Response Sheet

Credentialling and scope of clinical practice for senior medical practitioners draft policy

Thank you for your input into the revision of the policy.

The appendices, templates and checklists from the 2011 Credentialling and Scope of Clinical Practice policy and Partnering for Performance are intentionally omitted in this revision. In conjunction with the policy, these documents will be available on the Safer Care Victoria website. By keeping the appendices, templates and checklists separate from the policy, it will be easier to update these documents when required.

Royal Australasian College of Surgeons

Questions for consideration	Your response
1. Policy on a page	
Should 'regular performance reviews' have a defined minimum timeframe?	Yes – a minimum of three years is appropriate.
Should 'mandatory reporting to AHPRA if medical practitioners are exceeding scope of practice or are operating in a way that poses a risk to the public' be included at this point? Or is including it elsewhere sufficient?	Yes. This is the nature of Mandatory reporting, and is a legal requirement. This is an ongoing legal requirement not just at the time of performance review.
Other comments	Audit processes within a hospital should be robust enough to identify poorly performing practitioners or those putting patients at risk and should not be dependent on performance reviews at fixed intervals
2. Definitions	
Is the definition of 'Independent responsibility for patient care' adequate?	Yes.
Are there other definitions that should be included?	The definition of a "Professional body" should be included.
Should the definition of 'medical practitioners' be expanded to include dentists?	No there should be a different definition, as they are registered by the Dental Board and not Medical Board with AHPRA
Other comments	

Continuing Response Sheet

3. Background and Purpose	
Does this section need to be more explicit that the policy does not include medical practitioners who are supervised, such as registrars?	No need for more explicit section as ultimate responsibility for supervised doctors is held by the definition of 'Independent patient care'
Is this the best location for the mandatory reporting requirement?	The location of this information is not so important as long as it is in the document.
Other comments	
4. The Victorian approach	
Is a three year review interval acceptable or should reviews be conducted at least annually?	A three year cycle is adequate. But all specialists should have affiliation with a professional body. In the case of surgeons, all clinicians working as specialist surgeons in Victorian Health Services should have affiliation with RACS. These professional bodies are interested in maintaining standards and CPD.
Other comments	
4.1 Credentialling and scope of clinical practice committee	
Is more explicit commentary regarding sub-regional, regional and state level credentialling options required?	No, needs to be generic enough to allow for local circumstances but rigid enough to have a standard.
Other comments	
4.2 The appointment process	
Do the requirements for proof of identity 100-point check need to be more explicit?	No this is adequate.
Do the requirements for retention of personnel records need to be defined?	Yes - Especially with respect to privacy regulations.
Is seven days sufficient to lodge an appeal?	No I would recommend 28 days (calendar days)

Other comments	

4.3 Other considerations	
Are the requirements for 'Third party arrangements' and 'Retrieval services' clear?	No they are confusing and I think it is not the responsibility of the Ambulance service to credential medical practitioners, unless they are employed by the Ambulance Service. This is the responsibility of the hospital/ institution providing advice, albeit from a distance or by telehealth.
Other comments	
5. Authorising environment	
Is anything missing?	Yes, the role of professional bodies
Does the mandatory notification information belong here?	
Other comments	
6. Appendix	
Is anything missing?	There needs to information about matching credentialing to the capability framework. For example: It is not sensible to credential a surgeon to perform complex surgery like oesophagectomy if there is no ICW or appropriate anaesthesia.
Other comments	
Additional comments	
Please email your response form to credentialling@dhhs.vic.gov.au by 26 July 2017	