



MEDICAL CREDENTIALING AND SCOPE OF PRACTICE POLICY

Table of Contents

Purpose and Scope	1
Roles and Responsibilities	1
Policy Statement	1
Scope of Practice	2
Credentialing Requirements	3
<i>Initial Credentialing of Medical Practitioners</i>	3
<i>Urgent Appointments (Temporary) Credentialing</i>	3
<i>Requirements for Vocational and Pre-Vocational Medical Practitioners</i>	3
<i>Re-credentialing</i>	3
<i>Variations to Scope of Practice</i>	4
<i>Continuing Medical Education (CME)</i>	4
Continuous Improvement and Monitoring	4
References	4

PURPOSE AND SCOPE

For Albany Community Hospice to ensure that palliative care services under its auspices are provided by doctors with appropriate qualifications.

ROLES AND RESPONSIBILITIES

The responsibilities of the Medical Credentialing Committee (MCC) and the credentialing process include:

- Reviewing and verifying the credentials and defining the scope of practice of all applicants
- Granting temporary credentialing to applicants
- Endorsing applicants' credentialing and scope of practice for 3 years.

Individual members of the MCC may be required to consider applications for credentialing and determining the scope of practice for applicants outside of the timeframe scheduled for the next MCC meeting. Consultation with these members regarding individual applications will be managed by email or in person.

Members involved in credentialing will conduct themselves at all times in good faith, according to the rules of natural justice, without conflicts of interest or bias, and in a manner, which does not breach relevant legislation. The principles of equity, merit and probity shall form the basis of all phases of credentialing and defining the scope of clinical practice processes.

The proceedings of the credentialing process are to be kept confidential, or as required by law.

POLICY STATEMENT

Albany Community Hospice (ACH) will provide an environment where professionals with appropriate qualifications and experience can deliver safe, high quality palliative care services. The credentialing system supports this in a local process for reviewing the credentialing and scope of clinical practice applications for all doctors seeking to provide services within ACH. ACH Board of Management delegates the responsibility for the management of the processes of credentialing and scoping clinical practice within ACH to the Medical Credentialing Committee (MCC).

All credentialing processes shall be guided by relevant WA Health Department Operational Guidelines.

SCOPE OF PRACTICE

There are several core elements of the scope of practice for a doctor accredited to provide palliative care in Albany Community Hospice:

Physical aspects of care

Ability to identify and manage the physical aspects of end-of-life illness. This includes specific knowledge of the unique physiological process associated with palliative care.

Psychosocial aspects of care

Emotional, social and spiritual aspects of end-of-life care, including specific communication skills needed to discuss end-of-life issues with patients and their families/carers.

Cultural issues

Cross-cultural issues, appropriate use of independent interpreters.

Ethical issues

State-based legal requirements with death, wills and end-of-life issues, including managing requests for euthanasia and requests to hasten death with counselling and understanding.

Teamwork

How to work in a multidisciplinary team, how to coordinate different models of care for best patient and family/carer outcomes.

Practical issues

Practice issues around 24-hour care rostering, and appropriate use of Medicare Benefits Schedule items to sustainably practice equitable palliative care for patients, determined on the basis of need.

Carer support

Respite arrangements, depression screening and support, emotional support and bereavement care, and understanding and recognising risk factors that may predict the early onset of psychosocial distress and complicated grief reactions in family members and carers to enable appropriate referral for further psychosocial support.

Career-long learning

Critical appraisal of the evidence base used for own practice.

Complementary and alternative medicine

Developing skills to help patients and their families/ carers to be able to assess their own use of complementary therapies from an evidence based and/or safe perspective.

Audit, care pathway and outcome measurement

Developing skills to measure own practice in the area of palliative care.

The Continuing Professional Development (CPD) requirements of the RACGP for GPs practising in palliative care are:

1. A commitment to upskilling regularly in communication skills acquisition associated with managing challenging end-of-life issues for patients and their families/carers.
2. Evidence of updating own knowledge and skill base in the light of new and emerging evidence in palliative care.
3. A commitment to forging and maintaining relationships with other community palliative care service providers to provide equity of access on the basis of need.

4. Access to current palliative evidence bases (e.g. CareSearch and *Therapeutic guidelines - palliative care*).
5. A commitment to undertake ongoing professional development in relation to identified palliative care knowledge gaps.
6. The ability to identify gaps in own knowledge, skills and attitudes in relation to evidence based palliative care.
7. Undertake or support regular audits of management practices in dealing with palliative care patients and their families/carers.

CREDENTIALING REQUIREMENTS

Health care services at ACH are provided only by doctors who have completed the formal processing of credentialing and defining the scope of practice. This may include temporary credentialing.

Initial Credentialing of Medical Practitioners

The following documentation is required:

- A completed application for Initial Credentialing
- Evidence of current Indemnity Insurance
- Evidence of Continuing Medical Education (CME) **OR**;
- Evidence of enrolment in a relevant training program if the applicant is a vocational doctor in training (in this case, the name of the relevant supervisor is required)
- Police Clearance
- Hand Hygiene certificate
- Pre-employment immunisation screening tool

Urgent Appointments (Temporary) Credentialing

Where credentialing for a medical practitioner is required at short notice, a delegate from the MCC may grant privileges and define a temporary scope of practice for a period of up to 90 days. This process is to involve at a minimum;

- Verification of the individuals' identification
- Verification of professional registration and any conditions which would limit his/her ability to fulfil the requirements of the position (AHPRA)
- Review of employment history
- Police Clearance
- Evidence of Indemnity Insurance

Requirements for Interns RMOs and Dr's in Training

Interns and Resident Medical Officers' (RMO's) are not expected to apply for credentialing but may attend a patient at Hospice in the company of their credentialed supervisor.

Doctors in Training (DiT's) are Registrars in a training program, and are encouraged to apply for credentialing as a vocational Dr in training with a nominated supervisor. They are expected to discuss all patients with their nominated, credentialed supervisor, but may attend the patient independently.

A Hospital Registrar who is supervised by a credentialed Hospital Specialist may attend the Hospice on their supervisor's behalf.

Re-credentialing

Re-credentialing must occur prior to the expiration of the doctor's contract with ACH.

All doctors who have previously been through a completed initial and approved credentialing process in ACH, and who continue to provide clinical services within ACH, are required to be re-credentialed every 3 years.

- Prior to the expiration of the current credentialing the doctor will be sent the required documentation to complete.
- The MCC will evaluate the performance of the medical practitioner during the re-credentialing process.

Variations to Scope of Practice

From time to time, variations to the scope of clinical practice or to restrictions placed on that scope of practice may occur. The MCC will be required to review this.

A variation to the scope of practice covers either a variation to clinical services, procedures or interventions for which a doctor is credentialed. Should the need for changes arise, doctors will need to correspond in writing with the MCC in regards to request for changes in their scope of clinical practice.

Continuing Medical Education (CME)

All doctors are expected to provide a copy of their current CME report as part of their credentialing and re-credentialing.

CONTINUOUS IMPROVEMENT AND MONITORING

Audits are scheduled periodically to monitor processes around the Medical Credentialing and Scope of Practice and these are reviewed by the Medical Advisory Committee. All resulting quality improvement activities will be detailed in the Quality Improvement register and overseen by the Quality Improvement Group.

REFERENCES

- Australian Health Practitioner Regulation Agency, 2012.
- Department of Health, (2009). Operational Directive 0177/09: The policy for Credentialing and Defining the Scope of Clinical Practice for Medical Practitioners (2nd Ed.) Retrieved from http://www.health.wa.gov.au/CircularsNew/circular.cfm?Circ_ID=12461 on 22/08/2012.
- Department of Health, (2010). Operational Directive 0275/10: Criminal Record Screening Policy and Guidelines. Retrieved from <http://www.health.wa.gov.au/CircularsNew/pdfs/12633.pdf> on 22/08/2012.
- WACHS, 2012. Medical Credentialing and Compliance Requirements Guideline. Retrieved from <https://healthpoint.hdwa.health.wa.gov.au/policies/Policies/WACHS/Medical%20Credentialing%20and%20Compliance%20Requirements%20-%20Guideline.pdf> on 22/08/2012.
- The RACGP Curriculum for Australian General Practice 2016. Available from: <http://curriculum.racgp.org.au/statements/palliative-care/> Accessed 07/07/2017
- Post Graduate Medical Council of Western Australia Policy-Supervision of Pre-Vocational Doctors 2014.

DOCUMENT CONTROL

Document Number	ACH-P034	Document Owner	Clinical Hospice Manager
Date Approved	21 Sept 2020	Approved by	MAC / Board of Management
Version	5.0	Review Due	September 2022

Version Control

Version	Date	Reason	By
1.0	Aug-2012	Created	Hospice Manager

2.0	May-2013	Updated	Hospice Manager, Michelle McClure
3.0	Aug-2017	Updated	Hospice Manager, Michelle McClure
4.0	Sep-2019	Updated	A/Hospice Manager, Ingrid Plug
5.0	Aug-2020	Updated to include: <ul style="list-style-type: none"> - Supervision for Vocational Medical Practitioners - Supervision for Pre-Vocational Medical Practitioners 	Clinical Hospice Manager, Fiona Jane