

Clinical Risk Management

RHC Policy No: CG 01:011:11:00P

**Policy Title: CREDENTIALING AND SCOPE OF PRACTICE OF HEALTH PROFESSIONALS**

Ramsay Health Care recognises that the principal responsibility for a patient's care lies with that patient's doctor. Following consultation with doctors and clinical employees, and through reference to current industry best practice standards, we have developed this policy as a minimum standard designed to deliver optimal care to patients. **Facility management and relevant RHC employees must comply with this policy and integrate these minimum standards into the facility's clinical systems and RHC employees' individual practice.**

<b><u>POLICY PURPOSE and OUTCOME:</u></b>	The purpose of the policy is to outline the process for credentialing and scope of practice of health professionals.
<b><u>POLICY SCOPE:</u></b>	This policy applies to all Medical practitioners, dental practitioners and medical radiation practitioners ('Health Professionals') seeking accreditation at a Ramsay Health Care facility.
<b><u>DEFINITIONS:</u></b>	Health professional: Medical practitioners, dental practitioners and medical radiation practitioners
<b><u>POLICY STATEMENT:</u></b>	<p>Medical practitioners, dental practitioners and medical radiation practitioners ('Health Professionals') seeking accreditation at a Ramsay Health Care facility, must submit a completed application form to the Facility Chief Executive Officer using Ramsay's electronic credentialing system.</p> <p>Upon verification that the application is complete, including appropriate registration, professional indemnity insurance, referee reports and licensing where applicable, and subject to the Facility Chief Executive Officer's right to reject any application, the Facility Chief Executive Officer will forward the application to the Facility Credentials Committee.</p> <p>The Facility Credentials Committee will review all applications referred to it with respect to the credentials, qualifications, experience, competence, judgement, professional capabilities and knowledge, current fitness and character of and confidence held in the applicant and formulate recommendations to the Medical Advisory Committee on each applicant's credentials, accreditation classification and scope of clinical practice.</p> <p>The Medical Advisory Committee will review the recommendations of the Credentials Committee and recommend to the Facility Chief Executive Officer whether the application for accreditation should be approved, and if so, the appropriate accreditation classification and scope of clinical practice for the applicant.</p> <p>The Facility Chief Executive Officer will submit the recommendations of the Medical Advisory Committee together with the Facility Chief Executive Officer's advice on accreditation including scope of clinical practice to Ramsay Health Care Australia's Central Credentialing Committee through the National Clinical Governance Unit. The Central Credentialing Committee, with the advice of the Clinical Governance Unit, will determine whether and under what conditions accreditation should be offered.</p> <p><b>New South Wales, Queensland, Western Australian and South Australian Facilities</b></p> <p>In New South Wales, Queensland, Western Australia and South Australia, a Health Professional may be accredited to treat patients at the Facility for a period of up to <b>five (5)</b> years.</p>

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### **Victorian Facilities**

In Victorian Hospitals, a Health Professional may be accredited to treat patients at the Facility for a period of up to **three (3)** years (as detailed in the *Health Services (Health Service Establishments) Regulations 2013* ('Accreditation')).

### **Temporary Credentialing**

In some instances, temporary credentialing may be required to authorise temporary accreditation of a Health Professional to facilitate caseload surges and/or workforce deficiencies, during natural and environmental disasters and at times of epidemic and pandemic preparedness.

Temporary approval can be authorised by the Facility Chief Executive Officer (or the Director of Medical Services, where one has been appointed, with delegated authority) following submission of an online credentialing application and verification of the AHPRA registration and Indemnity Insurance details contained in the application, in accordance with the Ramsay Health Care Facility Rules.

The Chief Executive Officer, in consultation with the Medical Advisory Committee and/or Head of the relevant Clinical Department, can authorise temporary accreditation for a specified period of no longer than three (3) months. Upon approval of temporary privileges, the Chief Executive Officer will notify the applicant in writing, advising the accreditation classification, scope of clinical practice approved and expiry date. The application will then progress through the usual review and approval processes.

### **Re-credentialing:**

Not less than three (3) months before the date fixed for expiry of the Accreditation of a Health Professional, the Facility Chief Executive Officer will notify the Health Professional of the pending expiry of their Accreditation and the processes for applying for re-Accreditation, including re-credentialing and review of their scope of clinical practice.

### **Process of review of Health Professionals:**

At any time, the Facility Chief Executive Officer, Director of Clinical Services, Director of Medical Services, Head of a Clinical Department in which a Health Professional practises, Clinical Governance Unit, Operations Executive Manager, Chief Executive Officer of Ramsay Health Care Australia, Chief Operating Officer or Ramsay Health Care Australian Risk Management Committee may request a review of a Health Professional.

Please contact the relevant Facility Chief Executive Officer if you have any questions about the process for credentialing and scope of practice.

### **Process of continually assessing health service:**

The Facility Chief Executive Officer must establish and maintain a Medical Advisory Committee. One of the roles of the Medical Advisory Committee is to ensure that a process for review of clinical outcomes and patient management is established and executed. Ordinary meetings of the Medical Advisory Committee (MAC) must be held not less than four (4) times per year. In addition to the MAC, the Facility Chief Executive will establish a Patient Care Review Committee. The primary role of the Patient Care Review Committee is to develop and oversee the implementation of an adequate clinical review and quality improvement program in liaison with Clinical Departments or services for each twelve (12) month period, and to review the results of the clinical indicator program including: rates of unplanned transfers in and out of the Facility and in and out of special care units; returns to theatre and deaths. Meetings of the Patient Care Review Committee will be held no less than four (4) times per year.

### **RELATED POLICIES, PROCEDURES, GUIDELINES & FORMS:**

- RHC Facility Rules

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<b>Prepared By:</b>	National Clinical Governance Unit (NCGU)	June 2020
<b>Reviewed and approved by:</b>	Clinical Governance Committee (CGC)	June 2020
<b>Ratified by:</b>	Australian Risk Management Committee (ARMC)	August 2020
<b>Date Implemented:</b>	<b>August 2020</b>	
<b>Next Review Due:</b>	<b>August 2022</b>	

#### REVISION HISTORY

Date	Version	Amendment notes
February 2019	V1.0	Initial Release
August 2020	V2.0	Policy originally developed to cover Victoria only due to 3 year credentialing period. Amendments to Policy to include NSW, QLD, WA & SA. Addition of Temporary Accreditation process

*This policy is due for review by the date shown above, after which it may become invalid. Policy users should ensure that they are consulting the currently valid version of the document.*

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