if applicable)	(Please provide supporting information in 5b.)	
Other specialty (if applicable)		Qualifications to support this specialty:
Are you applying to reduce your current scope of practice?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please outline reasons for the proposed reduction of scope of practice.		



Scope of clinical practice sought including, where relevant, type of procedures you wish to undertake. (Please use additional pages if required.)

#### 4b. Other training and clinical experience

If changing/extending your scope of practice, please provide details of relevant clinical experience and post-qualification training.

Include the title of course/s undertaken, the organisation offering the course and the qualification obtained.

#### 5. Clinical appointments

Please provide details on all current and previous clinical appointments held within the last five years (including names of organisations and dates of appointment)

Organisation	Name and type of appointment	When did you work in that role?
		to / /
		to / /
		to / /
		to / /
		to / /
		to / /
		to / /
		to / /

## 6. Registration Board of Australia and other matters

Please refer to <http://www.ahpra.gov.au>

What is your Australian Health Practitioner Regulation Agency Registration number?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an endorsement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please specify:	
Have you ever been formally disciplined (by an employer or other organisation) in the course of your work as a registered health professional?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been the subject of prior disciplinary decision/s or ruling/s imposed by any registration board whether in Victoria or elsewhere?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently have any conditions or restrictions placed on your registration or your clinical practice (either in Victoria or any other state, territory or country)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the past have you ever had any conditions or restrictions placed on your registration (either in Victoria or elsewhere)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been denied a scope of clinical practice that you requested?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever chosen to reduce your scope of practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your right to practise ever been withdrawn, suspended, terminated or reduced by an organisation, employer or professional body?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted or found guilty of any criminal offence, including a drug or alcohol related offence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you the subject of pending criminal charges?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES to any of the above, please provide full details. Or, if you prefer, provide the information in a sealed envelope marked ' <i>confidential for Director of Allied Health only</i> ' appended to this application, and indicate here that additional information is provided separately in this manner.	
Are you registered as an allied health professional in another country?	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, please specify.</b>
Have you ever been registered as an allied health professional in another country?	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, please specify.</b>
Do you have a current Working with Children Check * – see website Required for staff regularly providing services to children. <b>Please attach copy of current card</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Card number: _____ Expiry date:     /     /

\*Working with Children information can be found at <http://www.justice.vic.gov.au/workingwithchildren/>

## 7. Medical indemnity insurance information to be confirmed

Current private medical indemnity insurance cover (if applicable). <b>Please attach a copy of current policy renewal certificate</b>	Name of insurer: _____
	Policy number: _____
	Expiry date:     /     /
Is your proposed scope of private clinical practice reflected in or covered by your current medical indemnity insurance?	
Have there ever been, or are there currently pending medical indemnity claims, settlements or judgments against you?	
Has your current or any previous medical defence organisation/insurer ever excluded or reduced any specific area of practice, or terminated or denied coverage?	
If the answer to either of the above two questions is YES, please provide a detailed explanation and specify the name of the relevant medical defence organisation/insurer.	

*If you require further space to answer any questions, please attach separate pages, identified with the relevant section number.*

## 8. Academic appointments/teaching experience

*Please provide details of current and previous university or hospital teaching appointments held within the last five years (including names of organisations and dates of appointment).*

Organisation	Status/level	Term of appointment
		to    /    /
		to    /    /
		to    /    /
		to    /    /
		to    /    /
		to    /    /
		to    /    /
		to    /    /

### 8a. Continuing Professional Development

Please provide details of your involvement in continuing professional development (CPD) over the last five years if relevant. Include the name of the organisation/program in which you are enrolled, and maintenance of activity log book.

Please provide copies of any log books, activity or certificate of satisfactory completion of CPD in the last five years.

Description of CPD activities undertaken (please attach papers)	Dates

### 8b. Quality activities

For example, participation in clinical review/audit/peer review activities.

Do you regularly participate in formal clinical reviews, audits and/or peer review activities in any clinical setting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

If Yes, please provide details of these activities. (Please provide attachments if necessary.)

## 9. Health service educational activities

Are you prepared to conduct educational activities at this health service?

Yes  No

## 10. Health status

Do you have a disability/health issue that:

- may impact on your ability to perform any of the cognitive and physical functions that would fall within the scope of practice that you are seeking in this application?
- may require special equipment, facilities or work practices to enable you to perform any aspect of the scope of practice you are seeking in this application?

Yes  No

**or**

- might be relevant to determining your scope of practice?
- (In answering this question, please have regard to Australian Health Practitioner Regulation Agency guidelines available at <http://www.ahpra.gov.au/>)

If yes, please provide details of the disability/health issue and its likely, or possible, impact on your ability to carry out the scope of practice sought and details of any special equipment facilities or work practices required.

This information can be provided on this form or, if you prefer, you can provide the information in a sealed envelope marked 'confidential for Executive Director of Nursing & Midwifery only' appended to this application and indicate here that additional information is provided separately in this manner.

This information is sought to enable an assessment to be made as to whether you can safely perform the inherent/reasonable requirements of the work that you are seeking to perform at the hospital by submitting this application, or whether any reasonable adjustments might be required to ensure that you can work at the hospital in a way that ensures patient safety.

## 11. Referees (new appointments or expanding scope of practice only)

Please provide details of at least two referees, who preferably work largely within the specialty being applied for, who have been in a position to judge your experience and performance during the previous three years and who have no conflict of interest in providing a reference.

### Referee 1

Name	
Position held currently	
Professional address	
	Postcode
Phone (BH)	
Phone (mobile)	
Fax	
E-mail address	

### Referee 2

Name	
Position held currently	
Professional address	
	Postcode
Phone (BH)	
Phone (mobile)	
Fax	
E-mail address	

### Referee 3

Name	
Position held currently	
Professional address	
	Postcode
Phone (BH)	
Phone (mobile)	
Fax	
E-mail address	

## 12. Agreement/undertakings

I understand that, in assessing my application for appointment to Barwon Health, the health service will make additional enquiries as to my suitability for the position.

### New applications only

I understand the health service will conduct a routine criminal history check in relation to my current and previous place/s of residence.	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

### New appointments and expanding scope of practice only

I authorise the health service to seek information from my referees as to my past experience, performance and current fitness to practise.	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

I agree to familiarise myself with relevant hospital by-laws, policies and procedures and to abide by them.	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

### All applications

I accept that the health service will obtain information relevant to my application from the Australian Health Practitioner Regulation Agency and any other board regulating health practitioners, whether in Victoria or elsewhere.	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

I authorise the health service to obtain information relevant to my application from my current and any previous medical indemnity organisation/insurer. To be confirmed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

I authorise the health service to obtain information relevant to my supervision requirements (where applicable).	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

I authorise the health service to seek information from other persons as the health service considers appropriate, including any relevant health service, college or other professional organisation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

If appointed, I agree to abide by the organisation's, and state and national confidentiality and privacy laws and policies, and understand that breaches may result in the cessation of my appointment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

I agree to notify the Executive Director of Nursing & Midwifery of any event/ situation that may impact on my ability to exercise my scope of clinical practice, whether it be due to nursing registration matters or otherwise. This includes matters about which I consider that the director/nursing leader would wish to be informed and, as a minimum, includes the kinds of information covered in this application (such as any criminal charges or convictions, reductions in registration or insurance).	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

If appointed, I agree to comply with relevant ongoing educational/certification programs, (for example, college or relevant professional association/body) and to furnish details to the health service on an annual basis as requested by the Executive Director Nursing & Midwifery/nursing leader.	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

If appointed, I agree to participate in an annual professional development review.	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

If appointed, I agree to promptly notify the Director of Allied Health of any adverse clinical incident I am involved in, or become aware of.	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

If appointed, I agree to work within my specified scope of clinical practice and to make a further application should I seek to extend the scope of clinical practice granted to me.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If appointed, should any question as to my scope of clinical practice arise, I agree that the health service may make such enquiries as it considers necessary to assess whether that scope of clinical practice is appropriate.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I agree to sign and abide by the <i>Privacy, Confidentiality &amp; Security Agreement</i> form provided by Barwon Health.	<input type="checkbox"/> Yes <input type="checkbox"/> No

### 13. Declaration

*As recommended under the Standard for Credentialing and Defining the Scope of Clinical Practice of the Australian Commission for Safety and Quality in Health Care, the health service requires that the following declaration is completed by applicants.*

*I hereby declare that I have not been subject to any prior change to the defined scope of clinical practice, or denial, suspension, termination or withdrawal of the right to practise (other than for organisational need and/or capability reasons) in any other organisations and that I have not been subject to any prior disciplinary action or professional sanctions imposed by any registration board.*

I hereby declare that the information contained in this application is true and correct.

Signature of applicant:  Date:  /  /

If, for any reason, you are unable to sign the declaration above, please explain the circumstances.

**Please note:** The information collected on this form will be used by the Barwon Health Allied Health and Nursing Appointments Committee to assist in the determination of your application. Information provided on this form will not be used, or disclosed, for any other purpose.

Barwon Health operates in accordance with federal and state privacy legislation, including adherence to the National Privacy Principles. Copies of Barwon Health Privacy and Confidentiality Policies are available upon request.




## 100-point verification details (new appointments only)

Type of check	Available points	Notes
<b>Passport</b> (current or expired by less than two years) Not cancelled. <b>Citizenship certificate</b> (Australian only). <b>Birth certificate</b> (original or extract). <b>Birth card issued by the Victorian Registry of Births, Deaths and Marriages.</b>	70	Must contain name and a photo. <b>Select one only.</b>
<b>Written reference.</b> Written reference from an acceptable referee from a financial institution.	40	<b>Select one only.</b> Referee to have known the signatory for at least 12 months. Both signatory and referee must sign the reference.
<b>Drivers licence</b> Renewed, interim, provisional, truck or learners. Other acceptable government-issued licences include boat, gun or pilot.	40	Must contain name, expiry date, a photo or signature.
<b>Public Service Employee Identification Card.</b>	40	
<b>Pension or Government Health Card</b> (reference number required).	40	
<b>Identification card issued by a tertiary education institute.</b>	40	
<b>Letter from a current employer</b> (current or must have been employed by the employer within the last two years).	35	Must be on letterhead or company seal. Both employer and employee's signature must be on the letter along with the name and address of the employee.
<b>Medicare card.</b> Overseas or international drivers licence or Proof of Age card.	25	
Financial institution's credit card, cash card or passbook.	25	Only one current card/passbook can be accepted from each financial institution. You may supply details from several different institutions but cannot solely rely on this form of identification.
<b>Rating authorities</b> Rate notice (current). Provide the Deposited Plan (DP) number.	35	
<b>Public utility</b> (water rate notice, electricity, gas or telephone account – no mobile accounts) – current – take notice with you.	25	
<b>Statement from landlord, managing agent or owner of customer premises.</b>	25	Take letter, rental contract or rent receipt with you.

# Resource 1.5: Sample: allied health credentialling and scope of practice procedure

This sample from Peninsula Health outlines a procedure related to allied health credentialling and scope of practice.



**POLICIES & PROCEDURES**

**CLINICAL**

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**4.1.25 CREDENTIALING AND DEFINING SCOPE OF PRACTICE FOR ALLIED HEALTH**

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**1. INTRODUCTION**

Processes for credentialing and defining the scope of clinical practice support safe, high quality healthcare and are integral to clinical governance. Processes for delineating the extent of allied health clinical practice are based not only on the individual’s credentials, competence, performance and professional suitability but also on the needs and capability of the organization to support the scope of practice. The scope of practice of an individual can be more specifically defined than the scope of practice of their profession. To practice within the full scope of practice of the profession may require individuals to update or increase their knowledge, skills or competence. Decision-making in relation to scope of practice within a sound risk management, professional, regulatory and legislative framework is a considered rational process that enables allied health staff to work to their full potential scope of practice.

**2. PURPOSE**

This policy provides guidance to allied health and other staff about processes for credentialing and defining the scope of practice for allied health staff at Peninsula Health. This policy guides allied health staff in making decisions about their practice and changes to their practice over time. The policy also outlines the process to facilitate implementation of specific scope of practice changes for allied health staff at Peninsula Health through the Allied Health Scope of Practice Committee, including the introduction and evaluation of advanced scope roles and new technologies and clinical practices.

**3. DEFINITIONS**

**Allied health** – the group of allied health disciplines at Peninsula Health which includes social workers, welfare workers, dietitians, speech pathologists, physiotherapists, podiatrists, occupational therapists, medical imaging technologists, pharmacists, psychologists (including clinical psychologists and clinical neuropsychologists), prosthetists, orthotists, exercise physiologists, audiologists, music therapists and allied health assistants.

**Discipline head** – head of one of the allied health disciplines listed above. May be a director, manager, chief or head of the discipline or delegate. At Peninsula Health, the discipline head for exercise physiologists is the head of physiotherapy; the discipline head for music therapists is the head of occupational therapy; the discipline head for audiologists is the head of Speech Pathology; the discipline head for allied health assistants is the relevant head of physiotherapy, podiatry, occupational therapy or speech pathology.

**Credentialing** - the formal processes used to verify the qualifications, experience and professional standing of allied health staff for the purpose of forming a view about his/her competence, performance and professional suitability to provide safe and high quality healthcare services within Peninsula Health.

**Defining the scope of practice** – delineating the extent of an individual’s clinical practice within Peninsula Health based on the individual’s credentials, competence, performance and professional

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suitability and the needs and capacity of Peninsula Health to support the clinician's scope of clinical practice.

**Competency** - the combination of knowledge, skills, attitudes, values and abilities that underpin safe and effective performance in a profession. It encompasses confidence and capability and includes the ability to transfer and apply skills in the range of situations required at an appropriate level of safety and quality. Competencies guide and encourage effective learning and validly and reliably measure learning outcomes.

**Core scope of practice** – The routine expectations of allied health practice that are a normal part of training and in keeping with the allied health practitioner's qualifications and training are considered to be usual clinical scope of practice.

**Advanced scope of practice** – specific clinical activities, techniques or roles that require additional training, significant professional experience and competency achievement and have traditionally been performed by professions other than allied health. Advanced scope of practice activities, techniques or roles are required to be specified as included in the individual clinician's scope of practice.

**Extended scope of practice** - a clinical role that is outside the currently recognised scope of practice for allied health and requires some method of credentialing following additional training, competency development and significant professional experience, as well as legislative change.

**New technology/clinical practice (NTCP)** – a therapeutic intervention or diagnostic procedure that is considered by a reasonable body of relevant professional opinion to be significantly different from existing clinical practice. It includes a procedure that has not previously been formally approved to be performed at Peninsula Health, as well as any variation to an existing procedure or treatment where a new device or item of equipment is introduced.

**RoMANCCC** – Rosebud Hospital, Mental Health, Allied Health, Community and Continuing Care and Community Participation

#### **4. POLICY**

##### **Credentialing:**

For the purposes of credentialing new employees, all allied health clinicians applying for a position at Peninsula Health must provide substantial Curriculum Vitae that include:

- Details of education (undergraduate and post graduate)
- Current and past employment
- Relevant experience
- Evidence of continuing professional development
- Details of professional registration status (for disciplines which require registration)
- Names and contacts of minimum of two referees

Preferred applicants are to provide at interview:

- Original or certified copy of undergraduate and post graduate qualifications

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- Original or certified copy of appropriate identification

Prior to appointment, the discipline head will:

- Verify professional qualifications
- For allied health disciplines that require registration: confirm registration on the Australian Health Practitioner Regulation Agency website including noting of any restrictions
- For allied health disciplines that do not require registration: confirm eligibility for relevant professional association, i.e. evidence of clinical hours worked and professional development completed
- Perform a minimum of two reference checks with one to include the applicant's current or most recent line manager to verify the skills and experience described within the Curriculum Vitae

##### **Scope of Practice:**

Before performing any care activity the allied health clinician must make an assessment in relation to their scope of practice using the following key principles:

- The primary motivation or reason for any decision about a care activity is to meet consumers' health needs or to enhance outcomes.
- Allied health clinicians are accountable for making clinical judgments about their own practice and what is within their own capacity and scope of practice in accordance with Peninsula Health Policies and Clinical Practice Guidelines and all standards, policies and guidelines and codes of practice relevant to their profession.
- When an activity is beyond their own capacity or scope of practice allied health clinicians are responsible for initiating consultation with, or referral to, other members of the health care team.
- Allied health practice decisions are best made in the collaborative context of planning, risk management and evaluation.
- Where an allied health clinician has concerns regarding scope of practice, these concerns should be discussed with the discipline head.
- Allied health clinicians, in conjunction with the consumer, are accountable for making decisions about who is the most appropriate person to carry out a health care activity from the care plan relevant to the individual consumer and must ensure the right person is able to provide the right care for the consumer.
- Peninsula Health has processes for providing continuing education, skill development, clinical supervision and professional development support to allied health clinicians.
- The discipline head has the responsibility for maintaining a central electronic database which captures credentialing and scope of practice information, including inclusion and exclusion criteria, for each allied health clinician in that discipline.

##### **Competencies:**

As part of defining scope of practice for individual allied health clinicians, each allied health discipline is responsible for providing a competency program for relevant clinical activities or techniques considered high risk to consumer safety. This includes relevant education and training, which may be obtained through a work based learning program or external professional development, along with a process to determine achievement of the competency. Assessment of competency takes into account knowledge, skills and experience and is performed by a suitably experienced allied health clinician. There are a range of methods that may be utilized to determine

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achievement of a competency, including review of written responses to clinical questions, oral appraisal, documentary evidence, practical demonstration, workplace observation and case based scenarios informing clinical decision making ability. Each discipline head will maintain a record of clinicians who have achieved relevant competencies and is required to ensure clinicians who are not considered competent do not practice that clinical technique or in that clinical area. Allied health clinicians are responsible for being aware of clinical activities or techniques which require competency achievement prior to implementing these in their own clinical practice. Clinical activities or techniques which require competency achievement are required to have a clinical practice guideline.

##### **Advanced and Extended Scope of Practice:**

Peninsula Health recognizes that advanced and extended scope roles offer multiple benefits to the organization, in terms of best use of scarce resources, potential to more effectively manage patient flow, as well as benefits in regards to staff retention.

- Where an individual identifies an opportunity or capacity to practice which is outside the organisational guidelines application may be made to the Allied Health Scope of Practice Committee (Terms of Reference Attachment 1, Process of application for advanced scope of practice Attachment 2) for approval of advanced or extended scope of practice. The key principles relating to implementing advanced or extended scope of practice at Peninsula Health are:
- The primary motivation or reason for any change in scope of practice is that it reflects evidence based practice, meets the consumers' health care needs and enhances health outcomes. There is a justifiable and evidence-based reason to perform an activity that was previously considered outside the scope of practice.
- All risks and hazards are to be identified and strategies to prevent harm are to be developed, including adequate supervision and ongoing assessment of competence.
- Any change to scope of practice at Peninsula Health must firstly be discussed with the discipline head, and then presented to the Allied Health Scope of Practice Committee. The committee will review the application and if assessed as appropriate to progress, will provide a recommendation to the executive director RoMANCCC for ratification.
- External mentoring / supervision mechanisms may be considered appropriate where the expert clinicians are not available within Peninsula Health to provide this.
- The approval of advanced or extended scope of practice is specific to the individual or individuals applying to the committee.
- The discipline head has the responsibility for maintaining a central electronic database which captures advanced and extended scope of practice information, including inclusion and exclusion criteria, for each relevant allied health clinician in that discipline.
- Once a new advanced or extended scope of practice role is established, clinicians recruited into existing roles may be credentialed as being appropriate for the role as part of the recruitment process.
- Ongoing monitoring of staff skill levels and maintenance of competencies is managed through the performance development review and supervision processes.

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##### **Introduction of new technology or clinical practice:**

Allied health clinicians who wish to introduce new technologies or clinical practice are required to follow the Peninsula Health Policy 6.1.25 - New Technology / Clinical Practice. Allied health clinicians are required to apply to the Allied Health Scope of Practice Committee for approval of new technology or clinical practice prior to presenting their application to the Peninsula Health New Technology and Clinical Practice Committee.

##### **Allied health professional accountabilities:**

Peninsula Health recognises the importance of strong professional frameworks, inclusive of mechanisms for recruitment, retention, performance management and review, and clinical supervision, in reduction of clinical risk and to ensure quality of service delivery. Allied health clinicians are employed in various roles across Peninsula Health. Many roles are both professionally and operationally responsible to the relevant discipline head. For these staff, operational and professional reporting lines and accountabilities are clearly defined within existing departmental structures. However, there are some allied health roles in Peninsula Health where clinicians are operationally responsible to a manager outside of their allied health discipline. For all clinicians employed under an allied health classification, professional responsibility lies with the discipline head. Therefore, there are collaborative processes required between operational managers and discipline heads to ensure allied health clinicians are practicing at the appropriate professional level and are operating within their scope of practice.

For allied health positions where the operational manager is not the discipline head, the following collaboration and communication is required:

##### Recruitment/Retention:

Operational managers should inform the relevant discipline head of staff who have resigned from an allied health role and of new and vacant allied health positions. The operational manager and the discipline head should discuss recruitment strategies, including the grade level/classification for the position, the advertising plan and selection processes. The discipline head should review the position description and be included on the selection panel. New allied health clinicians should be oriented to the relevant discipline structure and processes by the discipline head. A key contact for professional issues will be identified by the discipline head and communicated to the new staff member.

##### Credentialing:

Prior to appointment, the discipline head will:

- Verify professional qualifications
- For allied health disciplines that require registration: confirm registration on the Australian Health Practitioner Regulation Agency website including noting of any restrictions
- For allied health disciplines that do not require registration: confirm eligibility for relevant professional association, i.e. evidence of clinical hours worked and professional development completed

##### Standards of practice (including clinical guidelines and scope of practice):

Scope of practice for newly appointed allied health clinicians should be agreed by the operational manager and the discipline head at the time of appointment with reference to the skills and

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experience of the appointee and the skills / activities that can be supported within Peninsula Health. The operational manager is responsible to ensure that the agreed scope of practice is clearly outlined in the position description and supported by relevant clinical guidelines or service operating procedures.

##### Practice issues:

The discipline head should make the operational manager aware of specific professional codes of conduct, and changes to these that occur. The discipline head should be consulted for professional advice if the operational manager is concerned at any time that discipline specific codes of conduct or the agreed scope of practice are not being adhered to. Issues of non-compliance with an agreed scope of practice may give rise to a performance management process.

##### Performance development reviews:

Annual performance development reviews are completed by the operational manager with consultation of the discipline head to ensure the review is comprehensive and informed by a discipline specific context.

##### Performance management:

Issues relating to the clinical performance of an allied health clinician should be discussed with the relevant discipline head. The discipline head will participate with the operational manager in the development of a performance management plan, inclusive of strategies to improve competence, and any required changes to supervision structures, scope of practice (temporary or permanent) and training needs. The discipline head and operational manager may mutually agree to involve others in this process based on the issues identified.

##### Clinical supervision:

Clinical supervision should be provided by appropriately qualified, trained and experienced clinicians, with reference to the scope of practice of the supervisee. All allied health clinicians engaged in regular discipline based clinical work should receive regular clinical supervision from a supervisor of their discipline with skills in that area of clinical practice. Exceptions in whole or part must be agreed between the operational manager and discipline head.

##### Professional development:

All allied health clinicians have access to relevant internal discipline-specific professional development activities. Operational managers will facilitate allied health clinicians access to relevant internal discipline-specific professional development activities where operationally possible. All allied health clinicians are provided information regarding internal and external professional development activities by the discipline head.

##### Introduction of new technologies / clinical practice:

New technologies or clinical practice which represent a change to Peninsula Health practice and/or the scope of an individual's practice will be agreed by the operational manager and the relevant discipline head. An implementation strategy inclusive of any competency based training and ongoing competency review requirements will be agreed between the operational manager and the relevant discipline head. The operational manager and discipline head together present the proposal to the Allied Health Scope of Practice Committee.

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##### **5. RELATED POLICIES/PROCEDURES**

- Peninsula Health Policy - Credentialing and Defining Scope of Practice for Nurses
- Peninsula Health Policy 3.1.01 – By Laws
- Peninsula Health Policy 4.1.12 – Credentialing, Defining Scope of Practice & Appointment of Senior Medical and Dental Staff
- Peninsula Health Policy 3.1.08 – Policy for Peninsula Health Policies and Clinical Practice Guidelines.
- Peninsula Health Policy 4.1.02 – Recruitment and Selection
- Peninsula Health Policy 4.1.20 - Professional Registration and Proof of Qualifications
- Peninsula Health Policy 6.1.25 – The Safe Introduction of A New Technology / Clinical Practice (NTCP)
- Peninsula Health Policy 3.1.30 – Quality and Clinical Governance
- Clinical Practice Guideline – Scope of practice, supervision and delegation to Allied Health Assistants
- Clinical Practice Guideline – Emergency Department Primary Care Physiotherapy
- Clinical Practice Guideline – Psychology – Supervision for Psychologists
- Clinical Practice Guideline – Occupational Therapy – Supervision
- Operational Practice Guideline – Dietetics – Clinical Supervision in Nutrition and Dietetics
- Operational Practice Guideline – Physiotherapy – Clinical Supervision
- Operational Practice Guideline – Podiatry – Clinical Supervision
- Operational Practice Guideline – Speech Pathology – Coaching Program

##### **6. RESPONSIBILITIES**

- 6.1. **Employer** – Ensure effective processes for credentialing and defining scope of practice are in place.
- 6.2. **Departmental** – Departments are to ensure the Policy is disseminated and educated to. Departments are responsible for ensuring appropriate environments, competency programs, clinical support and supervision for individuals to maintain and further develop their scope of practice
- 6.3. **Department Head/Manager** – Responsible for clinical governance of scope of practice issues within their department.
- 6.4. **Employee** – To practice within their defined clinical scope of practice..

##### **7. EVALUATION**

Number of advanced scope of practice applications considered by the Allied Health Scope of Practice Committee

Number of advanced scope of practice applications endorsed by the Allied Health Scope of Practice Committee

Number of advanced scope of practice applications ratified by the Executive Director RoMANCCC

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##### **8. REFERENCES**

Australian Council on Healthcare Standards (ACHS) (2006). The ACHS EQiP 4 Guide, Part 1, Corporate Function: Leadership & Management Standard (3.1): Criterion 3.1.3, 'Process for Credentialing and Defining the Scope of Clinical Practice Support Safe, Quality Health Care', page 223.

Australian Council of Healthcare Standards (ACHS) EQiP National Guidelines. Standard 13. Sydney Australia; ACHS; 2012 Department of Human Services – Better Skills Best Care Strategy <http://www.health.vic.gov.au/workforce/skills.htm>

Australian Physiotherapy Association titling and specialization process

<http://physiotherapy.asn.au/index.php/quality-practice/specialisation/titling/pathway>

Australian Physiotherapy Association Position Statement: Scope of Practice

[http://www.physiotherapy.asn.au/DocumentsFolder/Advocacy\\_Position\\_Scope\\_of\\_Practice\\_2009.pdf](http://www.physiotherapy.asn.au/DocumentsFolder/Advocacy_Position_Scope_of_Practice_2009.pdf)

Australian Psychological Society: Code of Ethics

<http://www.psychology.org.au/about/ethics/#s1>

Occupational Therapy Code of Ethics

Australian Competency Standards for Entry – Level Therapists in Mental Health

<http://www.ausot.com.au>

Dietetics Association of Australia Code of Professional Conduct

<http://www.daa.asn.au/index.asp?pageID=2145833461>

Dietetics Association of Australia Advanced Practitioner Competency Standards

<http://www.daa.asn.au/index.asp?pageID=2145869277>

Scope of Practice – Speech Pathology

[http://www.speechpathologyaustralia.org.au/library/Core\\_Assoc\\_Doc/Scope\\_of\\_Practice.pdf](http://www.speechpathologyaustralia.org.au/library/Core_Assoc_Doc/Scope_of_Practice.pdf)

Practice Standards for Social Workers: Achieving Outcomes

[http://www.aasw.asn.au/adobe/publications/Practice\\_Standards\\_Final\\_Oct\\_2003.pdf](http://www.aasw.asn.au/adobe/publications/Practice_Standards_Final_Oct_2003.pdf)

##### **9. POLICY HISTORY**

Previously Policy number 6.1.31 updated as moved from 'Clinical' to 'HR' on Policy Register (August 2013).

Policy created March 2009

Policy reviewed March 2012

Policy reviewed February 2013

##### **10. KEY PERFORMANCE INDICATORS/OUTCOME**

100% of allied health clinicians are credentialed for their role

100% of allied health clinicians work within their scope of practice

100% of allied health clinicians working in high risk clinical areas or performing high risk clinical techniques have achieved relevant competencies

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##### **ATTACHMENT 1:**

#### **ALLIED HEALTH ADVANCED SCOPE OF PRACTICE COMMITTEE TERMS OF REFERENCE**

##### **INTRODUCTION**

The Allied Health Scope of Practice Committee for Peninsula Health is a decision making authority which determines appropriate scope of practice for allied health clinicians. This committee tables each application for advanced scope of practice and must be satisfied that the nominated allied health clinician has the acceptable level of education, an appropriate competency assessment, is confident in their ability to perform tasks safely and have all necessary qualifications, training and organizational support to work in an advanced scope. All allied health applications for the introduction of new technologies and clinical practice are tabled by the committee

##### **PURPOSE**

To review and make recommendations to the executive director RoMANCCC regarding applications for advanced and extended scope of practice roles and introduction of new interventions within allied health.

##### **FUNCTION**

To review applications for advanced and extended scope of practice roles in allied health. To review applications for introduction of new technology or clinical practice within allied health. To make recommendations to the executive director RoMANCCC regarding advanced and extended scope of practice roles and the introduction of new technology or clinical practice in allied health.

##### **MEMBERSHIP**

It is expected that members or delegate attend. If a member is unable to attend, adequate notice must be given in order to assist in planning for a quorum.

- Director of Speech Pathology
- Director of Physiotherapy
- Director of Nutrition and Dietetics
- Chief Social Worker
- Director of Occupational Therapy
- Head of Psychology
- Head of Podiatry
- Director of Chronic Disease and Aged Services

Relevant expert clinicians, professional and operational managers will be invited onto the Allied Health Scope of Practice Committee to review applications for advanced scope of practice and use of new interventions as required.

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##### **QUORUM**

A quorum is deemed to be at least 4 members of the core group, plus all invitees requested to attend a particular committee meeting.

##### **FREQUENCY OF MEETINGS**

As required based on receipt of applications for use of new technologies / interventions or advanced scope of practice.

##### **REPORTS TO**

Executive director RoMANCCC

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##### **ATTACHMENT 2:**

##### **PROCESS OF APPLICATION FOR ADVANCED/EXTENDED SCOPE OF PRACTICE / INTRODUCTION OF NTCP:**

1. The allied health clinician must initially provide an expression of interest to the relevant discipline head for any proposal to implement an allied health advanced or extended scope role or NTCP. The expression of interest must outline:
  - a. Service needs analysis
  - b. Cost-benefit analysis
  - c. An identified service gap that would be filled by the advanced scope role or NTCP
  - d. Compliance with current evidence based practice
  - e. Nomination of a suitable candidate/s including Curriculum Vitae and references with preference for minimum of 2 candidates per area where possible to ensure sustainability across annual, sick and long service leave periods
  - f. Ability and capacity to establish an advanced scope or NTCP implementation work group
  - g. Engagement of key stakeholders including consumers and carers
  - h. Evidence of support from the discipline head and other relevant clinical and operations directors
2. Once the discipline head endorses the expression of interest, the allied health clinician is required to complete an "Advanced/Extended Scope of Practice/NTCP Proposal and Learning Strategy" form (Attachment 3) and forward to the discipline head.
3. The discipline head places the proposal on the agenda for the following Allied Health Scope of Practice Committee meeting and ensures relevant expert clinicians are invited to attend.
4. The discipline head presents the expression of interest document, together with the "Advanced/Extended Scope of Practice/NTCP Proposal and Learning Strategy" form at the Allied Health Scope of Practice Committee meeting for discussion and decision regarding recommendation for endorsement.
5. For all applications for advanced or extended scope of practice or NTCP, the Allied Health Scope of Practice Committee is required to review the proposal, supporting evidence and documentation and determine:
  - a. The applicant/s has a satisfactory level of education, including theory and clinical practice
  - b. The applicant/s has an appropriate level of clinical skill and competence
  - c. The clinical practice is appropriate for the specified discipline
  - d. Peninsula Health clinical policies and guidelines support the clinical practice
  - e. There is a defined competency process, including review of competencies and identification of the clinician responsible for assessment of competence
  - f. The discipline is appropriate to provide the education and competency assessment for the clinical practice
  - g. There is a method to ensure monitoring and maintenance of knowledge, competence, compliance and risk identification
  - h. There is access to appropriate clinical supervision
  - i. The clinical practice is aligned with the service capabilities of Peninsula Health

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#### **4.1.25 CREDENTIALING AND DEFINING SCOPE OF PRACTICE FOR ALLIED HEALTH**

6. Recommended proposals are forwarded to the executive director RoMANCCC for ratification.
7. The applicant/s, discipline head and relevant stakeholders are notified by the executive director RoMANCCC of the outcome of the application.
8. Advanced or extended scope of practice proposals ratified by the executive director RoMANCCC are registered on the central scope of practice database.
9. All recommended proposals for introduction of NTCP are required to be presented at the Peninsula Health New Technology and Clinical Practice Committee for ratification, in line with the provisions of Peninsula Health Policy 6.1.25 – The Safe Introduction of A New Technology / Clinical Practice (NTCP).

#### **PROCESS FOR REVIEW OF ADVANCED SCOPE OF PRACTICE:**

Allied health clinicians working with advanced or extended scope of practice are required to have their scope of practice reviewed regularly by the Allied Health Scope of Practice Committee. The frequency of this review will be determined by the Allied Health Scope of Practice Committee. The review ensures maintenance or enhancement of knowledge, competence and compliance in line with the ratified proposal.

It is accepted that with progression in healthcare and service delivery there are advanced scope roles which may be considered to become core scope of practice in the future. In situations where advanced scope roles are deemed to have become core scope of practice, discipline heads should provide appropriate evidence to inform discussion at the Allied Health Scope of Practice Committee for endorsement of this change.

Date Created / Revised	March 2009:March 2012, February 2013
Next Revision	February 2016
Executive Sponsor	Executive Director Rosebud Hospital, Mental Health, Allied Health, Nursing, Community and Continuing Care & Community Participation
Co ordinator	Deputy Director Physiotherapy
Approved by	Chief Executive Officer

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## POLICIES & PROCEDURES

### CLINICAL



#### 4.1.25 CREDENTIALING AND DEFINING SCOPE OF PRACTICE FOR ALLIED HEALTH

ATTACHMENT 3:

### PENINSULA HEALTH Advanced/Extended Scope of Practice / NTCP Proposal and Learning Strategy



#### PROPOSAL

<b>Description of the proposed scope of practice / NTCP enhancement</b>	
<b>The Unit, Work area, Cluster wishing to adopt the enhancement</b>	
<b>Purpose</b> What is the evidence that supports this proposal? <ul style="list-style-type: none"> <li>• Audits</li> <li>• Incident data etc</li> </ul>	

#### LEARNING STRATEGY

<b>Learning Objectives:</b> What learning objectives are needed for the learner to achieve advanced/extended scope of practice?	
<b>Is any prerequisite Knowledge required?</b> <ul style="list-style-type: none"> <li>• Prior courses</li> <li>• Pre-reading</li> </ul>	
<b>What organisational Policies or procedures or Competencies (ANMC), best practice evidence will guide the learning package/program?</b> Do the policies meet the objectives if not will they be modified and by whom?	
<b>Who will design and develop the learning package?</b>	
<b>Who will validate the learning package?</b> Who will check that the package/program meets the objectives and reflects organisational P&P etc?	
<b>Learning context</b> Where and how will the learning take place? <ul style="list-style-type: none"> <li>• Classroom</li> <li>• Workplace</li> <li>• Simulated environment</li> </ul>	

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## POLICIES & PROCEDURES



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### CLINICAL


#### 4.1.25 CREDENTIALING AND DEFINING SCOPE OF PRACTICE FOR ALLIED HEALTH

<b>How will competence be determined?</b> <ul style="list-style-type: none"> <li>• Written responses</li> <li>• Oral appraisal</li> <li>• Documentary evidence</li> <li>• Workplace observation</li> <li>• Case based scenarios</li> </ul>	
<b>Who will validate the assessment?</b> Who will check that the assessment meets the objectives?	
<b>Who will maintain a system to identify accredited staff?</b> How will staff know who is and isn't accredited?	
<b>OTHER THINGS TO BE CONSIDERED</b>	
<b>Time frame how long will learning/training take?</b>	
<b>How long after training will competence be assessed?</b>	
<b>What will the learner need to do to remain competent?</b> <ul style="list-style-type: none"> <li>• Annual accreditation</li> <li>• Portfolio of evidence</li> <li>• Not required etc?</li> </ul>	
<b>Consultation with key stakeholders in the development of advanced scope of practice?</b> Who are they and how will this be done?	
<b>What budgetary considerations need to be made?</b> How much will it cost and who will pay? Consider <ul style="list-style-type: none"> <li>• Design and development</li> <li>• Backfill to release staff</li> <li>• Trainers</li> <li>• Ongoing sustainability</li> </ul>	
<b>REVIEW</b>	
<b>Pre-implementation review</b> Who will check that the learning program is comprehensive and able to meet the needs of the organisation and the learner?	
<b>Post implementation review</b> How will you assess that the program has met the needs of the organisation and the learner?	

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Approved by	Chief Executive Officer

## Resource 1.6: Sample: credentialling and professional practice standards for allied health staff procedure

This sample from Bendigo Health outlines the credentials and professional practice standards required by allied health practitioners for employment.

	<b>Credentialling and Professional Practice Standards for Allied Health Staff Procedure</b>
<b>Scope</b>	• All Departments
<b>Responsible Department</b>	Allied Health Credentials Committee
<b>Authorised By</b>	Group Executive

### PURPOSE

This procedure is to be read in conjunction with the [Credentialling and Professional Practice Standards for Allied Health Staff Policy](#), and the [BHCG Allied Health Credentialling and Professional Standards Table](#).

Credentialling processes will comply with the following principles.

#### **Principle 1**

Credentialling and defining the scope of clinical practice are organisational governance responsibilities that are always conducted with the objective of maintaining and improving the safety and quality of health care services.

#### **Principle 2**

Processes of credentialling and defining the scope of clinical practice are complemented by health practitioner registration requirements and individual professional responsibilities that protect the community.

#### **Principle 3**

Effective processes of credentialling and defining the scope of clinical practice benefit patients, communities, health care organisations and health practitioners.

#### **Principle 4**

Credentialling and defining the scope of clinical practice are essential components of a broader system of organisational management or relationships with health practitioners.

#### **Principle 5**

Reviewing the scope of clinical practice should be a non-punitive process.

#### **Principle 6**

The process of credentialling and defining the scope of clinical practice is a peer review process and depends on strong partnerships between health care organisations and professional colleges, associations and societies.



### **Principle 7**

Processes of Credentialing and defining the scope of clinical practice must be fair, transparent and legally robust, operating according to the rules of natural justice and procedural fairness. This should include a procedure for appeal.

## **PROCEDURE**

### **1. Recruitment of Allied Health Staff**

- a) During the recruitment of all allied health staff the Allied Health Head of Discipline (AH HoD) is responsible for:
  - Ensuring that allied health position descriptions include reference to the mandatory requirements of the Credentialing and Professional Practice Standards for Allied Health Staff policy before forwarding for Executive approval.
  - Determining the preferred candidate meets the requirements of the Credentialing and Professional Practice Standards for Allied Health Staff Policy. This must be verified before any offer of a position is made.
  - This process will be completed in accordance with the Allied Health Professional Management Standards.
- b) In circumstances where the vacancy or new position is program managed, the Program Manager must advise the AH HoD of the vacancy and collaborate with the AH HoD regarding the position description.

### **2. Review and Monitoring of Compliance**

- a) Ongoing compliance for all allied health staff is the responsibility of each AH HOD. The AH HOD is to endeavour to have a documented process for review of compliance.
- b) An open communication process will exist between AH HOD's and Program Managers regarding any identified breach in standards.
- c) The AH HoD, in conjunction with the Program Manager, is responsible for the performance management process of staff who have breached standards.
- d) AH HOD's will report compliance (for each staff member within their professional management) with discipline specific credentialing and professional standards to the Director of Allied Health (who then will report to the Health Practitioners Credentialing Committee) annually in December.

### **3. Disciplines requiring annual national registration**

#### **Initial employment:**

- a) All applicants for positions at Bendigo Health requiring current registration under the Health Practitioner Regulation National Law Act 2009 are required to include their registration number when submitting their application via the Bendigo Health e-recruit system.
- b) The AH HoD or delegate who is managing the recruitment process for that vacancy is responsible for checking the registration and any restrictions or conditions of all applicants they wish to interview.
- c) If conditions/restrictions to the applicant's registration apply, the Program Manager, AH HoD and the relevant Executive Director will determine if the applicant should still be considered for interview and potential subsequent employment and if so, what steps would need to be put in place to ensure

those conditions or restrictions are observed by both Bendigo Health and the staff member concerned.

Prior to commencing employment with Bendigo Health, all relevant staff must produce written documentation of their current registration with sufficient additional identification for the organisation to warrant the authenticity of the registration (as per Human Resource department requirements).

#### **4. Annual Confirmation of Continuing Registration**

- a) All relevant staff employed by Bendigo Health are responsible for ensuring their registration remains current at all times.
- b) The relevant AH HoD's will request from Payroll a list of all staff employed under the relevant allied health classifications as of November 30<sup>th</sup> each year. This list will then be utilised by the AH HoD to complete an online search of registration status for each staff member.
- c) AH HoD's will collate a list of names of staff that have not renewed their registration and will liaise with Program Managers (if relevant) to direct them to update their annual registration.
- d) A subsequent online registration check of those staff noted not to have renewed their registration will be conducted on December 20<sup>th</sup> (or the closest business day) by AH HoD's or their delegates. A report containing details of any staff not registered at this time will be provided to the relevant Executive Director.
- e) Two business days prior to December 30<sup>th</sup> further online registration checks will be conducted by the AH HoD or their delegates for those staff noted in the November 30<sup>th</sup> report.
- f) Individual staff not registered at this time will be reported to the relevant Executive Director and subject to disciplinary action as outlined in 4g.
- g) Relevant staff not registered for the current year of registration as of December 30<sup>th</sup> will be suspended without pay and their continuing employment may be jeopardised.
- h) It is an essential requirement of all staff to provide written notification of any practice restriction or condition imposed by the relevant registration boards within 5 business days of receiving advice of the restriction / condition. Failure to do so will result in immediate suspension from duty without pay of that staff member. The relevant Executive Director and Program Manager will then decide the impact of such failure on the future employment of the staff member.

#### **5. Appeals**

- a) A practitioner whose request for credentialing has been denied, withheld or granted in a different form to that requested has the right to appeal against the decision.
- b) Practitioner appeals shall be made to the Chair, Allied Health Credentials Committee in writing within 30 days of receipt of notification that credentialing applied for or the clinical scope of practice applied for, has been denied, withdrawn or amended.
- c) The Committee shall be requested to reconsider its decision within 30 days of receipt of that appeal. If the reconsidered decision is favourable to the applicant an offer of credentialing or altered scope of practice

should be made. If the reconsidered decision is not acceptable to the applicant, then that individual may discontinue the appeal or request a formal hearing. In the latter case the matter will be referred within a further 21 days to a Credentials Appeal Tribunal.

- d) The Committee can also refer the matter to the Health Professional Credentialing Committee as the appeal's outcome may require a review of the quality of the service being delivered by the practitioner and/or may require an assessment of the clinical competence of the appellant.
- e) The Committee will advise the appellant of the decision in writing.

### **Credentials Appeal Tribunal**

#### **Chair:**

The Chair of the Credentials Appeal Tribunal shall be the Chief Executive Officer

#### **Membership:**

The members will include the following representatives:

- The CEO of BHCG
- An appropriate allied health practitioner nominated by BHCG. Such practitioner shall be other than a practitioner who is a member of the relevant Credentials Committee.
- An allied health practitioner nominated by the appellant.
- A nominee of the appropriate allied health board or peak professional body.

#### **Procedure:**

The quorum for the Credentials Appeal Tribunal shall be all members. Alternative nominees shall be provided if the original nominee is not available.

- The Credentials Appeal Tribunal may, either on its own initiative, or at the request of any of its members, call for written or verbal comment from relevant practitioners and Associations or Colleges as to the clinical competence of the appellant in the area of dispute.
- The appellant making the appeal is entitled to attend the Credentials Appeal Tribunal and to be accompanied by a barrister or solicitor or another person. Such individuals may not represent the appellant but will be in an advisory capacity.

Hearing of the Credentials Appeal Tribunal shall be closed.

- For the decision appealed against to be reversed or modified, at least three of the four members of the Credentials Appeal Tribunal must support the change
- The members of the Credentials Committee and of the Credentials Appeal Tribunal shall be accorded indemnity for their decisions.
- The Chair of the Credentials Appeal Tribunal will inform the BHCG Board of Directors of the Tribunal's recommendation.
- The BHCG Board of Directors will make a final determination and inform the appellant of the decision.
- Decisions of BHCG shall be given in writing to the appellant.
- At all times, the principles of natural justice shall apply and the appellant given every opportunity to have all available information brought forward for consideration.
- If the appeal is refused, the reasons for the decision will be given to the appellant.

- The applicant may reapply for credentialing when able to satisfactorily demonstrate clinical competence in the field involved. The Credentials Committee or the Credentials Appeal Tribunal may recommend remedies to restore credentialing such as a period of supervised practice or a period of training.

The Appeal process will be cognisant of the appellant's rights afforded by an employment agreement.

#### **REFERENCES and ASSOCIATED DOCUMENTS**

Credentialing and Professional Practice Standards for Allied Health Staff Policy

Allied Health Credentialing and Professional Standards Table

Allied Health Credentials Committee Terms of Reference

Health Practitioner Regulation (Administrative Arrangements) National Law Act 2008

Health Practitioner Regulation Act 2009 (National Law)

Health Practitioner Regulation National Law (Victoria) Act 2009

Statute Law Amendment (National Health Practitioner Regulation) Act 2010

#### **MANDATORY INCLUSION**

*Personal information and health information as defined in the relevant Victorian law, which is required to be collected, used, disclosed and stored by BHCG in order to achieve the Purpose of this policy, will be handled by the Group and its employees in accordance with their legal obligations.*

*When developing this policy, BHCG has taken all reasonable steps to make its content consistent with the proper discharge of its obligations under the Charter of Human Rights and Responsibilities Act 2006.*



# Resource 1.7: Sample: allied health credentialling and scope of practice committee terms of reference, Western Health

This sample from Western Health outlines the terms of reference for a committee with delegated roles and responsibilities for allied health credentialling and scope of practice.



Western Health

August 2013

## Allied health and care coordination

### Credentialling and professional advisory committee (cpac)

#### Terms of reference

##### Context

Allied Health and Care Coordination includes many diverse disciplines, each with unique specialist tertiary training and skills. We deliver high-quality, evidence-based, specialist assessments and interventions. Allied Health Professionals and Care Coordinators lead by example through work habits, behaviour and conduct consistent with professional and ethical standards and organisational values.

Allied Health and Care Coordination provide professional and patient care services across the care continuum and across all Clinical Divisions, delivering the right care to the right person, at the right time. Allied Health and Care Coordination provides leadership and direction to Western Health on matters relating to the management of the allied health workforce.

For the purpose of this committee, Allied Health and Care Coordination staff are those employed in the following areas; Allied Health, Care Coordination, Community and Ambulatory Care. Staff are employed either in a discipline specific or more generic role and work across the care continuum albeit in different programs with different reporting lines.

##### Role

The role of this committee is to ratify professional, operational and strategic decisions that impact the Allied Health and Care Coordination workforce so that the workforce can continually strive to deliver excellence in patient care across the care continuum. This committee will facilitate work across programs and reporting lines to deliver high-quality patient service and care and ensure that there is consistency with decision making about credentialling and professional issues that apply to this workforce.

##### Objectives

The function of the Allied Health and Care Coordination Credentialling and Professional Advisory Committee will be to:

- ensure the delivery of safe and effective patient care by ensuring that that all staff are credentialed to work in their role
- oversee and monitor the implementation of an Allied Health and Care Coordination Clinical Governance Framework

- develop a shared strategic vision about the provision of Allied Health and Care Coordination services across the continuum
- identify opportunities to share knowledge and resources to support the Allied Health and Care Coordination workforce as a whole to deliver high-quality patient care across the continuum
- identify opportunities to develop roles within Allied Health and Care Coordination to further enhance the quality and access to care provided at Western Health
- provide a forum to ensure a coordinated approach for all staffing matters as they relate to relevant industrial awards, legislation and HR frameworks

### **Membership**

- Group Manager Subacute Ambulatory Care
- Manager of Physiotherapy
- Manager of Podiatry
- Manager of Occupational Therapy
- Manager Subacute Ambulatory Care Services
- Allied Health Clinical Lead – Workforce
- Director of Community Services
- Manager of Immediate Response Service
- Admin Assistant (minutes)
- Manager of Nutrition
- Group Manager of Care Coordination
- Manager of Psychology
- Manager of Speech Pathology and Audiology
- Manager of Social Work
- Director of Allied Health (Chair)

Where a member is unable to attend or on leave a proxy can attend on their behalf.

Other staff may be requested to present/attend via invitation only, for example a clinical expert to support an application for advanced/extended scope of practice or clinical expert in relevant topic.

### **Reporting line**

The Committee receives reports from its membership and working groups. The Committee reports to the Executive Director Community Integration, Allied Health and Service Planning as the executive lead for the allied health workforce.

### **Frequency of meetings**

Meetings will be held monthly.

### **Quorum**

It is expected that all staff attend except when on leave, 80% of the meetings in the year.

### **Review**

The terms of reference and performance of the committee will be reviewed annually.  
Next review June 2014.

## Resource 1.8: Sample: allied health credentialling and scope of practice committee terms of reference, Monash Health

### Allied Health Credentialling and Scope of Practice Committee

MonashHealth

#### Terms of Reference

##### Background and Context

Allied health professionals are qualified to support and enable diagnosis of health conditions, provide treatment to maintain and optimise physical, social and mental function across the continuum of care, and promote healthy living. Allied Health Assistants provide therapeutic and program related support to allied health professionals under the guidance and supervision of an allied health professional.

Credentialling and defining the scope of practice for all allied health practitioners is an important part of ensuring the safety and quality of care. It is a requirement under National Standards and the Victorian clinical governance policy framework.

**Credentialling** Refers to the formal process used to verify qualifications, experience professional standing and other professional attributes for the purpose of forming a view about their competence, performance and professional suitability to provide safe, high-quality health care services within specific organisational environments (Australian Council for Safety and Quality in Health Care, 2004).

##### Defining the scope of clinical practice

A professions scope of practice is the full spectrum of roles, functions, responsibilities and decision-making capacity that individuals within that profession are educated, competent and authorised to perform. Some functions within the scope of practice of any profession may be shared with other professions or other individuals or groups. The scope of practice of all health professions is influenced by the wider environment, the specific setting, legislation, policy, education, standards and the health needs of the population (Australian Nursing Council, 2007).

The scope of practice of an individual is that which the individual is educated, authorised and competent to perform. The scope of practice of an individual clinician, 'may be more specifically defined than the scope of practice of their profession. To practise within the full scope of practice of the profession may require individuals to update or increase their knowledge, skills or competence' (Australian Nursing Council, 2007).

The processes of credentialling and defining scope of practice for allied health practitioners is undertaken by managers of allied health staff, with support from the Allied Health Credentialling and Scope of Practice Committee.

##### Purpose

Fulfil our delegated responsibility from the Chief Allied Health Officer, to monitor and maintain credentialling and scope of practice standards for allied health, to ensure patient safety and quality is maintained.

## Role

Consult, provide advice and make recommendations to the Allied Health Council on:

- the minimum credentials necessary for allied health practitioners to fulfil competently the duties of a specific position, or scope of clinical practice, with the specific organisational environment
- information that should be requested of, and provided by, applicants for appointment to specific positions or for a specific scope of clinical practice
- the range of clinical services, procedures or other interventions that can be provided safely in the specific organisational setting
- the facilities, clinical and non-clinical support services reasonably necessary to sustain the safe, high- quality provision of specific clinical services, procedures or other interventions
- the introduction of new technologies or clinical practices, or the novel application of technologies and clinical practice.
- Provide strategic direction to the development, implementation and ongoing evaluation of the Credentialing and Scope of Practice framework.
- Participate in the Monash Health risk management and quality frameworks.

## Membership

Membership has three categories; **standing, general and invited**.

**Standing** members are:

- Chief Allied Health Officer (professional governance)
- Allied Head Executive, Governance portfolio holder or delegate
- Professional practice advisor WISE® unit (chair)
- Advanced practice Advisor WISE® unit

**General** Membership:

- Is determined by Expression of Interest
- A minimum of six (6) general memberships
- Comprising of Allied Health Practitioners from a range of clinical professions and care streams and having the necessary skills and experience to provide independent, high-quality advice.
- General members are appointed for a maximum period of 24 months

Together the general and standing members need as a minimum to include one member of each of the following professions; Podiatry, Physiotherapy, Occupational Therapy, Social Work, Speech Pathology, Dietetics Allied Health Assistants (grade 3) and comprise of members across the continuum of care including bed-based allied health, Monash Health Community, Patient Flow Unit and Mental Health.

**Invited** members may include:

- a member with high-level skills and experience in human resources management, or have ready access at each meeting to a senior human resources professional with the relevant skills and experience
- additional allied health practitioners with specific clinical skills and experience relevant to the scope of clinical practice being requested



- a member or nominee of the governing body
- a nominee of the relevant professional college, association or society
- a university nominee who is an allied health practitioner (as relevant)
- a member who brings expertise in consumer or community issues
- individuals conducting projects that may impact the AH CSOP committee.

### **Responsibilities**

- All members to attend a minimum of 75% of scheduled meetings to maintain membership.
- Ensure compliance with relevant legislation, codes of practice, and Monash Health requirements.
- Ensure comprehensive records of deliberations and recommendations are maintained.
- Consider applications for changes to credentialing standards or scope of practice, for the introduction of a new technology/ clinical practice or for the novel application of technologies and procedures.
- Communicate effectively and efficiently with all stakeholders including the Allied Health Council and applicants.
- Make recommendations to the Allied Health Council.
- Review content of the allied health intranet to reflect current standards and processes.

### **Reporting**

- To the Chief Allied Health Officer (professional governance) and the Executive Management Team
  - Frequency: monthly
  - Report on compliance, conditions and reprimands recorded for AHPRA registrations of registered professionals currently providing services i.e. Physiotherapists, Podiatrists, Occupational Therapists
  - Responsibility of Allied Head Executive, governance portfolio holder or delegate
- To profession and program leads/ representatives
  - Frequency: bimonthly
  - Act as a conduit between operational and professional areas and report as required
  - Responsibility of profession/program representative
- To Monash Health Technologies and Clinical Practice Committee
  - As required and delegated by the committee
- To Human Resources Management
  - As required and delegated by the committee

### **Meeting Frequency**

- Bi-monthly or as required

### **Meeting Conduct**

- The meeting will be chaired by a the WISE® unit Professional Practice Advisor or delegate.
- Meeting dates will be scheduled to enable participation by the maximum number of participants.
- As far as possible, meeting dates will be set for the year in advance.

- Meeting documentation, including the agenda, minutes of the previous meeting and other relevant documents, will be distributed to committee members and attendees one week prior to the meeting by the chair or delegate.
- At the discretion of the committee, applicants may be invited to attend the meeting at which their application to the committee is being considered.
- Recommendations will be made to the Allied Health Council within one month of the meeting date.
- Minute taking will be allocated by the chair and rotated through members of the committee. Minutes are to be completed within 1 week of the meeting and stored in the relevant folder at **G:\alliedhealth\_credentiailling\AH Cred and Scope of Practice Committee**.

### **Quorum**

Requires a majority of committee members and is to include one standing member.

### **Decision making**

- The committee is responsible for reviewing applications made to the committee regarding the introduction of new technologies or procedures, the novel application of technologies and procedures and requests to vary or change standards. This includes permanent changes to profession specific credentialing documents.
- The committee may provide additional advice and recommendations, where advice is sought in relation to changing an individual's scope of practice (request by manager or health practitioner).
- The impact decisions have on patient safety and quality is central to the committee's decision making.
- Decisions are:
  - merit-based
  - made with reference to the needs, and resources available within Monash Health
  - made with reference to the benefits of the change to the client – cost, efficacy
  - reflective of risk vs benefit
  - based on available evidence.
- Voting to support/not support recommendations, require a quorum.
- Recommendations of the committee are referred to the Allied Health Council for endorsement.
- Appeals related to decisions made are dealt with independently of the Allied Health Credentialling and Scope of Practice Committee. The Appeals Committee is convened as required. For further detail please refer to the Allied Health Credentialling and Scope of Practice Framework.

## References

Australian Commission on Safety and Quality in Health Care (ACSQHC) (September 2011).

National Safety and Quality Health Service Standards, ACSQHC, Sydney, viewed 2 April 2014 at <http://www.safetyandquality.gov.au/>

Victorian Government Department of Human Services (2008). Victorian clinical governance policy framework, viewed 2 April 2014 at [http://www.health.vic.gov.au/clinrisk/publications/clinical\\_gov\\_policy.htm](http://www.health.vic.gov.au/clinrisk/publications/clinical_gov_policy.htm)

Australian Council for Safety and Quality in Healthcare (2004). Standard for Credentialling and Defining the Scope of Clinical Practice: A National Standard for credentialling and defining the scope of clinical practice of medical practitioners, for use in public and private hospitals, viewed 2 April 2014 at <http://www.safetyandquality.gov.au/our-work/credentialling/>

Australian Nursing and Midwifery Council, 2007, National Framework for the Development of Decision- making Tools for Nursing and Midwifery Practice, Australian Nursing and Midwifery Council, Canberra, viewed 2 April 2014 at <http://www.nursingmidwiferyboard.gov.au/Codes-and-Guidelines.aspx#decisionmakingframework>

Monash Health, (2014) Allied Health Credentialling and Scope of Practice Framework

**Monash Health Strategic Plan:** We put our patients first

**Reviewer:** (Executive Sponsor) Chief Allied Health Officer

**Authoriser:** Chief Allied Health Officer

**Last Review Date:** Feb 2016

**Next Review Date:** Feb 2017

# Resource 1.9: Sample: registration and credentialing procedure

This sample from Austin Hospital is a procedure related to allied health registration and credentialing.



## ADMINISTRATIVE PROCEDURE

### REGISTRATION AND CREDENTIALING FOR CLINICAL STAFF (EXCLUDING MEDICAL AND NURSING)

#### *Staff this document applies to:*

All staff from clinical disciplines outside of medicine and nursing

#### *State any related Austin Health policies, procedures or guidelines:*

[Clinical Credentialing and Defining Scope of Practice Policy](#)

[Complementary Therapy Credentialing Policy](#)

[HR Information Management Policy](#)

[Employee Identification Policy](#)

[Extended Scope of Practice Policy and Procedure \(Excluding Medical and Nursing\)](#)

#### *Purpose:*

The Clinical Credentialing and Defining Scope of Practice Policy outlines the broad requirements of all Austin Health clinical staff in regards to professional registration and credentialing. This procedure details the specific requirements of each clinical discipline (excluding medical or nursing) in regards to professional registration and credentialing.

#### *Definitions:*

The terms 'extended scope practice' and 'advanced scope practice' are often used interchangeably which leads to some confusion. There are no agreed definitions within health professions in Australia regarding how these terms are defined. For the purposes of this procedure and the 'Extended Scope of Practice Policy and Procedure (excluding medical and nursing)', the following definitions are used:

**Scope of Practice** - The range of activities that a practitioner in an occupation or discipline may practice. Scope of practice is usually limited to that which legislation allows for specific education and experience, and specific demonstrated competencies.

**Advanced Scope of Practice** - A role that is within the currently recognised scope of practice for that profession, but is either not taught as part of the minimum qualification for that profession, or that through custom and practice has been performed by other professions. The advanced role may require additional training as well as significant professional experience and competency development. This may include additional elements that clinicians undertake, according to an Endorsement of Registration with their National Board administered via AHPRA.

**Disclaimer:** This Document has been developed for Austin Health use and has been specifically designed for Austin Health circumstances. Printed versions can only be considered up-to-date for a period of one month from the printing date after which, the latest version should be downloaded from the hub. Page 1 of 7

Document No: 13235    Version No: 1.0    Review Due Date: 22/10/2016    Posted date: 22/10/2013    Downloaded date: 13/12/2013

**Endorsement of Registration** - Under the National Law, National Boards can 'endorse' the registration of suitably qualified practitioners. An endorsement of registration recognises that a person has additional qualifications and expertise in an approved area of practice and / or for scheduled medicines. There are a number of different types of endorsement available under the National Law. Those that may apply to non-medical, non-nursing disciplines at Austin Health are:

- Endorsement for scheduled medicines - This type of endorsement identifies registered practitioners within a profession who the National Board has determined are qualified to use (for example, supply or prescribe) medicines that are otherwise subject to restricted access because of State and Territory laws that regulate drugs and poisons.
- Endorsement for acupuncture - This type of endorsement may be granted to registered practitioners in any of the health professions regulated under the National Law who are also qualified to practise as an acupuncturist.
- Endorsement for approved area of practice - This type of endorsement identifies classes of registered practitioner who hold additional qualifications in an area of practice that has been approved by the Ministerial Council under section 15 of the National Law. This includes seven approved areas of practice in psychology.

**Extended Scope of Practice** – A role that is outside the currently recognised scope of practice, and one that requires some method of credentialing following additional training, competency development and significant professional experience, as well as either legislative change or a commitment to local governance and risk management within the health service.

#### **Registration and Discipline Self-Regulation Requirements – For all clinical staff outside of medical and nursing:**

- All Austin Health clinical staff must fulfill the requirements of registration with their relevant National Board via the Australian Health Practitioner Regulation Agency (AHPRA) or the relevant registration authority (or be eligible for professional association membership where registration is not available), and abide by their practicing standards, values and principles. A list of disciplines and their registration requirements are outlined in Appendix 1.
- For clinical staff working in a Registered Profession, it is the professional responsibility of every clinician to ensure they maintain currency of registration with their requisite authority.
- It is a condition of the employment of all clinical staff at Austin Health that they currently fulfill the Requirements for Employment specified for their clinical discipline in Appendix 1. Austin Health does not employ clinical staff who do not meet this criteria into any position for any period of time.
- Clinical staff must have their full name recorded on Austin Health Human Resource systems so that it accurately matches their name as listed on the Australian Health Practitioner Regulation Agency register, or any other requisite registration authority register.
- Some complementary therapies do not have the same system of credentialing and regulation as traditional clinical disciplines. Therefore this group of therapists are not covered by this policy. Instead, the [Complementary Therapy Credentialing Policy](#) exists for this group.
- Health assistants (Allied Health Assistants and Health Assistants – Nursing) do not have the same system of credentialing and regulation as professional clinical disciplines. Therefore they are not covered by this policy. Instead, the Health Assistants (Nursing and Allied Health) Credentialing and Clinical Scope of Practice Policy exists for this group.

#### **Restrictions and conditions to Professional Registration:**

- Austin Health requires all clinical staff to disclose to their Manager any current condition, notification pending or restriction imposed on their registration or endorsement of registration.

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- When a Manager has been informed that a clinician under their employment has a current restriction or condition imposed on their registration, all reasonable steps must be taken to assist the staff member to meet the requirements of those restrictions. In the event that the Manager believes that the restrictions or conditions on the staff member's registration will not enable them to fulfill the requirements of their employment in that position, the matter must be referred to their CSU Director.
- Managers must utilise their discretion and ensure that the restrictions and conditions imposed on a staff member's registration are only disclosed to other staff if it is required for the operational management of the department or service.
- Austin Health discipline/service/department Managers will annually audit the registration status and presence of any restrictions and conditions of all staff who report to them, who are registered their relevant National Board via the Australian Health Practitioner Regulation Agency or other professional registration authority.

#### **Clinical Credentialing and Advanced or Extended Scope of Practice:**

- Clinical staff are encouraged to inform their Manager of any current clinical skills, competencies, training, credentialing or post-graduate qualification (including those relating to advanced or extended scope of practice).
- The Manager will determine whether these credentials apply to their position at Austin Health and if a change to their role, classification or position description is appropriate.
- Clinical staff may only practice any advanced scope of practice covered by an endorsement of registration, internal clinical credentialing (or other clinical credentialing) if it is within the context in which they have been employed by Austin Health to practice.
- Clinical staff may only practice any extended scope of practice according to the requirements outlined in the 'Extended Scope of Practice Policy and Procedure (excluding medical and nursing)'
- A list of the advanced and extended scope of practice of each discipline currently covered by this procedure is outlined in Appendix 1
- Austin Health regularly audits the registration status and presence of any registration endorsements, credentialing for advanced scope of practice and extended scope of practice credentials for all clinical staff.
- A verified copy of the credentialing document(s) must be kept in the staff member's personnel file locally and a record kept by the Manager at all times of staff who have been credentialed to practice in advanced or extended scope areas. Post graduate qualifications that trigger a higher qualifications allowance will be stored centrally in the HR department.

#### **Process (Upon Employment):**

- New employees must submit evidence of current clinical registration (or eligibility for professional membership as outlined in Appendix 1), including registration endorsements, as part of the recruitment process. As a bare minimum such evidence must be provided prior to commencing.
- Managers sight an original document and verify a photocopy with employee's ID number on it by signing and dating the copy. Where an original copy of registration is not available, the staff member must provide their AHPRA registration number to the Manager and the AHPRA (or equivalent) on-line register must be checked and identity verified. A print out should be obtained.
- The verified photocopy of registration or a print out of the relevant on-line register is placed in the staff member's Personnel File, securely stored within the Manager's office.

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#### **Process (Registration Renewal):**

- Clinical staff who intend to practice must renew their registration each year (or as required for their professional discipline), according to the requirements for each discipline set out in Appendix 1.
- If a clinician's registration lapses whilst they are on any type of leave, the responsible Manager must confirm that the staff member's registration has been renewed prior to them recommencing active employment (where this is required)
- If a clinician from a discipline requiring registration is not registered and they have not submitted an application for renewal by the time that renewal is due, their name is removed from the authority's public register and they cannot practice as a clinician. In this event, Austin Health places the unregistered clinician on unpaid leave for a 2-week period. If subsequent to that 2-week period of unpaid leave Austin Health does not receive confirmation that the registration in question has been renewed, then the matter will be referred to the relevant CSU Director.

#### **Author/Contributors:**

Alan McCubbin (Acting Manager, Ambulatory & Allied Health Services)

#### **Contributions from:**

Managers of all allied health disciplines, managers of Clinical Psychology, Neuropsychology, Medical Imaging (Radiography and Nuclear Medicine), Pathology and Director of Pharmacy.

#### **Legislation/References/Supporting Documents:**

1. Health Assistants (Nursing and Allied Health) Credentialing and Clinical Scope of Practice Policy
2. [Australian Commission on Safety and Quality in Health Care \(ACSQHC\) \(September 2011\), National Safety and Quality Health Service Standards, ACSQHC, Sydney](#)
3. [Health Practitioner Regulation National Law \(Victoria\) Act 2009](#)
4. [Australian Health Practitioner Regulation Agency Registration](#)
5. [Australian Health Practitioner Regulation Agency – Glossary of Terms](#)
6. [National Health Workforce Innovation and Reform Strategic Framework for Action 2011–2015 \(Health Workforce Australia\)](#)

#### **Authorised/Endorsed by:**

Ann Maree Keenan – Executive Director, Ambulatory & Nursing Services

#### **Primary Person/Department Responsible for Document:**

Manager of Ambulatory & Allied Health

## APPENDIX 1 – DISCIPLINE REGISTRATION REQUIREMENTS

Discipline	Registration Authority/Professional Body	Requirements for Employment	Advanced Scope of Practice	Extended Scope of Practice
<b>Aboriginal Health Liaison Officer</b>	None	None	None	None
<b>Art Therapy</b>	Australian New Zealand Art Therapy Association or Australian Creative Arts Therapy Association	Eligibility for membership. Eligible qualification or proof of membership sighted as evidence	None	None
<b>Audiology</b>	ASA (Audiological Society of Australia)	Mandatory Registration	None	None
<b>Community Integration and Leisure Services</b>	None	Qualification sighted	None	None
<b>Dietetics</b>	Dietitians Association of Australia	Eligibility for membership. Eligible qualification or proof of membership sighted as evidence	None	None
<b>Diversional Therapy</b>	Diversional Therapy Australia	Mandatory registration	None	None
<b>Horticultural Therapy</b>	Horticultural Therapy Association - SA (or Vic) American Horticultural Therapy Association	Qualification sighted	None	None
<b>Interpreters</b>	National Accreditation Authority for Translation and Interpreting (NAATI)	Mandatory registration	None	None
<b>Medical Imaging - Nuclear Medicine</b>	Medical Radiation Practice Board of Australia via Australian Health Practitioner Regulation Agency (AHPRA)	Mandatory registration with National Board via AHPRA plus mandatory Radiation Use License from Dept. of Health for non-medical staff working with ionizing radiation	None	None
<b>Medical Imaging - Radiology</b>	Medical Radiation Practice Board of Australia via Australian Health Practitioner Regulation Agency (AHPRA)	Mandatory registration with National Board via AHPRA plus mandatory Radiation Use License from Dept. of Health for non-medical staff working with ionizing radiation.	Ultrasound – additional registration required once training completed	None
<b>Music therapy</b>	Australian Music Therapy Association (AMTA)	Mandatory registration	None	None
<b>Occupational Therapy</b>	Occupational Therapy Board of Australia via Australian	Mandatory registration	None	None

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Discipline	Registration Authority/Professional Body	Requirements for Employment	Advanced Scope of Practice	Extended Scope of Practice
	Health Practitioner Regulation Agency (AHPRA)			
<b>Orthotics &amp; Prosthetics</b>	Australian Orthotics & Prosthetics Association (AOPA)	Eligibility for membership. Eligible qualification or proof of membership sighted as evidence	None	None
<b>Pastoral Care</b>	Association for Supervised Pastoral Education in Australia Incorporated (ASPEA Inc.)	Mandatory registration	Licensing and/or registration by relevant Church authorities	None
<b>Pathology</b>	National Association of Testing Authorities (NATA)	Mandatory accreditation	None	None
<b>Pharmacy</b>	Pharmacy Board of Australia via Australian Health Practitioner Regulation Agency (AHPRA)	Mandatory registration	None	None
<b>Physiotherapy</b>	Australian Health Practitioner Regulation Agency Physiotherapy Board of Australia via (AHPRA)	Mandatory registration	Dry Needling: - Evidence of Completed (minimum 2 day) external professional development training + education through an Australian Physiotherapy Association approved / accredited provider - Physiotherapy Department Log kept of all staff with training and credentialing to practice Dry Needling within Austin Health - Annual physiotherapy department professional development session (attendance logged) to update current evidence / practice and assessment of clinical competency to practice	Injecting / Aspiration practice to specific joints/structures
<b>Podiatry</b>	Podiatry Board of Australia via Australian Health Practitioner Regulation Agency (AHPRA)	Mandatory registration	AHPRA Registration Endorsement - Limited Medication Prescribing	None
<b>Psychology</b>	Physiotherapy Board of Australia via Australian Health Practitioner Regulation Agency (AHPRA)	Mandatory registration	AHPRA Registration Endorsement for specialties of: - Clinical Psychology - Clinical Neuropsychology	None
<b>Social Work</b>	Australian Association of Social Workers (AASW)	Eligibility for membership.	None	None

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Discipline	Registration Authority/Professional Body	Requirements for Employment	Advanced Scope of Practice	Extended Scope of Practice
		Eligible qualification or proof of membership sighted as evidence		
<b>Speech Pathology</b>	Speech Pathology Australia (SPA)	Eligibility for membership. Eligible qualification or proof of membership sighted as evidence	FEES, Tracheostomy, VFSS & other techniques not taught in undergraduate degree: - Staff complete relevant competency training programs, PD's include ability to undertake advanced practice role, evidence of credentials kept in employee's personnel file in locked cabinet.	None
<b>Exercise Physiologist</b>	Accreditation with Exercise and Sport Science Australia	Mandatory accreditation	None	None

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## Resource 1.10: Sample: application form for a change to scope of practice, credentials or the use of a new technology or clinical practice for professions

This sample from Monash Health is an application form that is used for professions to apply for a change to scope of practice or for the use of a new technology or clinical process.

MonashHealth

### Allied Health Credentialing and Scope of Practice Committee

#### Discipline application form for a change to scope of practice, credentials or the use of a new technology/clinical practice

*Credentialing – Refers to the formal process used to verify the qualifications, experience, professional standing and other relevant professional attributes of allied health practitioners for the purpose of forming a view about their competence, performance and professional suitability to provide safe, high-quality health care services with specific organisational environments.<sup>1</sup>*

*Scope of Practice – Follows on from credentialing and involves delineating the extent of an individual allied health practitioners clinical practice within a particular organisation, based on the individual's credentials, competence, performance and professional suitability and the needs and the capability of the organisation to support the allied health practitioners scope of clinical practice.<sup>2</sup>*

*New Technology – A new 'Technology/Clinical Practice' is a therapeutic intervention (including prostheses; implantable devices; high cost pharmaceuticals; medical, surgical or other clinical procedures) or diagnostic procedure that is considered by a reasonable body of clinical opinion to be significantly different from existing clinical practice.*

*It includes a procedure that has not been performed at Monash Health, as well as any variation to an existing procedure or treatment where a new device or item of equipment is introduced, including situations where new devices are provided by manufacturers without charge.*

*A new 'Technology/Clinical Practice' does not include the situation where a clinician proposes to use a technology/clinical practice that is already being undertaken within Monash Health but which has not been previously used by that clinician.*

*(DHS, 2006)*

#### How to complete this form

- All applicants to complete section 1
- Complete sections 2 and 3 as appropriate
- To complete written answers, insert cursor in grey box and commence typing
- To select answer from available options, double click on the appropriate box and select 'checked'

1 DHS, Credentialing and defining the scope of clinical practice for medical practitioners in Victorian health services – a policy handbook, February 2009, p. 3.

2 *ibid.*

## Submissions

All applications should be submitted electronically to [alliedhealthcredentialing@monashhealth.org](mailto:alliedhealthcredentialing@monashhealth.org)

### Section 1: Summary of information

Title of Technology/Clinical Practice (TCP)/ Credentials or Scope of Practice			
Program		Department/Unit	Monash Health Wide
Principal clinical discipline/service (e.g. Podiatry, Dietetics)			
<b>Reason for Application (check all that apply)</b>			
<input type="checkbox"/> New TCP	<input type="checkbox"/> Change to TCP	<input type="checkbox"/> Change to Credential Standards	<input type="checkbox"/> Change to Scope of Practice
<b>Contact details</b>			
Lead Contact Person			
Name		Title	
Position		Phone	
Fax		Email	@monashhealth.org

### Section 2: Overview of change to credentialing/scope of practice

#### 1. Change in Credentialing Standards

a. Why is the change to credentialing standards being requested? What change is being requested?

b. Who has been consulted about the proposed changes?

#### 2. Change in Scope of Practice

a. Why is the change to scope of practice being requested? What change is being requested?

b. Outline any identified risks associated with the change in scope of practice. What steps have been taken to reduce the associated risks? E.g. Competency package developed/qualification required.

c. Describe the steps taken to consult and engage stakeholders on the patient continuum including acute, subacute and community areas involving medical, nursing and other allied health disciplines.?

**Section 3: Overview of technology/clinical practice (tcp)**

**3. Description of TCP** (Provide a brief plain language statement describing the proposed TCP, how is this different to current practice?)

**4. Current Practice** (provide a brief overview of what is currently been done/used for the target condition or client group)

*Has this been asked above?*

**5. Classification of TCP** (check appropriate box)

- A new TCP  Substitute or replacement for an existing TCP  
 Extended use of an existing TCP  Other (specify):

**6. Category of TCP** (check appropriate box)

- Clinical procedure  Surgical procedure  
 Prosthesis  Diagnostic technique  
 Other (specify):

**7. Operator competency**

a. Specify what credentialing and competency assurance is needed to ensure safe implementation of the proposed TCP

b. Has this been undertaken?  Yes  No **If No**, how and when will this occur? (answer below)

**Section 4: Attached documents**

Please list documents attached in support of this application (for example credentialing standards, competency standards, scope of practice document, procedure)

	Attached
a.	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	<input type="checkbox"/> Yes <input type="checkbox"/> No
c.	<input type="checkbox"/> Yes <input type="checkbox"/> No
d.	<input type="checkbox"/> Yes <input type="checkbox"/> No
e.	<input type="checkbox"/> Yes <input type="checkbox"/> No
f.	<input type="checkbox"/> Yes <input type="checkbox"/> No
g.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Section 5: Credentialing and scope of practice committee recommendation(s) to applicant**

8. CSOP Committee Recommendations		For Action by & due date:	
Date:	/ /		
a.		Action by: <input type="text"/>	Date: / /
		Actioned: <input type="checkbox"/> Yes <input type="checkbox"/> No	
b.		Action by: <input type="text"/>	Date: / /
		Actioned: <input type="checkbox"/> Yes <input type="checkbox"/> No	
c.		Action by: <input type="text"/>	Date: / /
		Actioned: <input type="checkbox"/> Yes <input type="checkbox"/> No	
d.		Action by: <input type="text"/>	Date: / /
		Actioned: <input type="checkbox"/> Yes <input type="checkbox"/> No	
e.		Action by: <input type="text"/>	Date: / /
		Actioned: <input type="checkbox"/> Yes <input type="checkbox"/> No	
f.		Action by: <input type="text"/>	Date: / /
		Actioned: <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Section 6: Allied health executive endorsement**

9. Allied Health Executive Comments & Recommendations		For Action by & due date:	
Date:	/ /		
a.		Action by: <input type="text"/>	Date: / /
		Actioned: <input type="checkbox"/> Yes <input type="checkbox"/> No	
b.		Action by: <input type="text"/>	Date: / /
		Actioned: <input type="checkbox"/> Yes <input type="checkbox"/> No	
c.		Action by: <input type="text"/>	Date: / /
		Actioned: <input type="checkbox"/> Yes <input type="checkbox"/> No	
d.		Action by: <input type="text"/>	Date: / /
		Actioned: <input type="checkbox"/> Yes <input type="checkbox"/> No	
e.		Action by: <input type="text"/>	Date: / /
		Actioned: <input type="checkbox"/> Yes <input type="checkbox"/> No	
f.		Action by: <input type="text"/>	Date: / /
		Actioned: <input type="checkbox"/> Yes <input type="checkbox"/> No	

## Resource 1.11: Sample: application form for changes to individual scope of practice

This sample from Monash Health is an application form that is used for individuals to apply for a change to scope of practice.

### Instructions to manager, assessor and candidate(s):

#### Background:

- All Allied Health advanced practice skills require a formal application and endorsement process
- A list of (coded) advanced skills and their credentialing standards are available on the [Allied Health, credentialing and scope of practice, intranet page](#) in the *Allied health: credentialing guide* and the relevant *Allied health: Discipline credentialing and defining the scope of practice (CSOP) document*.
- Applicants must meet the credentialing standards set out for each skill and then submit an application, together with supporting evidence. This is reviewed by the operational/ senior manager and a convened credentialing panel
- Until endorsement, the individual is not permitted to apply the skill independently, but may do so under clinical supervision arrangements set out by the operational /senior manager
- Once the change to scope of practice is endorsed by the credentialing panel, this can be recorded on the clinician's *Discipline CSOP document* by the operational /senior manager and changes are made to the Monash Health E credential register by the credentialing panel.

MonashHealth

#### Apply:

1. Fill out this electronic form and ensure **each section is completed and signed**, before submitting
2. Attach additional information in support of your application (base qualification(s) not required for Allied Health Professionals)
3. All documentation must be sighted by the operational/ senior manager/credentialing panel (supply copies not originals)
4. Submit the **completed electronic application form with supporting evidence**, to your operational /senior manager. Once they recommend your endorsement, they will forward your application to [alliedhealthcredentialing@monashhealth.org](mailto:alliedhealthcredentialing@monashhealth.org) you can expect an outcome within 15 working days.
5. Keep a copy of your completed application
6. Any questions can be directed to your operational /senior manager or [alliedhealthcredentialing@monashhealth.org](mailto:alliedhealthcredentialing@monashhealth.org)

#### Evidence supplied by applicants:

- Allied Health supports skills recognition, however the evidence supplied should:
  - be valid, authentic, current and sufficient
  - be based on more than self-assessment
  - use a range of sources (wherever possible)
  - meet the stated credentialing standard



**Instructions to manager, assessor and candidate(s): (cont.)****Evidence supplied by applicants: (cont.)**

- Can include:
    - Relevant Post graduate qualification(s)
    - Training documentation e.g. course content and/or evidence of successful completion of competency based programs
    - Third party reports (written reports from current or previous work supervisors)
    - Demonstration of skill e.g. direct workplace observation, simulation
    - Detail of clinical experience e.g. in a CV
    - Written documentation
    - Position descriptions
    - Interview
    - Electronic documents
    - Portfolio/ CPD record
  - If the evidence is not sufficient then the assessor(s) will discuss with you possible ways to fill the gap. An interview may be needed or further training may be required.
-

### Section 1: Applicant details (applicant to complete)

Monash Health employee number (if available)	<a href="#">Click here to enter text</a>
AHPRA registration number (if applicable)	<a href="#">Click here to enter text</a>
Clinician's full name and designation:	<a href="#">Click here to enter text</a>
Clinician's previous names (if applicable):	<a href="#">Click here to enter text</a>
Clinician's contact details:	<a href="#">Click here to enter text</a>
Assessor(s) full name and designation:	<a href="#">Click here to enter text</a>
Assessors' previous names (if applicable):	<a href="#">Click here to enter text</a>
Assessor(s) contact details:	<a href="#">Click here to enter text</a>
Line manager name and designation (if different):	<a href="#">Click here to enter text</a>
Line manager contact details:	<a href="#">Click here to enter text</a>
Date of application submission:	<a href="#">Click here to enter text</a>
Has the application been discussed with your line manager/clinical supervisor? (please identify)	YES <input type="checkbox"/> NO <input type="checkbox"/> Names: <a href="#">Click here to enter text</a>
What is the CODE and NAME for the advanced practice skill(s) you wish to apply for a change in scope of practice for?	<a href="#">Click here to enter text</a>
Have you reviewed the credentialing requirements for this practice skill?	YES <input type="checkbox"/> NO <input type="checkbox"/>
To the best of your knowledge have you met the credentialing standard stated for this practice skill?	YES <input type="checkbox"/> NO <input type="checkbox"/> Unsure <input type="checkbox"/>
Prior to this application, has there been any adverse events or near misses associated with your application of this practice skill? (provide details)	YES <input type="checkbox"/> NO <input type="checkbox"/> Unsure <input type="checkbox"/> <a href="#">Click here to enter text</a>
Have you supplied supporting evidence for your application?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Please list the evidence you have supplied	<a href="#">Click here to enter text</a>
Other comments in support of the application	<a href="#">Click here to enter text</a>



### Section 2: Applicant declaration (applicant to complete)

I, (insert full name here) of (insert full residential address here)

**do solemnly and sincerely declare that:**

- the information provided within this application is true and correct
- the documents I submit relating to this application are a true and accurate copy of the originals
- all materials submitted relating to the stated advanced practice skill, is my own work

**I acknowledge that this declaration is true and correct**

Signature of person making declaration: [Click here to enter text](#)

Date: [Click here to enter text](#)

### Section 3: Recommendation (operational/ senior manager +/- professional referee)

#### 1. Professional referee, if not the same as 2. (essential):

(Applicants must seek an appropriate professional referee if the operational senior manager below is of a different profession)

I support this application for advanced scope of practice for (Insert full name of applicant) because:

[Click here to enter text](#)

Signature: [Click here to enter text](#)

Name: [Click here to enter text](#)

Contact details: [Click here to enter text](#)

Date: [Click here to enter text](#)

Designation: [Click here to enter text](#)

#### 2. Recommendation by operational/ senior manager (essential):

Approved (Insert full name of applicant) , has met the credentialing standard for this advanced practice skill, I have cited all the relevant evidence and I support their application for a change to their scope of practice

Not approved

More information required from candidate (please state gaps if able): [Click here to enter text](#)

Signature: [Click here to enter text](#)

Name: [Click here to enter text](#)

Contact details: [Click here to enter text](#)

Date: [Click here to enter text](#)

Designation: [Click here to enter text](#)

**Section 4: Endorsement of recommendation (AH CSOP committee/ credentialing panel)**

**Endorsed by credentialing panel**

**Credentialing panel members:**

1. **Professional practice advisor OR Advanced Practice Advisor (WISE<sup>®</sup>)** (indicate name and designation):  
Click here to enter text

YES  NO

Date: Click here to enter text  
Comment: Click here to enter text

2. **Director Allied Health and Quality or delegate** (indicate name and designation):  
Click here to enter text

YES  NO

Date: Click here to enter text  
Comment: Click here to enter text

3. **Chief Allied Health Officer (professional governance) or delegate** (indicate name and designation):  
Click here to enter text

YES  NO

Date: Click here to enter text  
Comment: Click here to enter text

4. **Name and designation:**  
Click here to enter text

YES  NO

Date: Click here to enter text  
Comment: Click here to enter text

**Credentialing panel recommendation(s) for action:**

**For action by and due date:**

a. Click here to enter text.

Action by: Click here to enter text  
Actioned:  YES  NO

Date: Click here to enter text

b. Click here to enter text.

Action by: Click here to enter text  
Actioned:  YES  NO

Date: Click here to enter text

c. Click here to enter text.

Action by: Click here to enter text  
Actioned:  YES  NO

Date: Click here to enter text

**Endorsed changes to scope of practice recorded on E credential.**

Action by: Click here to enter text  
Actioned:  YES  NO  
Comment: Click here to enter text

Date: Click here to enter text



## Resource 1.12: Sample: scope of practice documentation (podiatry)

This sample from Monash Health is used to define the scope of practice for a profession group and also an individual.



### Allied health discipline credentialing document: Podiatry

#### Instructions for use

This document is designed to enable credentialing of Allied Health staff throughout their employment at Monash Health. It is designed to communicate the *Scope of clinical practice for the discipline* and highlight areas where the *Scope of practice for the individual* may be limited until formal credentialing is applied. In addition, it can contribute to identifying the learning needs of individuals at different points of their employment or to support performance enhancement processes.

The tool has four main sections listed below. Completion is mandatory in most sections and optional where indicated. It is to be filled in by the candidate in conjunction with the line manager/ clinical supervisor initially at the point of recruitment and then at intervals as required e.g. change of rotation.

Identified areas for learning should be prioritised and transferred to performance enhancement plans.

**Section 1 Standard practice: core skills** (complete as required)

**Section 2 Standard practice: additional skills**

Section 2A: Additional skills self-assessment (complete as required)

Section 2B: Additional skills with local credentialing requirements (mandatory completion)

**Section 3 Advanced practice with E-credentialing requirements** (mandatory completion)

**Section 4 Extended practice** (mandatory completion/ review)

**Podiatry**

**Definition of discipline** Podiatry deals with the diagnosis, treatment, and prevention of diseases of the human foot.

**Clinician's name:**

**Qualifications**

- Bachelor of Health Science (Podiatry)
- Bachelor of Podiatry
- Masters of Podiatry
- Bachelor of Podiatric Medicine
- Bachelor of Health Science/Master of Podiatric Practice
- Doctor of Clinical Podiatry
- Doctor of Podiatric Medicine, or
- Equivalent as assessed by the Podiatry Board of Australia
- Approved Programs of Study available at Podiatry Board of Australia <http://www.podiatryboard.gov.au/Accreditation.aspx>
- Other (please state)

Qualifications sighted by:

Name:

Signature:

Date: ...../...../.....

If not sighted reason why:

**Registration/eligibility for membership**

- Registration with the Podiatry Board of Australia <http://www.podiatryboard.gov.au/>
- Eligible for membership of the Australian Podiatry Association <http://www.podiatryvic.com.au/>

**This document completed/reviewed by (manager's/senior staff name)**

**Reason and date reviewed**

**Position description – job role** (State the PD or provide a brief description of the clinicians job role(s))



**Section 1: Standard practice: core skills (complete as required)**

Core skills are the basic practices, knowledge, attitudes and skills that allied health practitioners use routinely to deliver safe, efficient and effective patient/client care. They are the minimum set of skills the clinician is expected to have regardless of experience. They are the practices and skills that define the role.

Tick the box corresponding to the skills where appropriate qualifications and experience support the clinician performing this practice within Monash Health.

**Assessment**

- Conduct an initial assessment using SOAP format.
- Undertake a general medical and pharmacological history taking.
- Initial observation of whole person.
- Undertake a vascular assessment.
- Undertake a neurological assessment.
- Undertake a biomechanical assessment.
- Undertake a dermatological/wound assessment.
- Undertake a footwear assessment.
- Demonstrated understanding of health promotion and the social model of health.

**Diagnosis**

- Integrating health promoting practice into assessment activities.
- Interpretation of general medical and pharmacological history.
- Interpretation of vascular assessments.
- Interpretation of neurological assessments.
- Interpretation of biomechanical assessments.
- Interpretation of dermatological assessments.
- Request and interpretation of musculoskeletal radiographic & ultrasonic examinations.



Request and interpretation of pathology specimens.

Request and interpretation of gait studies conducted with two and three dimensional gait analysis systems.

Request and interpretation of localised pressure mapping studies for pressure ulcers.

Complete general foot care.

Perform sharps debridement.

### Intervention

Management of acute or chronic lower limb injuries.

Management of lower limb acute & chronic wounds.

Lower limb pressure ulcer prevention and management.

Undertake electrocautery, chemocautery or cryocautery of benign or quiescent lesions or verrucae with or without curettage.

Administration of local anaesthesia.

Perform partial/total nail avulsion with or without cauterisation.

Complete surgical triage for complex surgical procedures.

Physical therapy modalities.

Prescription, manufacture and adjustment of functional and accommodative orthoses.

Undertake padding and strapping.

Prescription of Schedule 2 and 3 drugs.

Perform mobilisation/manipulation techniques.

Prescription, modification and/or provision of appropriate footwear and in shoe devices.

Provision of general foot health education.

Provision of specialised foot health education.



Applying principles of self-care education.

Applying principles of health promotion.

Referral across the continuum of care including specialist clinics.

Care planning and goal setting.

Demonstrated understanding of health promotion interventions.

Measuring objective and subjective progress towards care plan goals.

#### Monitoring and evaluation

Practitioner reassessment and re-evaluation including repeat investigations and use of appropriate objective measures.

Multidisciplinary case conferencing.

Assessment for complex and non-complex (bone and joint) surgical procedures.

#### Signature

Clinician's signature

Date: / /

Manager's signature

Date: / /

## Section 2: Standard practice: additional skills

Additional skills are defined as any additional procedures and skills that are acquired and/or refined, as an individual progresses in knowledge, work standard, autonomy and in coping with complexity, in their discipline or area of practice. They commonly require additional training and experience.

### Section 2A: additional skills (complete as required)

Use this list to identify the learning needs of individuals as they relate to clinical practices for this discipline. Clinicians can fill out the confidence rating for each task and discuss this with their clinical supervisor/manager to develop an action plan as required. Indicate the relevance of the practice to the work role by checking the corresponding box.

#### Indicate your level of confidence against the following clinical practices

1. I require training and development in most or all of this area
2. I require further training in some aspects of this area
3. I am confident I already do this competently

**Confidence  
rating scale**

**Comments/Action Plan**

#### Assessment

Conduction of gait studies conducted with two and three dimensional gait analysis systems.

Conduction of localised pressure mapping studies for pressure ulcers.

#### Intervention

Provision of Schedule 4 drugs.

Undertake advanced mobilisation/manipulation therapies.

Low Frequency Ultrasonic Debridement

Negative pressure wound therapy

Prescribe measure and fit compression garments in patients for scar management

Conduct scar assessment and management



Indicate your level of confidence against the following clinical practices		Confidence rating scale	Comments/Action Plan
1. I require training and development in most or all of this area			
2. I require further training in some aspects of this area			
3. I am confident I already do this competently			
<b>Interprofessional</b>			
<input type="checkbox"/> Perform outcome measures as relevant to the practice context e.g. FIM			
<input type="checkbox"/> Registered prescriber with Statewide Equipment Program (SWEP) <a href="http://swep.bhs.org.au/">http://swep.bhs.org.au/</a> Indicate division: <ul style="list-style-type: none"> <li><input type="checkbox"/> Not registered</li> <li><input type="checkbox"/> Green prescriber</li> <li><input type="checkbox"/> Amber prescriber</li> <li><input type="checkbox"/> Red prescriber</li> </ul>			
<b>Add others as required</b>			
<b>Signature</b>			
Clinician's signature		Date:	/ /
Manager's signature		Date:	/ /

**Section 2B: additional skills with local credentialing requirements (mandatory completion)**

The list of additional skills below is not exhaustive, but includes additional skills verified at Monash Health using a range of practices e.g. competency-based training and assessment, clinical experience, training, clinical supervision. Use this list to identify relevant clinical practices where specific processes are to be applied to verify the clinical competence of individuals prior to independent practice at Monash Health. Indicate the relevance of the practice to the work role by checking the corresponding box.

These practices will be recorded locally in the database located at **G:alliedhealth\_all**

Additional skill	Processes to be applied, prior to independent practice (e.g. Meet the requirements to the satisfaction of the assessor, as outlined in the Monash Health competency standard specific to this clinical practice) <b>OR</b> Verified, sufficient and recent clinical practice +/- training <b>OR</b> Clinical supervision until performance is at the level of safety and quality expected)	Indicate process completed and recorded <b>Senior staff member to date &amp; sign</b>
None currently		
<b>Interprofessional additional skill</b>		
Perform full or partial nail avulsion surgery by a podiatrist	Meet the requirements to the satisfaction of the assessor, as outlined in the Monash Health competency standard specific to this clinical practice	
<input type="checkbox"/> Perform dry needling as an adjunct to therapy in allied health	Meet the requirements to the satisfaction of the assessor, as outlined in the Monash Health competency standard specific to this clinical practice	



### Section 3: Advanced scope of practice with E-credentialing requirements (mandatory completion)

An advanced clinical practice for the Allied Health program's purposes include those practices where there would be a restriction of practice prior to a formal credentialing process and recording on the E-credentialing system (in development). These practices are agreed on, by the discipline reference group using the 'Decision tool for advanced clinical practice', Allied Health program, Monash Health. Each practice is considered on its merit by that discipline. These clinical practices are then ratified as 'advanced' by the Allied Health Credentialing and Scope of Practice Committee and the Allied Health Executive.

Indicate the relevance of the practice to the work role by checking the corresponding box.

<b>Advanced skills requiring credentialing</b> Indicate relevant skills for the employed job role requiring credentialing prior to independent practice and recorded on E-credential	<b>Specific credentialing evidence required</b> (E.g. Meet the requirements to the satisfaction of the assessor, as outlined in the Monash Health competency standard that describes this clinical practice, complete the postgraduate qualification...)	<b>Indicate process completed</b> <b>Senior staff member to date &amp; sign</b>
<input type="checkbox"/> POD/A. Podiatric surgeon	Specialist Registration as a Podiatric Surgeon	
<input type="checkbox"/> POD/B. Monash Health approved prescriber	Endorsed registration for scheduled medicines (qualified to administer, obtain, possess, prescribe, sell, supply or use Schedule 2, 3, 4 or 8 medicines for the treatment of podiatric conditions.) <b>AND</b> Monash Health medical & non-medical prescribers competency requirement	
<input type="checkbox"/> POD/C. Implement serial casting/splinting (lower limb)	Meet the requirements to the satisfaction of the assessor, as outlined in the Monash Health competency standard that describes this clinical practice	
<input type="checkbox"/> POD/D. Implement total contact casting	Verified, sufficient and recent clinical practice +/- training <b>OR</b> Clinical supervision until performance is at the level of safety and quality expected)	
<input type="checkbox"/> POD/E. Perform reconstructive and/or plastic surgical procedures of the foot including bone and soft tissue	Verified, sufficient and recent clinical practice +/- training <b>OR</b> Clinical supervision until performance is at the level of safety and quality expected)	
<input type="checkbox"/> POD/F. Acupuncture	General registration as a Chinese Medicine Practitioner (acupuncture division)	

#### **Section 4: Extended practice (mandatory completion/review)**

Extended Scope of Practice is a work role or clinical skill that is outside the currently recognised scope of practice for that Allied health discipline, in addition to requiring regulatory or legislative change. These practices are also determined using the 'Decision tool for Advanced clinical practice', Allied Health program, Monash Health.

Practices listed here may include those being applied in the broader health environment but not currently applied within Monash Health, in addition to recent extended practice approvals by the Allied Health Credentialing and Scope of Practice Committee.

##### **Recent extended practice approvals at Monash Health**

- None currently

##### **Extended practices not currently applied at Monash Health**

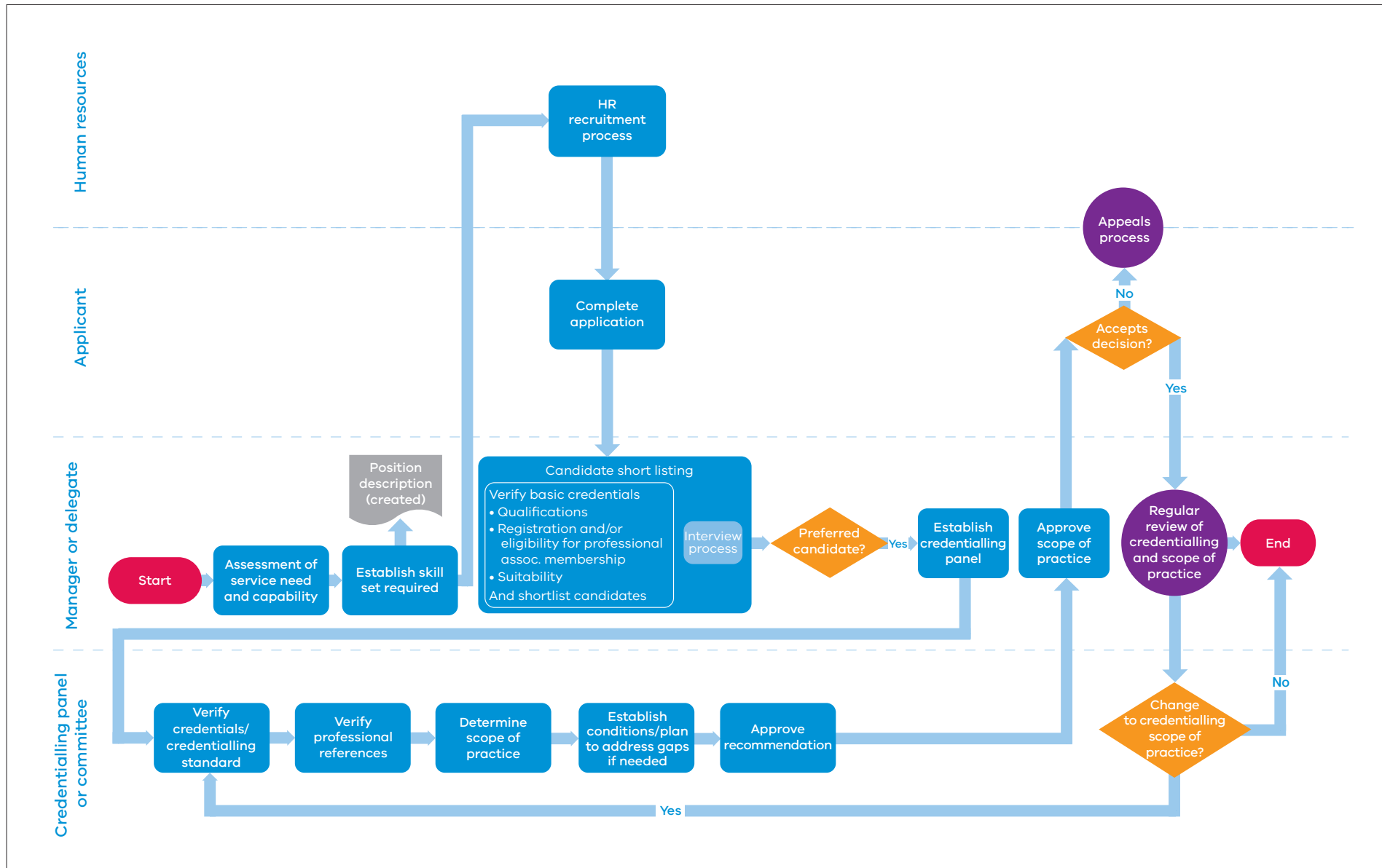
- Conduct diagnostic imaging as part of a management plan e.g. therapeutic and diagnostic ultrasound
- Extracorporeal shockwave therapy (ESWT)





# Resource 1.13: Generic allied health CSOP process diagram

This diagram shows the credentialling and scope of practice cycle for an individual within an organisation.



## Resource 1.14: CSOP learnings from the workplace

These examples pose CSOP scenarios with proposed solutions to common issues. Many represent case studies submitted by health service organisations.

CSOP scenario		Identified issue and action taken by the health service organisation
Regulatory compliance		
1.	A clinician from a nationally registered health profession is unaware that the currency of their registration has lapsed. The health service organisation is alerted by a routine monthly check of national registration. The clinician arrives at work.	<p><b>Issue:</b> The clinician has a responsibility to maintain their registered status and inform their employee if this status changes for any reason.</p> <p><b>Action:</b> The clinician must be prevented from providing clinical services until their registration is reinstated.</p>
2.	A psychologist applies for a position as a 'neuropsychologist'. They are registered with AHPRA as a psychologist but do not have any endorsement(s) on their registration. The interview panel selects them as the preferred candidate for the position with the title of 'neuropsychologist'.	<p><b>Issue:</b> The position description listed being a registered psychologist as the only essential criteria. The interview panel was uninformed about the threshold credentials mandatory for this job role and title and the implications under the national law. The national law prohibits unregistered persons knowingly or recklessly taking or using a title. Using a protected title falsely or holding yourself out to be registered may be an offence under the national law. This duty extends to others holding out that a practitioner is registered under the national scheme.</p> <p><b>Action:</b> The psychologist could not be employed as a 'neuropsychologist'. There is potential in this case for the individual or organisation to be convicted of an offence under the national law.</p>
3.	A podiatrist with overseas training applies for a position in a rural community-based service. The position has been difficult to recruit to. The interview panel consists of human resources personnel and a doctor.	<p><b>Issue:</b> National registration is mandatory for working as a podiatrist in Australia.</p> <p><b>Action:</b> The AHPRA register is checked and the podiatrist is not a registered clinician. They are ineligible to work in Australia until they have met the national registration requirements for podiatrists.</p>
4.	An experienced speech pathologist applies for a position in a community rehabilitation centre. The manager is an occupational therapist.	<p><b>Issue:</b> Speech pathology is not a registered profession. Clinicians must be eligible for membership of the professional association, Speech Pathology Australia, or be a member. Eligibility requires that an individual meets the association's entry standards for the membership category they are applying for. For example, a practising member must have worked a minimum of 1,000 hours in speech pathology practice in the preceding five years.</p> <p><b>Action:</b> Check that the speech pathologist is a member of Speech Pathology Australia. If so, they are able to work as a speech pathologist. If not, check their resume to ascertain where the clinician has worked in the preceding five years. If, for example, the clinician has worked full time in an unrelated vocation for the past six years, they will need to contact Speech Pathology Australia to undertake a re-entry program. In this case they would be currently ineligible to work as a speech pathologist.</p>



CSOP scenario		Identified issue and action taken by the health service organisation
Regulatory compliance (cont.)		
5.	A new graduate social worker applies for a position in a metropolitan hospital. The manager of the position is a social worker.	<p><b>Issue:</b> Social work is not a registered profession. The professional association is the Australian Association of Social Workers (AASW). Many employers in Australia require social worker job applicants to be eligible for AASW membership.</p> <p><b>Action:</b> For Australian trained social workers, an AASW-accredited Bachelor of Social Work or Master of Social Work (qualifying) is required for entry into the profession of social work, and to meet the minimum eligibility requirements for AASW membership. For social workers who have studied outside Australia, the process of determining AASW membership eligibility is conducted through an assessment of the social work qualification(s) and any post-qualifying social work experience an applicant might have.</p>
6.	An experienced speech pathologist with overseas training applies for a position in a community-based program. The team leader is a nurse.	<p><b>Issue:</b> Speech pathology is not a registered profession. Overseas-trained clinicians must be approved and be members of the professional association, Speech Pathology Australia.</p> <p><b>Action:</b> Check they are a member of Speech Pathology Australia. If not, they are ineligible to work as a speech pathologist.</p>
7.	A podiatrist in private practice advertises as an 'acupuncturist' and, while having substantial training in this area of practice, does not have an endorsement on their registration from the Podiatry Board of Australia.	<p><b>Issue:</b> There are penalties for falsely using protected titles under the national law. Depending on the individual circumstances, a person may be investigated for holding themselves out, and therefore be prosecuted under the national law.</p> <p><b>Action:</b> A complaint is made to AHPRA and the clinician is required to remove all reference to the title 'acupuncturist'.</p>
AHA CSOP, supervision and delegation		
8.	A grade 3 allied health assistant (AHA) working in dementia and delirium support in an acute medical ward setting is delegated tasks and operationally supervised by a nurse unit manager.	<p><b>Issue:</b> The work of an AHA must be supervised and delegated by an AHP. This is a requisite of their work practice as outlined in their qualification and the Supervision and delegation framework for allied health assistants (Department of Health 2012).</p> <p><b>Action:</b> After a mapping exercise that reviewed the tasks performed, the individual's scope of practice in the work role, the supervision and delegation processes being applied and the range of qualifications and experience necessary to meet the requirements of the job, the work role was reclassified and the practitioner was no longer under the professional governance of allied health.</p>
9.	A medical staff member routinely uses an AHA to position patients in preparation for a procedure performed while the patient is sedated. The work is directed by a doctor who is unaware of the supervision and delegation requirements of the AHA workforce.	<p><b>Issue:</b> The work of an AHA must be supervised and delegated by an AHP. This is a requisite of their work practice as outlined in their qualification and the Supervision and delegation framework for allied health assistants (Department of Health 2012).</p> <p><b>Action:</b> The requirements of supervision and delegation of the AHA workforce is outlined, and alternate workers are used to undertake the task.</p>

CSOP scenario	Identified issue and action taken by the health service organisation
<b>AHA CSOP, supervision and delegation (cont.)</b>	
<p>10. A grade 3 AHA with a Certificate IV in Allied Health Assistance including a physiotherapy specialisation is employed to be part of a multidisciplinary AHA team. The new work role includes dysphagia screening delegated and supervised by the speech pathologist.</p>	<p><b>Issue:</b> While the core and prerequisite units for Cert. IV in AHA are mandated, the electives are not; individuals holding this qualification will vary considerably in their specific skill and knowledge base. Even if assistants have the Cert. IV in AHA with a speech and dietetics specialisation, they may not meet the performance standard required of the organisation for a specific practice such as dysphagia screening.</p> <p><b>Action:</b> The certificate of attainment of the AHA's qualification is reviewed to establish the units of competency completed. The health service organisation determines the threshold credentials for an AHA using this skill (for example, employed as a grade 3 and Cert. IV in AHA). The AHA completes the specialisation with a registered training organisation and/or undergoes competency-based training and assessment in the workplace. The AHA is then credentialled for the practice, and this is recorded by the organisation.</p>
<p>11. An AHA with a dual qualification (Cert. IV in AHA and division 2 nurse) is employed in a multidisciplinary AHA role that includes assisting a podiatrist in annual, basic foot health screening and low-risk nail care in a residential care service. Clients to the service are triaged to the AHA or the podiatrist. The procedure relating to this service is clearly defined as 'low risk' and excludes patients without intact skin. Many clients to the service have foot wounds that require monitoring by a podiatrist. The AHA is keen to draw on her nursing qualification, use her skills in this area and reduce the waiting time for patients triaged as requiring a podiatrist.</p>	<p><b>Issue:</b> The AHA is employed to a job role as an AHA, not as a nurse. The scope of practice for the individual is defined currently by the position description. Wound management is beyond the scope of the employed job role and that of an AHA.</p> <p><b>Action:</b> The AHA is unable to change her individual scope of practice in this case unless a service review finds there is a benefit to a change in the job role and the position description is reviewed to indicate criteria requesting the dual qualification. In this case currency of registration with AHPRA as a nurse would also be required.</p>
<b>New technology or clinical practice</b>	
<p>12. A new piece of evidence-based equipment, used in other health service organisations but not previously used within this organisation, is purchased with the assumption that it can be used in practice, provided it is supported by education of staff.</p>	<p><b>Issue:</b> The introduction of a new piece of equipment not previously used within an organisation is considered to be a 'new technology or clinical practice', and the safe introduction of this requires approval through the established channels.</p> <p><b>Action:</b> The parameters for introducing and evaluating the equipment are set out by the responsible organisational committee for the safe introduction of new technologies and clinical practice. Training to support competency attainment is developed, in addition to a procedure. After evaluation of its use the equipment is approved for ongoing application.</p>



CSOP scenario		Identified issue and action taken by the health service organisation
<b>New technology or clinical practice (cont.)</b>		
13.	<p>A clinician attends an accredited training program through their peak body and learns a new practice – dry needling. The clinical practice is applied widely in other health service organisations but has not been used within this one by any profession.</p>	<p><b>Issue:</b> The introduction of a clinical practice not previously used within an organisation is considered to be a ‘new technology or clinical practice’, and the safe introduction of this requires approval through the established channels.</p> <p><b>Action:</b> The parameters for the safe introduction of new technologies and clinical practice are set out by the responsible organisational committee. A credentialling standard is set for the clinical practice, which includes a review of the eligibility of various professions to apply for this ‘advanced scope of practice’ and the formal/informal training and experience required.</p>
<b>AHP scope of practice change</b>		
14.	<p>A skill such as electrotherapy is clearly within scope for one profession (for example, physiotherapy). This is supported by undergraduate theory and practicum, reflected in scope of practice documentation and is traditionally performed by this occupational group in the broader health setting.</p> <p>Another profession group without the undergraduate training or supporting scope of practice documentation is using it. There are identified risks attached to the skills. Use by this profession in specific patient groups and context is gaining momentum in the broader health environment and is supported by a strong evidence base.</p>	<p><b>Issue:</b> The skill is being applied in the workplace and supported by informal education, but it varies considerably from the scope of practice documentation for that profession and there is no documented standard for verifying the credentials and or competency of the skill.</p> <p><b>Action:</b> The organisation develops a credentialling standard that outlines the prerequisite courses, external training and/or experience acceptable to support credentialling of a practitioner.</p> <p>A competency-based training and assessment program for the organisation is developed as an alternate credentialling mechanism for this skill.</p> <p>Until the clinician is credentialled for independent practice, clinical supervision is provided by a physiotherapist.</p>
15.	<p>An established physiotherapist-led osteoarthritis hip and knee service in a regional centre is recruiting to a clinical service delivery role. This is supported by a clinical lead advanced musculoskeletal physiotherapist. The desirable criteria for the position include a Master of Musculoskeletal Physiotherapy. The preferred candidate has significant (seven years) relevant clinical experience but no master’s qualification. The service has an established training and clinical supervision program, which is based on the health department’s clinical education framework for advanced musculoskeletal physiotherapy.</p>	<p><b>Issue:</b> Apart from being a registered physiotherapist, any other essential criteria for this position is not externally regulated.</p> <p><b>Action:</b> The preferred candidate is employed by the organisation with increased levels of clinical supervision until an assessment of competence has been made to the satisfaction of the organisation. The workplace training is based on the health department’s clinical education framework for advanced musculoskeletal physiotherapy, as it applies to an osteoarthritis hip and knee service.</p>

CSOP scenario	Identified issue and action taken by the health service organisation
<b>AHP scope of practice change (cont.)</b>	
<p>16. Dietitians in a health service wanted to be able to prescribe nutritional supplements as a medication on medication charts. Previously these supplements had been recommended by the dietitian in the patient's health record, and were required to be documented on the medication chart by a medical officer. Relying on documentation by medical staff led to delays in prescription and hence administration.</p>	<p><b>Issue:</b> The applied skills were beyond standard practice for their profession in addition to requiring internal regulatory change to allow the practice.</p> <p><b>Action:</b> An application to the responsible committee was made, a credentialling standard was set and a training program run by the pharmacy department was used to assess each dietitian's competency in this skill area. A procedure supports this practice, and it is represented on a profession-specific credentialling document as a skill that will be credentialled by the organisation.</p>
<p>17. Diagnosing and managing simple fractures by an advanced musculoskeletal physiotherapist in the emergency department is a skill traditionally performed by medical staff. A new advanced practice role for a physiotherapist was introduced to the organisation that requires physiotherapists to provide primary care to patients with simple fractures in line with clinical guidelines. The physiotherapist can request imaging if authorised by the emergency department director.</p>	<p><b>Issue:</b> The applied skills are beyond standard practice for physiotherapists. Diagnosis and management of simple fractures is usually carried out by a doctor in the emergency department.</p> <p><b>Action:</b> With the introduction of an advanced practice role that included this skill, a credentialling standard was set, which included: a review of postgraduate qualifications and experience; a structured competency-based training and assessment process based on the department's clinical education framework; and the establishment of a clear clinical supervision process using senior medical staff as supervisors. The competency framework implemented uses a variety of evidence to support competency assessment including case-based presentations targeted to different presentations, direct workplace observation, periodic documentation audits and an established review period where x-ray interpretation for every patient is reviewed by a senior doctor. Radiation safety training prior to initiating imaging requests is undertaken by the therapist. The prescription of medication in the emergency department, or that which is required for discharge such as analgesics, is conducted by the senior medical staff in consultation with and on request by the physiotherapist.</p>
<b>Translation of skills across allied health professional groups</b>	
<p>18. The organisation requires clinicians employed into a generic role such as care coordination to have a set of core clinical skills that are important to meet waiting time targets in the emergency department. Each of the core skills required are traditional scope of practice for one or more professions, but not for all. Clinicians are concerned their specialised skills will be undermined by parts of their traditional scope of practice being extended to other professions.</p>	<p><b>Issue:</b> The required core skill may not be within the standard scope of practice for the profession and may be considered to be advanced, extended or not appropriate based on threshold qualifications.</p> <p><b>Action:</b> The health service adjusts the scope of practice for each profession, with approval through the responsible committee. The credentialling requirements for each core skill as it applies to each profession is determined, strict patient inclusion and exclusion criteria are negotiated and performance standards are set to outline the expected level of performance and to direct workplace training and assessment. Clinical audits are used to evaluate the change in scope.</p>



CSOP scenario	Identified issue and action taken by the health service organisation
Return to work	
<p>19. A physiotherapist returns to work after a long absence. She is recruited with a three-month probationary period into a regional community health service. The physiotherapist qualified in the 1970s with a diploma and has limited AHPRA registration due to a long absence from the profession.</p>	<p><b>Issue:</b> During the employee's three-month probation period, management discovers the employee has not participated in any structured professional development since graduating and concerns about her competency are raised.</p> <p><b>Action:</b> Management review her current skills and knowledge, which results in a determination that she is 'not considered to be competent compared with today's standards'. The employee is not offered employment beyond the probationary period.</p> <p>To assess her competency, management uses clinical questioning, reviews of clinical notes, supervision of treatment sessions and consumer feedback. This review involves experienced physiotherapists. After deliberation, no complaint is formally submitted to AHPRA.</p> <p>The service feels that 'access to competency tools and standards would have provided a more objective and clear structure to assessing competency'. They also feel that 'utilisation of a robust credentialing system would have identified these skill and knowledge deficits at the initial recruitment phase'.</p> <p>Referring to profession-specific professional standards would have also provided a benchmark for decision making.</p>



## Resource 1.15: Sample: allied health advanced practice skills list


This is an example of an agreed list of advanced practices or skills by a health service using **Resource 1.2**. They represent advanced practices or skills performed by profession groups under the governance of the allied health professional lead. These advanced practices or skills could be represented on profession credentialling documents for the organisation, a sample of which is provided in **Resource 1.12**.

Area of practice/profession	Advanced practice or skill
Aboriginal and Torres Strait Islander health practitioner	
Allied health assistant	
Art therapy	
Audiology	
Biomechanist	
Child life therapy	
Chiropractic	Endorsed registration: acupuncture
Community development worker	
Dietetics	Manipulation and replacement of feeding gastrostomy tubing
	Approved prescriber of nutrition supplements as medications (NSAMS) in bed-based services
Diversional therapy	
Exercise physiology	
Financial counselling	Qualified supervisor
Health promotion	
Interpreter services	
Music therapy	
Nutrition	
Occupational therapy	Implement serial casting (upper limb)
	Dry needling (upper limb)
	Conduct an assessment of adult oncological lymphoedema
	Prescribe, measure and fit compression garments in adult patients with oncological lymphoedema
	Apply complex decongestive therapy (CDT) in patients with oncological conditions

Area of practice/profession	Advanced practice or skill
Occupational therapy (cont.)	Conduct specialised driving assessments
	Apply electrotherapy (upper limb) as relevant to the practice context
	Perform cervical spine hard collar measurement and application
Orthoptist	
Orthotics/prosthetics	
Osteopathy	Endorsed registration: acupuncture
Physiotherapy	Endorsed registration: acupuncture
	Dry needling
	Request and interpret diagnostic imaging to develop management plans
	Assess and manage simple fractures (adults)
	Assess and manage simple fractures (paediatrics)
	Assess and manage simple joint reductions
	Perform acute wound assessment and management
	Perform removal of wound closure devices
	Conduct an assessment of adult oncological lymphoedema
	Prescribe, measure and fit compression garments in adult patients with oncological conditions
	Apply complex decongestive therapy (CDT) in patients with oncological conditions
	Assess complex pelvic floor dysfunction using internal examination
	Prescribe programs for complex pelvic floor dysfunction
	Perform electrotherapy for pelvic floor dysfunction
	Implement serial casting
	Implement hip surveillance
	Implement the Ponseti method of treatment
	Diagnose and manage developmental dysplasia of the hip
Apply positive end-expiratory pressure (PEEP) recruitment technique	

Area of practice/profession	Advanced practice or skill
Physiotherapy (cont.)	Apply the POP-Q system for the assessment of pelvic organ prolapse (POP) and interpret the results
	Apply the use of post-void residual bladder volume measurements and interpret the results
	Perform dipstick urinalysis and interpret the results
	Evaluate the need for urodynamic studies, initiate referral and perform a basic interpretation of results
	Assess, measure and fit ring pessaries for pelvic organ prolapse
	Review and refit of ring pessary for pelvic organ prolapse
Podiatry	Specialist registration: Podiatric surgery
	Endorsed registration: scheduled medicines and approved prescriber
	Total contact casting
	Perform reconstructive and/or plastic surgical procedures of the foot including bone and soft tissue
	Acupuncture
Recreation therapy	
Remedial massage therapy	
Social work	Conduct family therapy
	Perform a basic mobility and transfer assessment
	Implement basic prescription, fitting and provision of selected gait aids
	Support the fitting and provision of upper and lower limb musculoskeletal (MSK) supports
	Implement basic prescription, fitting and provision of selected adaptive equipment

Area of practice/profession	Advanced practice or skill
Speech pathology	Plan, conduct and interpret a videofluoroscopy examination of swallowing function in an adult population
	Plan, conduct and interpret a videofluoroscopy examination of swallowing function in a paediatric population
	Plan, conduct and interpret a videofluoroscopy examination of velopharyngeal competence for speech
	Assess and manage communication and swallow function in tracheostomised adult inpatients
	Assess and manage communication and swallow function in tracheostomised paediatric patients
	Assess and manage communication and swallow function following laryngectomy
	Assess, plan and conduct feeding management for infants (0–2 years)
	Perform suctioning via the tracheostomy tube in non-ventilated adults
	Conduct fiberoptic endoscopic evaluation of swallowing (FEES) scoping in adults
	Interpret and report on FEES in adults
	Interpret and report on nasendoscopy in patients with velopharyngeal incompetence
	Assess and manage communication and swallowing function following head and neck reconstructive surgery (complex patients)
Welfare work	
Youth work	



## Case study 1 using Resource 1.2: Gastrostomy feeding including tube replacement

(submitted by Dietitians Association of Australia)

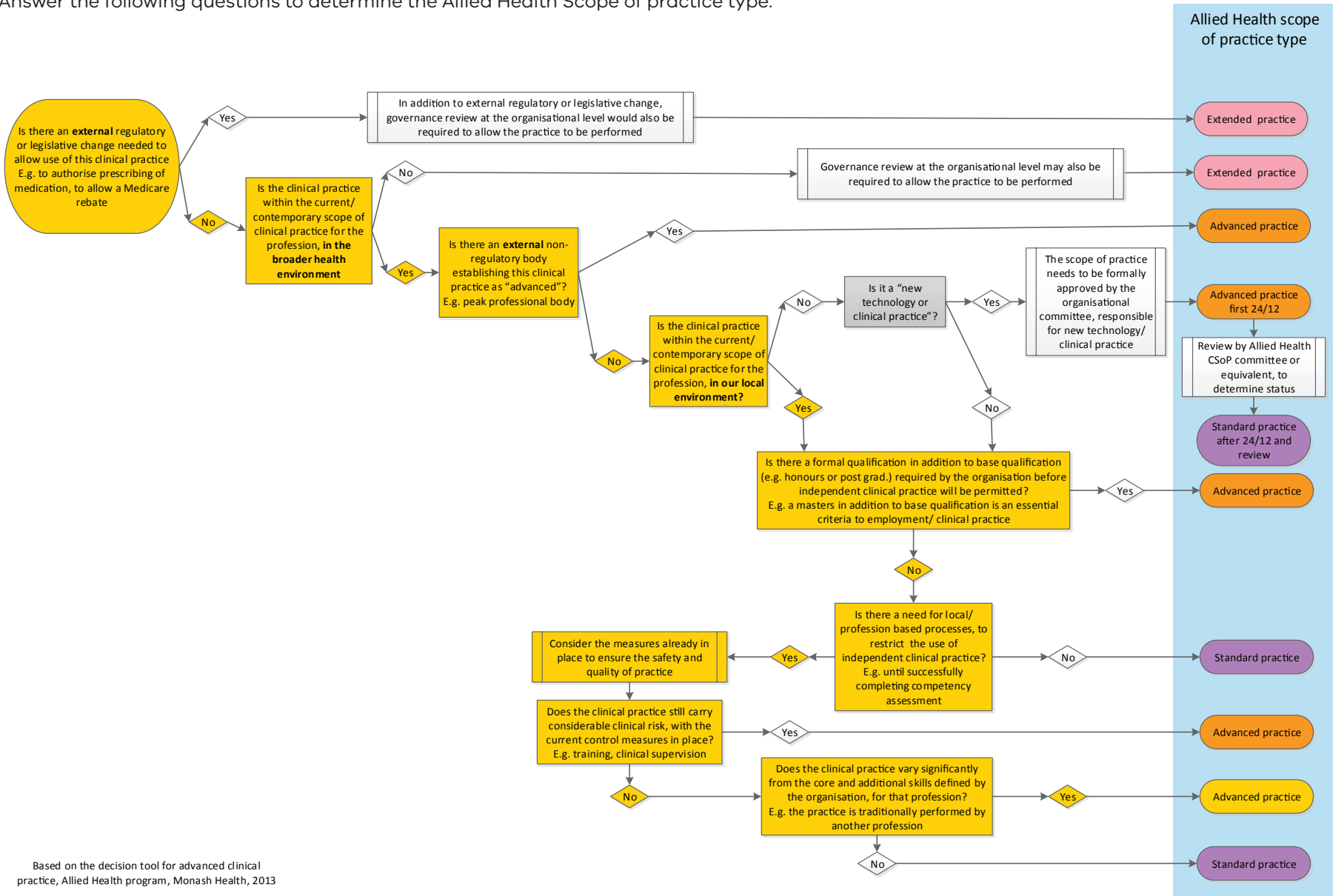
**Clinical practice and context:** Training dietitians to independently manage gastrostomy feeding including tube replacement for patients requiring home enteral nutrition (HEN).

**Classification of skill using decision tool:** This example would fall under *advanced practice*. It involves local policy/procedure and competency-based assessment/credentialling. The decision making has been highlighted for this example in the tool on the following page.

# Case study 1 using Resource 1.2: Gastrostomy feeding including tube replacement

(submitted by Dietitians Association of Australia)

Answer the following questions to determine the Allied Health Scope of practice type.



Based on the decision tool for advanced clinical practice, Allied Health program, Monash Health, 2013



## Case study 2 using Resource 1.2: Dry needling by Physiotherapists

(submitted by Gippsland Lakes Community Health)

**Clinical practice and context:** The application of dry needling in a community health service.

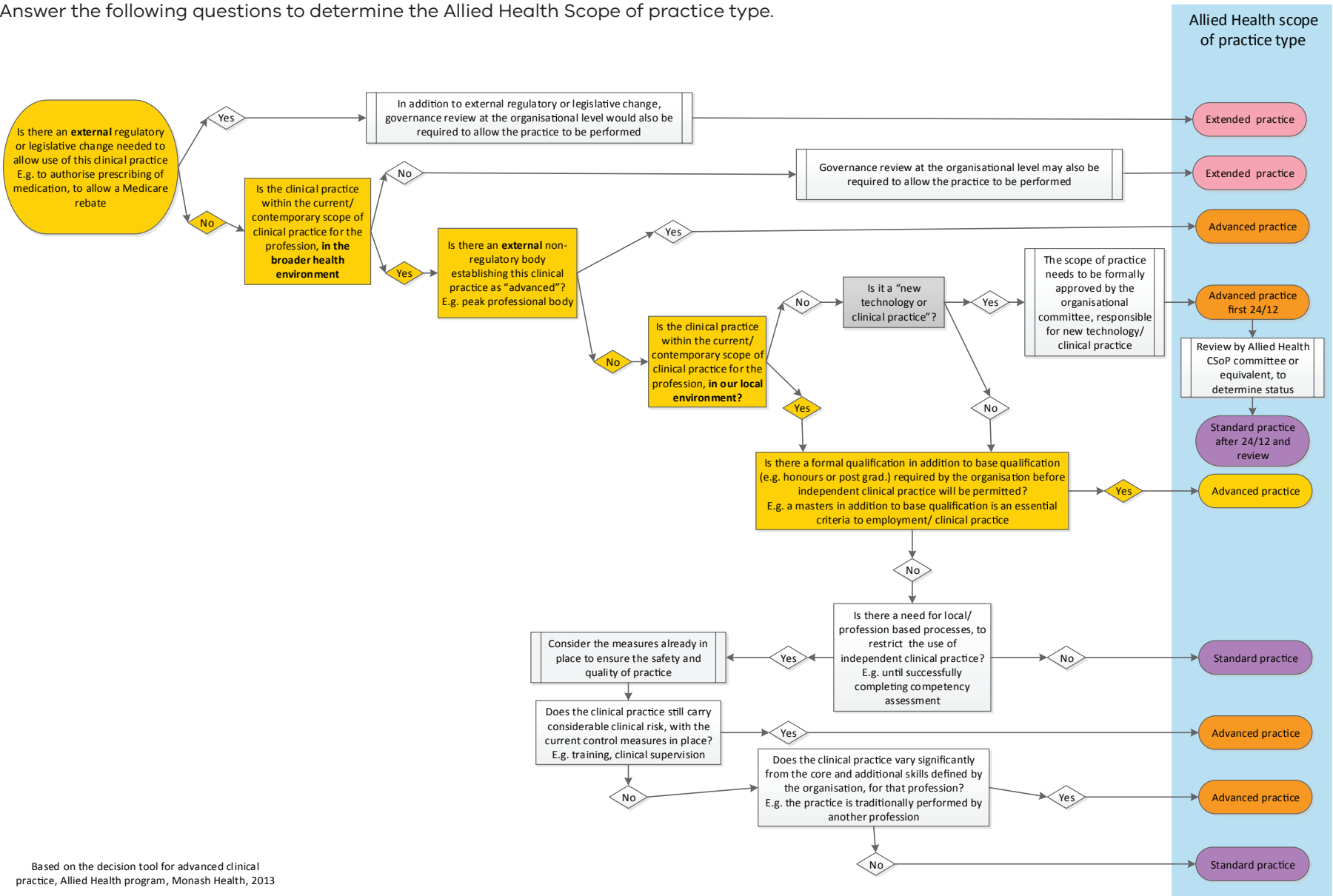
**Classification of skill using decision tool:** This example would fall under *advanced practice*. The organisation requires clinicians to have completed an accredited Australian Physiotherapy Association course before undertaking the practice. The decision making has been highlighted for this example in the tool on the following page.



# Case study 2 using Resource 1.2: Dry needling by physiotherapists

(submitted by Gippsland Lakes Community Health)

Answer the following questions to determine the Allied Health Scope of practice type.



Based on the decision tool for advanced clinical practice, Allied Health program, Monash Health, 2013



## Case study 3 using Resource 1.2: Interpretation of blood glucose readings and administration of appropriate actions by exercise physiologists

(submitted by a metropolitan community health service)

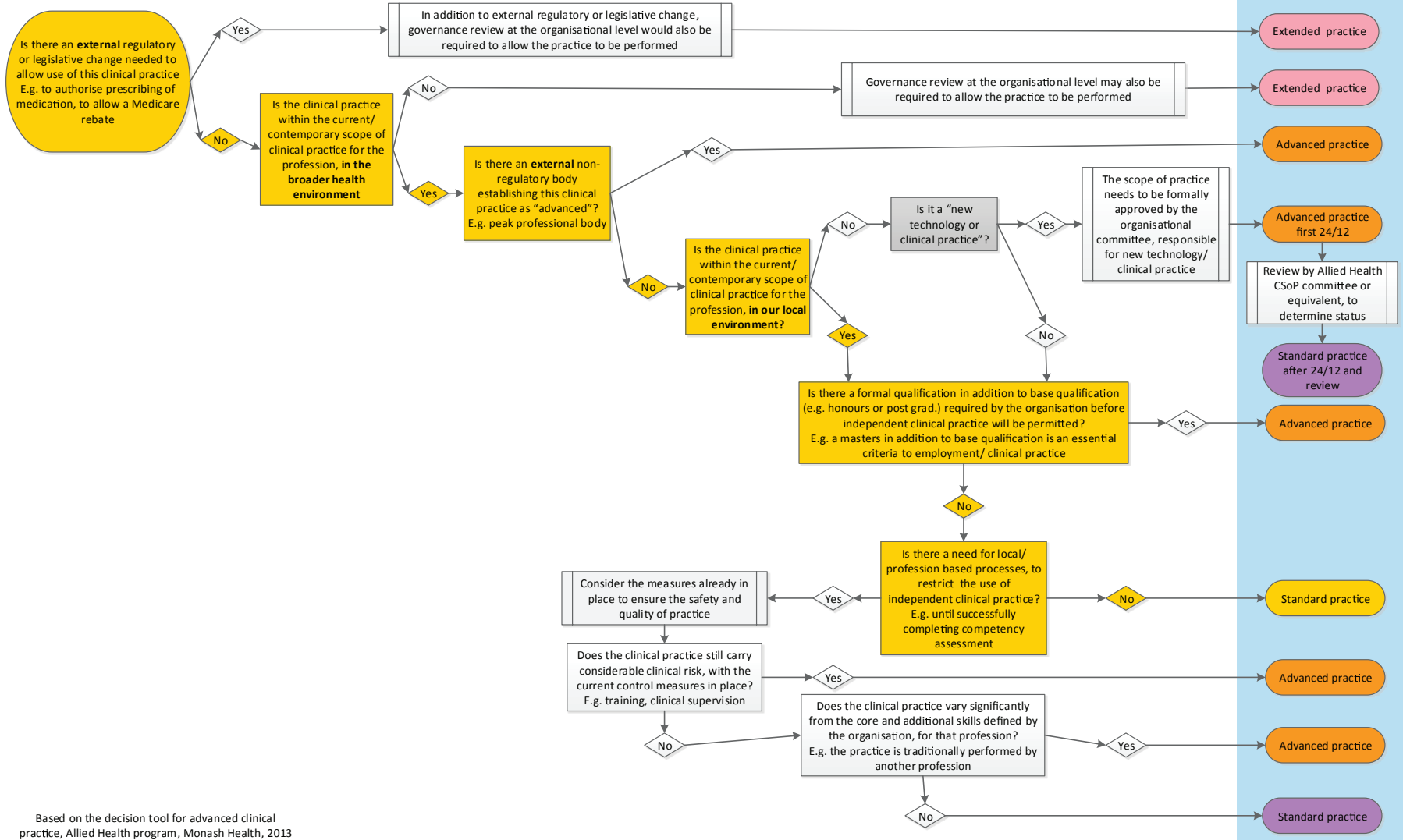
**Clinical practice and context:** At a metropolitan community health service, exercise physiologists are currently not permitted to take and interpret blood glucose level (BGL) readings and administer appropriate action in the event of hypoglycaemia or hyperglycaemia in clients with diabetes mellitus. Exercise physiologists in other environments and healthcare facilities perform BGL and hypo/hyper management as standard practice. Diabetes Australia has no published document outlining clinical practice guidelines for BGL monitoring or which professions it applies to. Only nursing and medical staff are included in the current procedure. BGL testing and interpretation is reported as core curriculum in all exercise physiology course requirements, currently accredited through Exercise Sports Science Australia. Hypo/hyper management is also part of core curriculum.

**Classification of skill using decision tool:** This example was classified as *standard practice* according to the submitting group.


# Case study 3 using Resource 1.2: Interpretation of blood glucose readings and administration of appropriate actions by exercise physiologists

(submitted by a metropolitan community health service)

Answer the following questions to determine the Allied Health Scope of practice type.



Based on the decision tool for advanced clinical practice, Allied Health program, Monash Health, 2013



## Case Study 4 using Resource 1.2: Intravenous (IV)cannulation by radiographers

(submitted by Western Health)

**Clinical practice and context:** Traditionally IV cannulation was performed by doctors and nurses in imaging departments (and throughout hospitals). IV cannulation is not a routine skill taught to radiographers in an undergraduate course or during the intern year. The Australian Institute of Radiography is the peak body representing radiographers, and radiation therapists in Australia and offers training courses in IV cannulation for radiographers.

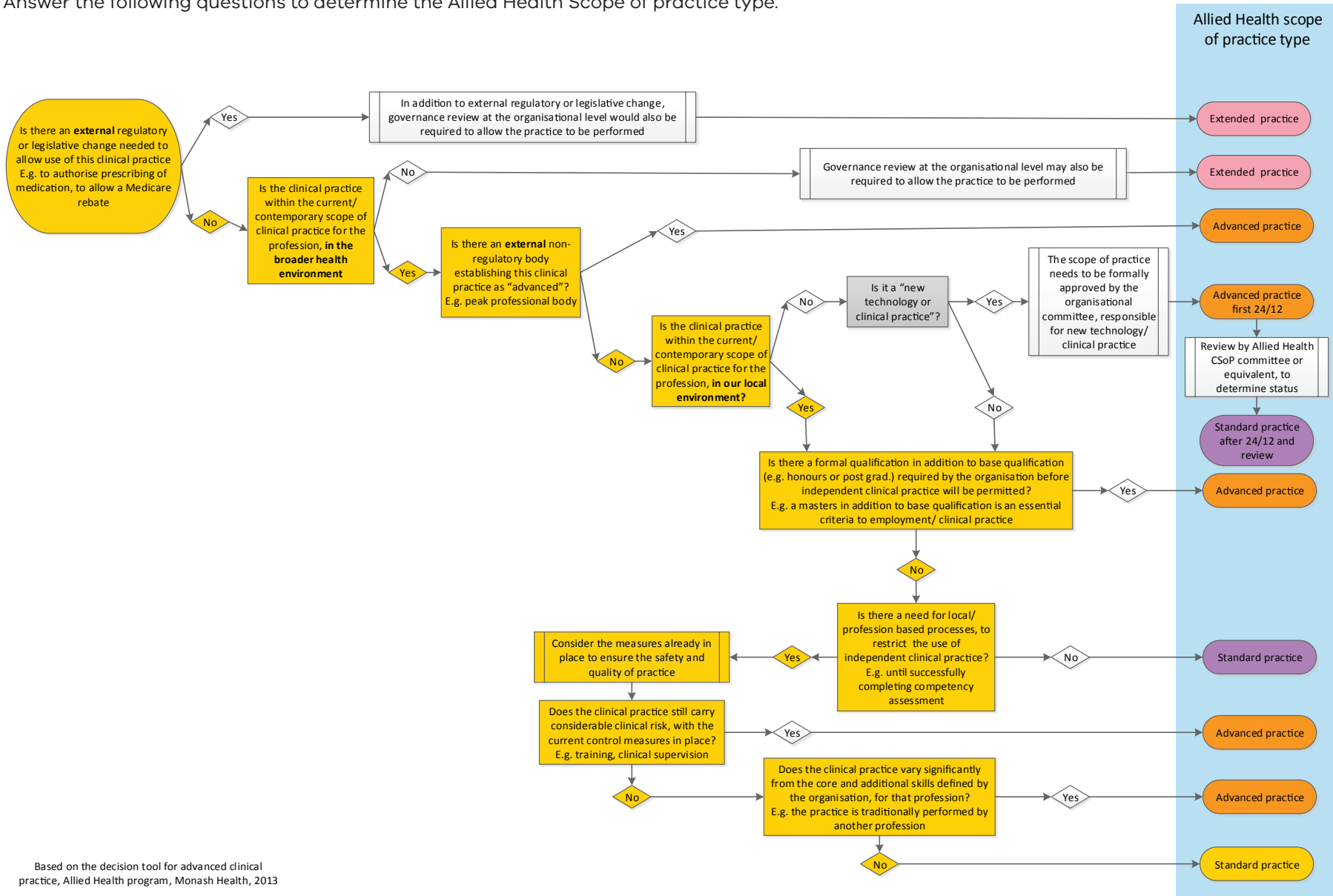
At Western Health, radiographers have been performing IV cannulation for over 5 years in the radiology department. Only radiographers who have successfully completed a competency-based training and assessment program can perform the skill independently. This training program includes both theoretical and practical competency assessment.

**Classification of skill using decision tool:** this example was classified as *Standard Practice*, according to the submitting group. It is possible that another organisation looking to expand the scope of radiographers to include IV cannulation, which did not have any history or training program, might classify the skill at least initially, as *Advanced Practice*.

# Case study 4 using Resource 1.2: Intravenous (IV) cannulation by radiographers

(submitted by Western Health)

Answer the following questions to determine the Allied Health Scope of practice type.



Based on the decision tool for advanced clinical practice, Allied Health program, Monash Health, 2013

## Case study 5 using Resource 1.2: Intradermal injections for lymphoscintigraphy

(submitted by Western Health)

**Introduction:** Lymphoscintigraphy is a nuclear medicine procedure that is performed prior to sentinel node biopsy for breast cancer. A radioactive tracer is administered by periareolar intradermal injection into the quadrant of the tumour. Images are then acquired to identify the first node draining the area of the tumour. During surgery the surgeon uses a gamma probe to localise and excise the radioactive node for examination by pathology to identify any nodal involvement. Lymphoscintigraphy is a well-established imaging procedure in the staging of breast cancer.

**Clinical practice and context:** Lymphoscintigraphy has been performed in nuclear medicine for more than 10 years. The intradermal injection of the tracer is traditionally performed by a nuclear medicine specialist (medical) and the imaging to ensure accurate placement of the tracer is traditionally performed by a nuclear medicine technologist.

Intradermal injection technique is not a routine skill taught to nuclear medicine technologists in an undergraduate course or during the intern year. For the past five years at Western Health, delegation of this skill to technologists has been supported by the nuclear medicine specialists. Nuclear medicine technologists who have successfully completed a competency-based training and assessment program are authorised to perform this skill independently. This training program includes both theoretical and practical competency assessment.

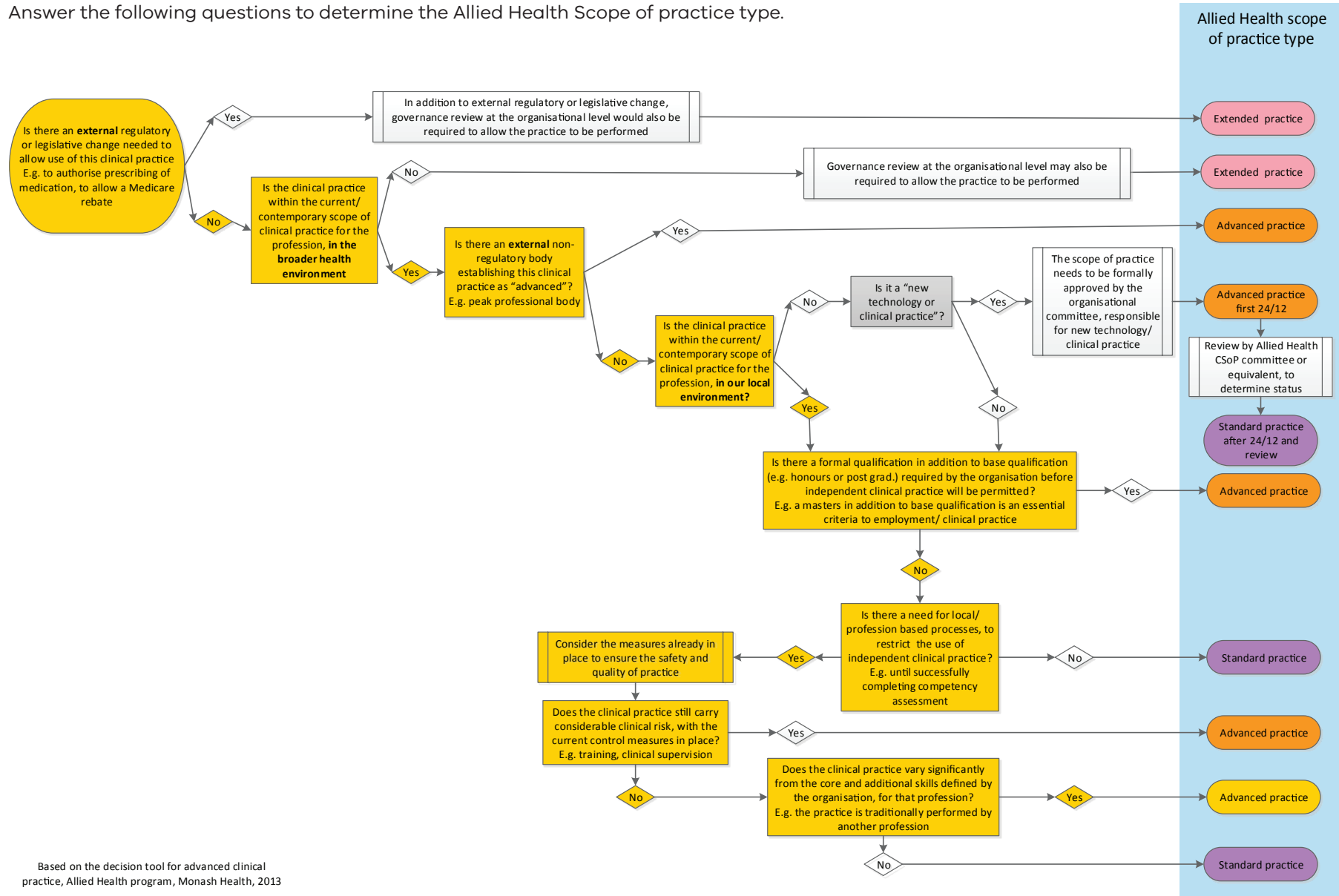
Intradermal injections are also performed by technologists at other Victorian centres.

**Classification of skill using decision tool:** This example was classified as *advanced practice* according to the submitting group.

# Case study 5 using Resource 1.2: Intradermal injections for lymphoscintigraphy

(submitted by Western Health)

Answer the following questions to determine the Allied Health Scope of practice type.



Based on the decision tool for advanced clinical practice, Allied Health program, Monash Health, 2013





## Case study 6 using Resource 1.2: Pharmacist charting in the preadmission clinic

(submitted by Western Health)

Clinical practice and context: A large metropolitan hospital with a busy preadmission clinic screens and assesses patients before they have surgery. If a patient's surgery requires admission to hospital for more than one day, a medication chart with the patient's regular medications is required. This should be written by the doctor on the day of their admission to hospital, but this is often overlooked. There have been many cases where a patient has missed their regular medications. One recent example is of a patient who missed their Parkinson's medications for more than one day and experienced severe symptoms that delayed discharge. This problem could be avoided by having a clinical pharmacist review and assess each patient's medications while in the preadmission clinic and then writing the medication chart. On the day of admission the medication chart would be reviewed by the admitting doctor and signed off for use. The use of a clinical pharmacist in the preadmission clinic has been adopted overseas for many years with good results and is now more commonplace in Australia.

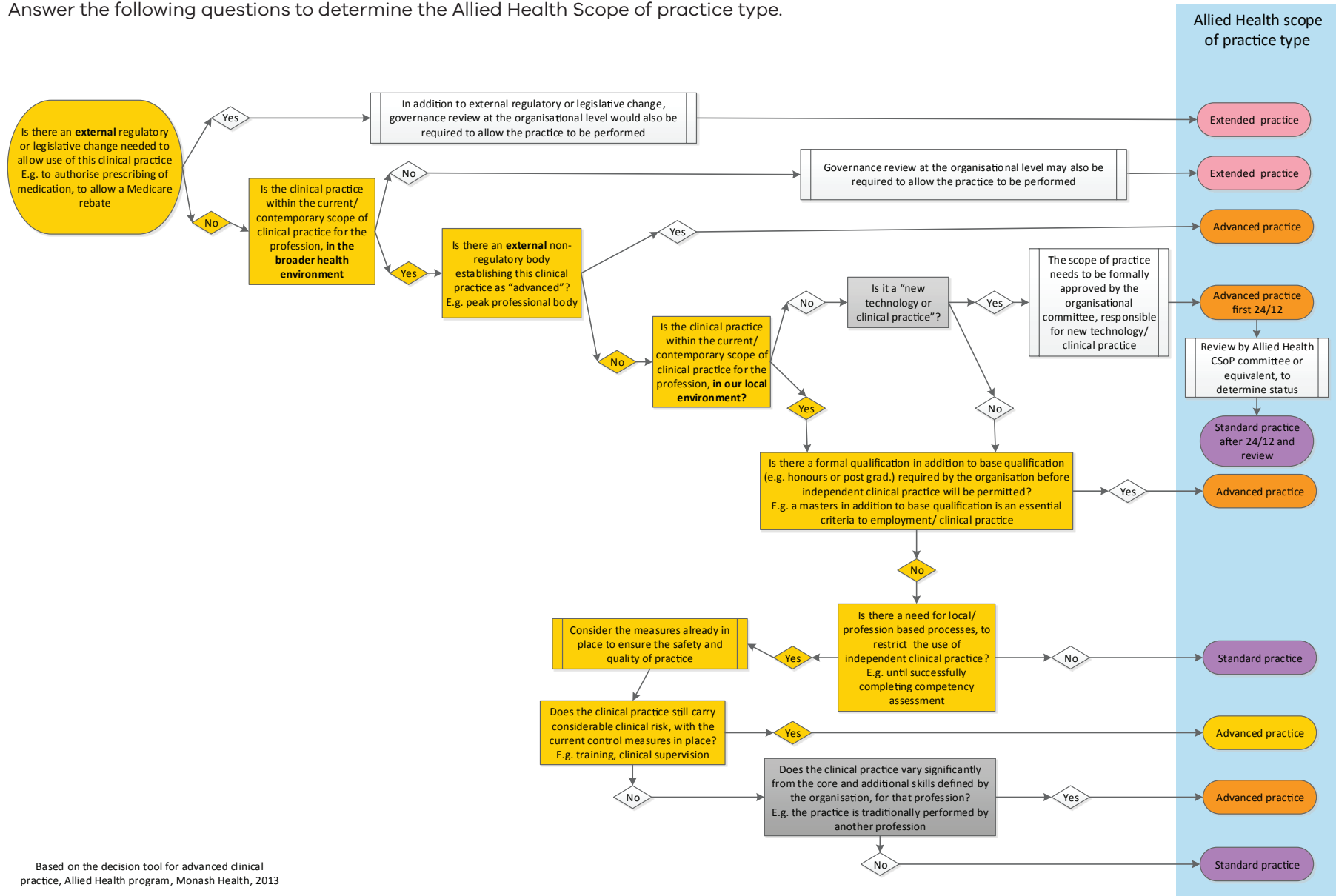
Classification of skill using decision tool: This example was classified as an *advanced practice*, mainly because of the potential for harm related to medication error.

Next step: Having classified pharmacist charting as an advanced skill, the hospital recognises that pharmacists should be credentialled in order to undertake the skill. Therefore the hospital implements a competency-based training and assessment program to credential clinical pharmacists to chart patients' regular medication in the preadmission clinic. Evaluation of the change in practice using clinical audits and consumer feedback will also be conducted. This process will ensure that the clinical pharmacists performing this duty are competent to do so.

# Case study 6 using Resource 1.2: Pharmacist charting in preadmission clinic

(submitted by Western Health)

Answer the following questions to determine the Allied Health Scope of practice type.



Based on the decision tool for advanced clinical practice, Allied Health program, Monash Health, 2013

