



Government of **Western Australia**  
Department of **Health**

## **Clinical Governance, Safety and Quality Policy Framework**

# **Credentialing and Defining Scope of Clinical Practice for Nursing and Midwifery Standard**

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## 1. Background

This Standard recognises the establishment of the Nursing and Midwifery Board of Australia (NMBA) and the Australian Health Practitioner Regulation Agency (AHPRA) in 2010. This Standard also takes into account the new devolved governance model in the WA health system, the result of the *Health Services Act 2016 (WA)* introduced on 1 July 2016. It mandates use of the CredWA credentialing system in the WA health system and further defines the credentialing and scope of clinical practice requirements and processes for nurse practitioners and endorsed midwives engaged by Health Service Providers.

Recruitment, selection and appointment processes sit outside the scope of this Standard and are to be referred to in the *Employment Policy Framework*.

## 2. Definitions

**Applicant** - a nurse practitioner or endorsed midwife who has submitted an application for credentialing or re-credentialing using CredWA.

**Appointing Officer** - a senior officer (however titled) of a Health Service Provider who has delegated authority or is otherwise authorised to offer employment or other engagement to a nurse practitioner or endorsed midwife at a Health Care Facility or group of Health Care Facilities.

**Australian Health Practitioner Regulation Agency or AHPRA** - the organisation responsible for the administration of the National Registration and Accreditation Scheme across Australia.

**Chief Executive** - the Chief Executive of a Health Service Provider.

**Clinical Practice** - the professional activity undertaken by nurse practitioners for the purposes of investigating patient symptoms and preventing and/or managing illness, together with associated professional activities related to patient care. The professional activity undertaken by endorsed midwives in managing pregnancy, labour and birth and the postnatal period.

**Competency** - the demonstrated ability to undertake clinical practice at an expected level of safety and quality.

**Comprehensive documentation** - the documentation or information that all Health Service Providers and Credentialing Committees should retain as a part of their formal records. Retained documentation includes supporting evidence that was reviewed and decisions made about credentialing and determining the scope of practice for each nurse practitioner and endorsed midwife within their organisation.

**Credentialing and Scope of Practice Committee or CASOP or Credentialing Committee** - the formally constituted committee of practitioners and managers who collectively analyse and verify the information submitted by an applicant, conduct referee checks and make a determination on the scope of clinical practice for a nurse practitioner or an endorsed midwife.

**Credentialing Committee Approval Date** - the date of the Credentialing Committee's final determination of credentialing and scope of practice.

**Credentials** - the formal qualifications, training and experience of the nurse practitioner or endorsed midwife.

**CredWA** - the web portal used to administer the credentialing process.

**Defining the Scope of Clinical Practice** - the process of delineating and articulating the extent of an individual nurse practitioner or endorsed midwife's clinical practice within a particular Health Care Facility based on the individual's credentials, competence, performance and professional suitability, together with the needs and capabilities of the Health Care Facility.

**Endorsed Midwife** - An individual midwife registered by the Nursing and Midwifery Board of Australia who holds an endorsement as a midwife eligible to prescribe, administer and supply scheduled medicines in accordance with state and territory legislation; and has entered into a Licensing Agreement for Endorsed Midwives with a Health Service Provider.

**Head of Service** – The lead Nurses/ Midwives, Medical Officers of the service where nurse practitioners and endorsed midwives are undertaking clinical practice.

**Health Care Facility or Health Care Facilities** - a place or places (however titled) in which a nurse practitioner or endorsed midwife undertakes clinical practice including, but not limited to, a hospital, a mental health facility or community health service under the control of a Health Service Provider.

**Health Services Act or HSA** - the *Health Services Act 2016* (WA).

**Industrial Agreement** - the *WA Health System Australian Nursing Federation – Registered Nurses, Midwives, Enrolled (Mental Health) and Enrolled (mothercraft) Nurses – Industrial Agreement 2016*.

**Licensing Agreement** – a signed agreement between a Health Service Provider and endorsed midwife permitting access to Health Care Facility for the purpose of providing private midwifery care to women and babies.

**Nursing and Midwifery Board of Australia or NMBA** - National Health Practitioner Board for nurses and midwives established under section 31 of the *Health Practitioner Regulation National Law (WA) Act 2010* (WA).

**Nurse Practitioner** - An individual nurse registered by the Nursing and Midwifery Board of Australia who holds an endorsement as a nurse practitioner; and is engaged or employed by a Health Service Provider to provide services in a Health Care Facility or Health Care Facilities whose contract of employment is regulated by the Industrial Agreement.

**Peer Review** - the evaluation by a practitioner of creative work or performance by other practitioners in the same field in order to assure, maintain and/or enhance the quality of work or performance. Peer review may be conducted as part of a routine clinical practice, as a professional activity or as part of a specifically coordinated review activity.

**Principal Nursing and Midwifery Administrator** - the registered nurse or midwife (however titled) with delegated responsibility for clinical governance of nursing and midwifery practice and for oversight of credentialing matters for a Health Care Facility or group of Health Care Facilities. Any registered nurse or midwife may be designated by the Chief Executive as Principal Nursing and Midwifery Administrator for the purposes of this Standard. Principal Nursing and Midwifery Administrators are commonly but not exclusively titled Executive Director of Nursing and Midwifery Services.

**Region** - one of the administrative divisions of the WA Country Health Service which are Great Southern, South West, Wheatbelt, Goldfields, Mid-West, Pilbara and Kimberley.

**Verification** - the act of citing, reviewing, inspecting and authenticating documents supplied by a nurse practitioner or endorsed midwife to establish that the applicant's registration documents, undergraduate and postgraduate qualifications and references meet national and WA regulatory, standard or specification requirements.

### 3. Purpose

The purpose of this Standard is to ensure there is a clear framework for credentialing and defining the scope of practice for nurse practitioners and endorsed midwives practicing in the WA health system.

This Standard provides direction to Health Service Providers, executives and administrative staff regarding the credentialing process, and their responsibilities in regard to credentialing and defining the scope of clinical practice for:

- a. nurse practitioners working in Health Care Facilities; and
- b. endorsed midwives, where they provide clinical care within Health Care Facilities in accordance with a licensing agreement.

The key principles which underpin the need for credentialing and defining scope of clinical practice include:

- *Patient safety* – by ensuring nurse practitioners and endorsed midwives practice within their capability of education and training and within the capacity of the Health Care Facility in which they are working
- *Consistency* – align with National Safety and Quality Standards and with WA health system credentialing processes
- *Natural justice and procedural fairness* – credentialing and scope of practice processes are underpinned by the philosophy of natural justice and procedural fairness.

This Standard does not seek to:

- limit appropriate professional initiatives designed to improve standards of practice;
- restrict reasonable innovation in introducing new clinical procedures or interventions;
- restrict actions that need to be taken in an emergency situation;
- control the clinical decisions of a nurse practitioner or endorsed midwife with respect to admissions, treatment, transfer or discharge of a patient;
- permit nurse practitioners or endorsed midwives to work in isolation without appropriate supervision and support systems; or
- impose the delivery of health care on a nurse practitioner or endorsed midwife where the facilities, supervision and support are either inadequate or unavailable.

## 4. Scope

### 4.1 Application

This Standard applies to the credentialing of nurse practitioners engaged by Health Service Providers and endorsed midwives contracted to provide clinical care through a Licensing Agreement.

#### **4.2 Exclusions**

This Standard does not apply to the credentialing of registered nurses or midwives without the appropriate endorsement on their registration, or enrolled nurses.

### **5. Nurse Practitioner and Endorsed Midwife Obligations**

Nurse practitioners and endorsed midwives are responsible for:

- providing the necessary information to the appropriate Credentialing Committee to enable it to make an informed decision about the appropriateness of their credentials and their scope of clinical practice to be recommended;
- complying with the approved scope of clinical practice;
- notifying the Health Service Provider/s with whom they are employed or engaged if there are any restrictions and or conditions placed on their registration by the NMBA.
- participating in clinical governance activities; and
- participating in professional development review programs.

### **6. Health Service Providers Obligations**

Health Service Providers have the responsibility to ensure that all health services provided to patients are safe, appropriate and within the capability and role of the Health Service Provider.

Credentialing and defining the scope of clinical practice for nurse practitioners and endorsed midwives is a core responsibility of Health Service Providers to ensure applicants are appropriately skilled and competent to undertake their clinical workload.

Health Service Providers must ensure that all Health Care Facilities, within their remit, are covered by a Credentialing and Scope of Practice Committee (hereafter known as a Credentialing Committee) that operates under this Standard.

Credentialing Committees may be created at any level of a Health Service Provider (for example: region, site or department). However a Health Service Provider wide Credentialing Committee has the benefit of supporting the management of nurse practitioners and endorsed midwives who work across multiple Health Care Facilities within the Health Service Provider.

Health Service Providers must designate Principal Nursing and Midwifery Administrator for each Health Care Facility or group of Health Care Facilities, as the case requires.

Health Service Providers that operate multi-purpose sites, aged care facilities or residential care facilities must ensure that credentialing of nurse practitioners and, where applicable, endorsed midwives who provide services in these facilities is carried out to at least the minimum standard required for facility accreditation to the National Safety and Quality Health Service Standards. The scope of clinical practice should be consistent with the normal primary care role provided by the applicants.

### **7. Credentialing Committee Obligations**

Credentialing Committees ensure that a rigorous peer review process is undertaken for credentialing and defining scope of practice for nurse practitioners and endorsed midwives.

Where a Credentialing Committee already exists the Health Service Provider may choose to utilise this forum for nurse practitioner and endorsed midwife credentialing. However the Credentialing Committee determinations in relation to nurse practitioners and endorsed midwives must be approved by the Principal Nursing and Midwifery Administrator.

It is the responsibility of a Credentialing Committee to verify an applicant's credentials and determine a clinical scope of practice in accordance with the *WA Health Clinical Services Framework 2014-2024* or its replacement.

The determinations made by a Credentialing Committee are to specify the scope of clinical practice, any conditions attached and the reasons for any limitations on the duration of credentialing approval or the scope of clinical practice.

A determination by a Credentialing Committee cannot of itself give rise to employment or other engagement of an applicant.

Nurse practitioners and endorsed midwives must be credentialed and have a prescribed scope of practice before commencing clinical practice in any capacity.

Credentialing Committee determinations inform an Appointing Officer of the terms of employment or engagement, as they relate to the scope of practice, which may be offered to a nurse practitioner or an endorsed midwife under a licensing agreement.

Terms of Reference and guidance for the Credentialing Committees are included in:

**Appendix 1** Template Terms of Reference for the Credentialing Committee

**Appendix 2** Additional Guidance for the Credentialing Committee

## **8. Credentialing and Defining the Scope of Clinical Practice Process**

Credentialing is the formal process used to verify the qualifications, experience and professional standing of nurse practitioners and endorsed midwives for the purpose of ascertaining their competence, performance and professional suitability to provide safe, high quality health services within a particular Health Care Facility.

The credentialing and defining the scope of clinical practice process consists of three distinct stages:

1. **initial credentialing** which involves a review and verification of a nurse practitioner or endorsed midwife qualifications, skills, experience and competencies (refer section 8.1);
2. **defining the scope of clinical practice** for a nurse practitioner or endorsed midwife within a specific Health Care Facility (refer section 8.2); and
3. **renewal** (otherwise known as re-credentialing) of credentials and the scope of clinical practice to confirm that a nurse practitioner or endorsed midwife has maintained or improved their qualifications, skills and competencies and that the Health Care Facility still requires, and is able to support, the defined scope of clinical practice (refer section 10).

Initial credentialing and defining the scope of practice is to be included as part of the initial employment for nurse practitioners or engagement process through a licensing agreement for

endorsed midwives; however it is an independent process under the governance of the Credentialing Committee.

## **8.1 Initial Credentialing**

### **8.1.1 Invitation to submit a credentialing application**

On application for employment or engagement as part of a licensing agreement by a Health Service Provider, nurse practitioners and endorsed midwives must concurrently submit their clinical profile as an application to the CredWA system to enable the credentialing process to commence. The employment or engagement process and the credentialing processes may occur simultaneously, however they are separate processes.

### **8.1.2 Committee review/consideration of application**

On completion of a profile within CredWA and submission of all relevant documentation to support a nurse practitioner or endorsed midwife's application for credentialing, the application is to be considered at the next scheduled Credentialing Committee meeting.

The Credentialing Committee shall make a determination:

- prior to the nurse practitioner or endorsed midwife's first day of clinical practice at the Health Care Facility; and
- on an on-going basis at least every five years.

Where exceptional circumstances require a nurse practitioner or endorsed midwife to commence clinical practice prior to a formal determination, the Principal Nursing and Midwifery Administrator must have approved a Temporary (Interim) Credentialing and Scope of Practice prior to the commencement of clinical practice.

The following documents are provided to assist in effective management of the credentialing and defining scope of practice process:

**Appendix 3** Credentialing and Defining Scope of Practice Procedural Checklist

**Appendix 4** Credentialing and Renewal of Credentialing and Defining Scope of Practice Checklist

**Appendix 5** Documentation the Credentialing and Defining Scope of Practice Committee are Required to Retain as Part of its Records

## **8.2 Defining Scope of Clinical Practice**

Specific criteria for defining the scope of clinical practice must be developed by the Credentialing Committee to ensure consistency and equity in decision making.

The *National Standard for Credentialing and Defining the Scope of Clinical Practice* suggests the following approaches for defining the scope of clinical practice:

- checklist: an exhaustive list of possible clinical services, procedures or other interventions that may be requested;
- categorisation: well-defined categories or levels of scope of clinical practice that can be used by each applicant;
- descriptive: the applicant describes the requested scope of clinical practice, in narrative format; or



- a combination of the above.

Defining the scope of clinical practice involves:

- reviewing the scope of clinical practice required by the particular Health Care Facility and requested by the applicant, using one of the above approaches;
- identifying the issues to be considered in making a determination (see Appendix 3 for a list of potential issues to be considered); and
- determining the scope of clinical practice for the applicant.

Determinations regarding scope of clinical practice shall involve consultation by the Credentialing Committee with the relevant Director of Nursing and Midwifery. The Credentialing Committee's determination date is the commencement date of the nurse practitioner or endorsed midwife's credentialing and scope of clinical practice.

Refer to **Appendix 6** Determining the Scope of Clinical Practice Checklist

### **8.3 Duration of Scope of Clinical Practice**

Decisions regarding the duration of a nurse practitioner or endorsed midwife's credentialing and scope of practice are at the discretion of the Credentialing Committee, up to a maximum of five years, except in the case of Temporary Credentialing and Scope of Practice which is up to a maximum of 90 days.

### **8.4 Inconclusive Committee Determinations**

If the Credentialing Committee has any uncertainty about the credentials or scope of clinical practice of a nurse practitioner or endorsed midwife, it is to raise the matter with the applicant concerned and provide the applicant an opportunity to respond in writing.

The Credentialing Committee may request a written submission from the applicant when it:

- is unclear about an aspect of the application;
- requires further information on the scope of clinical practice that has been requested;  
or
- is unclear or seeking further information about the review of the scope of clinical practice.

While there is no obligation for an applicant to provide a response to issues raised by the Credentialing Committee, conclusions about the applicant's clinical practice and the subsequent determination of the Credentialing Committee are based on available information. If a written response is not provided, the Credentialing Committee will still be required to make a determination on the information that has been made available to the Credentialing Committee.

If the Credentialing Committee remains in doubt after the additional information has been provided, it is to determine an appropriately varied scope of clinical practice and refer the matter to the Principal Nursing and Midwifery Administrator for immediate action. In the case of nurse practitioners this may involve a requirement for additional training or further experience under supervision. For an endorsed midwife this may require refusal of credentialing.

If the nurse practitioner or endorsed midwife does not accept the Credentialing Committee's final determination, the applicant is to be informed of the Credentialing Appeal Process (refer to section 13 Credentialing Appeal Process).

Refer to [Appendix 7](#) Inconclusive Credentialing and/or Scope of Practice Committee Determination Flowchart

### **8.5 Portability of a Defined Scope of Clinical Practice**

The scope of clinical practice granted to a nurse practitioner or endorsed midwife is Health Care Facility specific. Information concerning a nurse practitioner or endorsed midwife's scope of clinical practice can be shared with other Health Service Providers with the prior consent of the practitioner.

### **8.6 New Clinical Service, Procedure or Intervention**

A nurse practitioner or endorsed midwife may request additional scope of practice where there is an introduction of new clinical services, procedures and technology or interventions.

Examples include:

- a new technology or procedure is introduced outside of the nurse practitioner's or endorsed midwife's existing approved scope of clinical practice;
- the nurse practitioner or endorsed midwife is introducing an established technique or clinical intervention into the particular Health Care Facility for the first time;
- the nurse practitioner or endorsed midwife acquires enhanced skills or competencies that they wish to integrate into their work practice.

Health Service Providers are required to ensure that for each Health Care Facility there are policies and processes that define the requirements for introducing new clinical services, procedures or other interventions.

### **8.7 Nurse Practitioner or Endorsed Midwife Request for Review**

Once a determination has been made in relation to a nurse practitioner or endorsed midwife's application, the applicant can request a review of the Credentialing Committee's determination.

On receipt of a request to review a determination, the Credentialing Committee will invite the nurse practitioner or endorsed midwife to make a submission to the Credentialing Committee in order to understand the basis for the review request before a final determination is made. The applicant may consider whether they wish to speak with their private professional indemnity provider or engage legal counsel as part of this process.

When preparing a submission, the nurse practitioner or endorsed midwife is to be encouraged to address each concern or matter outlined by the Credentialing Committee and provides additional information which will assist the Credentialing Committee to better understand the applicant's perspective.

The submission the nurse practitioner or endorsed midwife makes may be oral, written or both, although the applicant should be encouraged to provide a written submission in the first instance. The applicant must then be provided with the option to support their written submission with an oral presentation to the Credentialing Committee. If the oral presentation is recorded, the applicant must provide consent and be provided with a copy of the recording.

The Credentialing Committee has an obligation to ensure that the process is fair to the nurse practitioner or endorsed midwife and all other parties. All evidence considered by the Credentialing Committee as part of the determination and review processes must be made available to the applicant. Anonymous or undocumented complaints are not to be considered as appropriate evidence.

If the nurse practitioner or endorsed midwife does not accept the Credentialing Committee's final determination, the nurse practitioner or endorsed midwife is to be informed of the Credentialing Appeal Process (refer to section 13 Credentialing Appeal Process).

There is no obligation for a nurse practitioner or endorsed midwife to respond to any queries the Credentialing Committee has regarding the review request, nor to review submissions, however conclusions about the applicant's clinical practice and the subsequent determination of the Credentialing Committee are based on available information. The Credentialing Committee can only make a determination based on the information that has been provided.

Refer to **Appendix 8** Credentialing Committee Review Flowchart

## **9. Temporary (Interim) Credentialing and Scope of Clinical Practice Process**

Temporary credentialing and scope of practice is known as 'interim' credentialing within the CredWA system.

The Principal Nursing and Midwifery Administrator can approve a temporary scope of clinical practice for up to a maximum of 90 days in the following circumstances:

1. short-term appointments where the period of employment or engagement will cease prior to convening of the next Credentialing Committee meeting (e.g. short term contracts). These approvals are to be tabled at the next Credentialing Committee meeting for purposes of governance and notification to the committee membership; or
2. where an application is pending ratification at a meeting of the full Credentialing Committee (this must occur before interim credentialing period expires).

As a minimum, before approving a temporary scope of clinical practice the Principal Nursing and Midwifery Administrator must ensure the following requirements are satisfied:

- the nurse practitioner or endorsed midwife has current registration in the appropriate category with the NMBA;
- the scope of clinical practice is consistent with any conditions or undertakings on that registration;
- the nurse practitioner or endorsed midwife provides evidence of recency of clinical practice and continuing professional development;
- a reference check from at least two recent referees. This may be obtained as a verbal reference, but must be documented by the officer who receives the reference.

Where temporary credentialing is approved it is the responsibility of the Principal Nursing and Midwifery Administrator to ensure that they are satisfied that the nurse practitioner or endorsed midwife does not present a risk to the safety and well-being of patients and/or staff.

### **9.1. Extending Temporary Credentialing and Scope of Clinical Practice Status**

Temporary credentialing and scope of practice may be extended past the initial 90 days for an additional maximum of 90 days in the following circumstances only:

- the nurse practitioner or endorsed midwife is under review by the NMBA and the Credentialing Committee's decision is pending the outcome of an NMBA decision; or

- the nurse practitioner or endorsed midwife’s application is pending the submission of additional documentation required by the Credentialing Committee.

## 9.2 Disaster Scope of Clinical Practice

### 9.2.1 Disaster situations

Nurse practitioners deployed in response to disasters or other disruptive events may be granted Temporary Credentialing and Scope of Clinical Practice at the discretion of the Director General or their Delegates as per section 28 of the *Health Services Act*.

Health Service Providers must ensure after event record keeping.

## 10. Scheduled Renewal of Credentials and Scope of Clinical Practice Process

Renewal of credentials and scope of practice must occur at a maximum of five year intervals. There is no obligation on a Credentialing Committee to endorse the same scope of practice as previously granted.

The Credentialing Committee, at a minimum, must follow the same process used for Initial Credentialing and defining scope of practice as set out in section 8 when considering renewals, including the provisions for request for review and appeal.

The Credentialing Committee may consider other material they believe relevant to safe practice including but not limited to:

- reports from the Health and Disability Services Complaints Office, NMBA, AHPRA and Medicare Australia;
- professional indemnity history and status, including audits of litigation matters;
- clinical review and audit; and
- information made available from internal investigations.

Refer to [Appendix 4](#) Credentialing, Renewal of Credentialing and Scope of Practice checklist.

## 11. Unscheduled Credentialing and Scope of Clinical Practice Review Process

A review of a nurse practitioner or endorsed midwife’s credentials and/or scope of clinical practice shall be undertaken by the Credentialing Committee at the request of the Chief Executive, Executive Director of the Health Care Facility, Principal Nursing and Midwifery Administrator, or the nurse practitioner/endorsed midwife to whom the credentials and scope of clinical practice applies. Staff members who have concerns about a nurse practitioner or endorsed midwife’s scope of clinical practice should refer these to the Principal Nursing and Midwifery Administrator.

The nurse practitioner or endorsed midwife to whom the credentials and scope of clinical practice applies may present to the Credentialing Committee any material they believe is relevant to demonstrate their safe practice, including items not noted on the original application form.

An unscheduled review of a nurse practitioner or endorsed midwife’s credentials and/or scope of clinical practice may occur in the following situations:

- in response to the outcome of an investigation following a complaint to the Health and Disability Services Complaints Office;
- the NMBA indicates a review is appropriate; or
- where the Principal Nursing and Midwifery Administrator deems appropriate to do so.

## 12. Variation, Suspension or Termination of Scope of Clinical Practice

The Principal Nursing and Midwifery Administrator may vary, suspend or terminate the scope of clinical practice of a nurse practitioner or endorsed midwife in response to determinations from the Credentialing Committee or the recommendation of the relevant Director of Nursing and Midwifery.

The nurse practitioner or endorsed midwife must be advised in writing of the decision to vary, suspend or terminate their scope of clinical practice, including the evidence on which the determination was based.

The scope of a nurse practitioner or endorsed midwife's clinical practice can be suspended or terminated if the nurse practitioner or endorsed midwife:

- has their AHPRA registration cancelled or modified in a way that precludes them from practising;
- employment, engagement contract or licensing agreement expires or is terminated;
- ceases to have appropriate and adequate professional indemnity cover or insurance;
- presents a risk to the safety and well-being of patients and/or staff;
- otherwise departs from generally accepted standards of clinical practice in their conduct;
- is found to have made a false declaration through omission or false information which justifies such action;
- engages in serious, negligent or wilful misconduct;
- is subject to a criminal investigation or has been convicted of a serious offence.

The scope of a nurse practitioner or endorsed midwife's clinical practice can be varied if:

- the Health Care Facility does not have, or elects not to have, the facilities and/or clinical support for the requested service
- the scope of services provided by the Health Care Facility is redefined.

The scope of a nurse practitioner or endorsed midwife's clinical practice must be varied, suspended or terminated in line with any variations, suspensions or terminations imposed by the NMBA. This does not preclude the Credentialing Committee from imposing additional restrictions that may, or may not, be related to the NMBA restrictions.

Refer to [Appendix 9](#) Additional Guidance for Variation, Suspension or Termination of Scope of Practice

## 13 Credentialing Appeal Process

A nurse practitioner or endorsed midwife who has had their requested scope of clinical practice denied, suspended, or varied from the original request may appeal the decision to the Chief Executive. An appeal in accordance with this section can be lodged once the review process provided under section 8.7 - Nurse Practitioner or Endorsed Midwife Request for Review of this Standard has been concluded and a final determination is made and provided to the applicant.

Appeals must be lodged in writing to the Chief Executive within 7 days of receipt of the Credentialing Committee's final determination.

The Chief Executive is responsible for the formation of a Credentialing Appeal Panel.

The Credentialing Appeal Panel's recommendations are to be made to the Chief Executive for consideration and decision. The Chief Executive's decision is final.

Refer to **Appendix 10** Guidelines for Credentialing Appeal Panel.

Refer to **Appendix 11** Credentialing Appeal Flowchart.

## **14 Other Considerations**

### **14.1 Consent to the Retention of Information**

The Health Service Provider must ensure that nurse practitioners and endorsed midwives consent, in their credentialing applications, to the retention of all information provided for credentialing and scope of clinical practice processes.

The Health Service Provider is responsible for ensuring that information on the credentialing process and use of retention of information provided as part of this process is available to applicants and currently credentialed nurse practitioners and endorsed midwives.

A copy of all documentation reviewed as part of credentialing and scope of practice processes must be retained by the site, in accordance with the *State Records Act 2000*.

### **14.2 Continuing Professional Development**

The NMBA requires that all nurse practitioners and endorsed midwives participate in regular Continuing Professional Development (CPD) relevant to their scope of practice with the purpose to maintain, develop and update their knowledge, skills and performance to ensure they deliver appropriate, safe care.

Nurse practitioners and endorsed midwives are required to confirm their participation in CPD on a regular basis. Whilst the NMBA does not currently require the submission of evidence of CPD on a regular basis, nurse practitioners and endorsed midwives are required to submit CPD documentation, including a log of activities and certificates of attendance to the credentialing committee at both initial credentialing and re-credentialing stages.

## 15. References and Relevant Legislation

Australian Commission on Safety and Quality in Healthcare, National Standards  
<https://www.safetyandquality.gov.au/wp-content/uploads/2011/09/NSQHS-Standards-Sept-2012.pdf>

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Department of Health (2018) Business Rules and Data System Instructions for Nurse Practitioners and Endorsed Midwives

*Health Practitioner Regulation National Law (WA) Act 2010* (WA).

*Health Services Act 2016* (WA)

Legislative Council. (1990). Guidelines Relevant to Minister and Officers involved in Legal Proceedings. Tabled 10 July 1990.

Nursing and Midwifery Board of Australia Registration Standards  
<http://www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx>

Nursing and Midwifery Board of Australia Safety and Quality Guidelines for Privately Practising Midwives  
<http://www.nursingmidwiferyboard.gov.au/Nursing-and-Midwifery-Board---Guidelines---Safety-and-quality-guideline-for-privately-practising-midwives---1-January-2017.PDF>

*State Records Act 2000*.

WA Health System - Australian Nursing Federation – Registered Nurses, Midwives, Enrolled (Mental Health) and Enrolled (mothercraft) Nurses – Industrial Agreement 2016.

## 16 Appendices

Appendix 1: Template Terms of Reference for the Credentialing Committee

Appendix 2: Additional Guidance for the Credentialing and Scope of Clinical Practice Committee

Appendix 3: Credentialing and Scope of Practice Procedural Checklist

Appendix 4: Credentialing, Renewal of Credentialing and Defining Scope of Clinical Practice Checklist

Appendix 5: Documentation the Credentialing Committee required to Retain as Part of its Records

Appendix 6: Determining the Scope of Clinical Practice Checklist

Appendix 7: Inconclusive Credentialing and or Scope of Clinical Practice Committee Determination Flowchart

Appendix 8: Credentialing and Scope of Clinical Practice Committee Review Flowchart

Appendix 9: Additional Guidelines for Variation, Suspension or Termination of Scope of Clinical Practice Process

Appendix 10: Guidelines for Credentialing Appeal Panel

Appendix 11: Credentialing Appeal Panel Process Flowchart



## **Appendix 1: Template Terms of Reference for the Credentialing Committee**

### **1. Name**

The Credentialing and Scope of Clinical Practice Committee is to be known as the Credentialing Committee of the (*name of Health Service Provider or Health Care Facility or Health Care Facilities, as the case requires*).

### **2. Purpose**

The purpose of the Credentialing Committee is to support the delivery of high quality health care and ultimately better patient outcomes by providing (*Name*) with a rigorous peer review process for credentialing and defining scope of practice of nurse practitioners or endorsed midwives engaged by the Health Service Provider.

This requires reviewing the credentials of nurse practitioners and endorsed midwives as prescribed in the Credentialing and Defining Scope of Clinical Practice for Nurse Practitioners and Endorsed Midwives Standard so as to determine appropriate clinical scope of practice.

### **3. Accountability**

The Credentialing Committee is accountable to and reports to the Chief Executive.

### **4. Conduct of the Credentialing Committee**

The Credentialing Committee will conduct itself 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 form the basis of all phases of credentialing and defining scope of practice processes.

### **5. Role and Function and Responsibilities of the Credentialing Committee**

The Credentialing Committee is to undertake and provide advice on the processes of credentialing and defining the scope of practice:

- prior to start date or reappointment of a nurse practitioner or endorsed midwife;
- at re-credentialing;
- unscheduled review of credentialing and scope of practice;
- upon request for review of determinations; and
- upon introduction of new technologies.

The Credentialing Committee is to:

- determine the type and level of information required for credentialing of existing nurse practitioners and endorsed midwives;
- review and verify training and qualifications to ensure a nurse practitioner or endorsed midwife's experience and skills support the scope of practice required for the position;
- review the clinical services being requested with regard to the role delineation, needs and capability of the health service and the degree of available supervision at the health service where the scope of clinical practice is being requested;
- determine the appropriate scope of clinical practice for a nurse practitioner or endorsed midwife;
- review the scope of clinical practice of all nurse practitioners and endorsed midwives at regular intervals or at the request of the Principal Nursing and Midwifery Administrator or the nurse practitioner or endorsed midwife to whom the credentials and scope of clinical practice apply;

- determine a scope of clinical practice following the regular review period or requested review;
- notify a nurse practitioner or endorsed midwife of the decision concerning the practitioner's scope of clinical practice at the time of the initial appointment and at any future regular reviews;
- undertake an initial review of its own determinations if so requested by the nurse practitioner or endorsed midwife;
- use the state-wide credentialing system known as CredWA as the tool to facilitate credentialing and scope of practice of nurse practitioners and endorsed midwives;
- ensure nurse practitioners and endorsed midwives understand and consent to the retention of information gathered as a part of credentialing and scope of clinical practice processes;
- fully document and keep confidential all Committee proceedings unless directed otherwise by the Chief Executive or by law; and
- conduct itself in good faith, according to the rules of natural justice, without conflicts of interest or bias, and in a manner that does not breach relevant legislation.

## **6. Membership of the Committee**

Standing membership:

- Principal Nursing and Midwifery Administrator; and
- At least two senior nursing and midwifery staff reflecting the mix of clinical services provided at the Health Care Facility.

The Committee will co-opt members from time to time including:

- a Human Resources Officer from the Health Service Provider; and
- other relevant experts as deemed appropriate.

A quorum will comprise two thirds of the Standing membership plus those required to be co-opted for the immediate matters under consideration by the Committee.

## **7. Appointment**

Nominations for membership of the Credentialing Committee are to be called every two to three years by the Chief Executive. The Chief Executive is to appoint standing members for a period of two to three years.

In the absence of the Chair, another of the Standing members shall be elected to act as the Chair. The Deputy Chair is to perform all functions of the Chair when the Chair is unavailable or unable to perform their functions.

The Chair is to be the authorised channel of communication of all decisions of the Credentialing Committee.

## **8. Proxies**

Standing members of the Credentialing Committee may nominate another senior nurse or midwife as a proxy to attend meetings when any of them are unable to attend. The Chair is to be advised of the proxy prior to the meeting.

## **9. Conflict of Interest**

A member of the Credentialing Committee, who has duties or interests in conflict with their duties or interests on the Committee whether direct, indirect, financial, material or otherwise, must withdraw or declare a possible conflict of interest to the Chair. Where a possible conflict of interest is declared it must be dealt with in accordance with the Health Service Provider Conflict of Interest Policy.

**10. Confidentiality**

The proceedings of the Credentialing Committee are to be confidential unless decided otherwise by the Chief Executive or as required by law.

**11. Frequency of Meetings**

The Credentialing Committee is to meet according to the date and time agreed by Credentialing Committee members. Noting the Committee is obliged to meet to comply with the temporary credentialing and scope of practice timeline. The Chair may cancel a meeting if there is insufficient business to warrant holding a meeting or a quorum will not be reached. An additional meeting may be held at the determination of the Chair.

**12. Notice of Meetings**

As far as possible, notices of meetings and supporting papers are to be sent five working days in advance of the meeting date.

**13. Absences**

Any elected member who misses three consecutive meetings of the Credentialing Committee without evidence of a good cause is to be deemed to have resigned.

**14. Decisions**

Decisions of the Credentialing Committee are to be by the majority. The Chair is to have the casting vote.

**15. Secretary**

A Secretary is to be appointed by the Chair and is to issue agendas and supporting material at least five working days in advance of each meeting. The Secretary is to prepare minutes of each meeting, to be formally adopted at the subsequent meeting of the Credentialing Committee. The Secretary is to keep separate files of at least the following:

- agendas, minutes and supporting documents;
- correspondence prepared by and on behalf of the Credentialing Committee; and
- other material kept to support the decisions and/or processes of the Credentialing Committee.

The Secretary’s files are the property of the Health Service Provider and must be preserved in accordance with the *State Records Act 2000* (WA).

**16. Determinations**

The Credentialing Committee determinations are to specify the scope of clinical practice, any conditions attached and the reasons for any limitations on the duration or scope of clinical practice.

**17. Adoption, Review and Amendment of Terms of Reference**

The Terms of Reference are to be reviewed at a minimum every three years.

Terms of Reference may be altered and amended by recommendation to the Chief Executive. Revision dates:

| Date of revision | Revision prepared by | Comments |
|------------------|----------------------|----------|
|                  |                      |          |
|                  |                      |          |
|                  |                      |          |

## **Appendix 2: Additional Guidance for the Credentialing and Scope of Clinical Practice Committee**

### **Credentialing Committee's review of the Scope of Clinical Practice**

If a Credentialing Committee remains in doubt about the competence of a nurse practitioner or endorsed midwife to perform a particular treatment, procedure or intervention, a Committee may:

- request a specific evaluation of the nurse practitioner or endorsed midwife's performance by an external or internal peer;
- require the nurse practitioner or endorsed midwife to keep a log book;
- place restrictions on the time period or scope of practice granted;
- require the nurse practitioner or endorsed midwife to attend further training; or
- introduce a performance review process.

If a Credentialing Committee does not believe there is sufficient information or requires clarification on any aspect of an application prior to making a determination, the application may be held over and a request seeking clarification or further information will be made in writing to the applicant. This information should be tabled at the next scheduled Credentialing Committee meeting. On receipt of the additional information, a Credentialing Committee can reassess the application based on all available information and make a determination.

### **Credentialing committee's role with new procedures and treatments**

Once the hospital has determined that a new procedure will be introduced, the Credentialing Committee will then review a nurse practitioner's competence to perform the new technology, procedure or intervention.

Nurse practitioners who wish to provide new procedures and treatment modalities will require amendments to their clinical scope of practice. A nurse practitioner will be required to initiate a re-credentialing process and present the new technology or procedure (which is currently outside of the nurse practitioner's scope) to a Credentialing Committee. The date of the Credentialing Committee's determination shall be documented as the approval date of credentialing for the new procedure. A nurse practitioner cannot be approved for modified credentialing by any other means.

Factors that a Credentialing Committee needs to consider in making a determination include:

- that the new clinical service, procedure or intervention is approved according to the particular Health Service Provider or Health Care Facility's policy; and
- the minimum credentials, including evidence of competence, required to enable a Credentialing Committee to make an informed decision are provided.

Probation periods can be prescribed with the introduction of new technologies, procedures and treatments that are currently outside the agreed scope of clinical practice. Before granting the new scope of clinical practice, a Credentialing Committee must define:

- the purpose and timelines of any probationary period;
- any training or supervisory requirements; and
- the method of evaluation to be undertaken by the hospital or health service.

### **Credentialing Committee's Determinations**

When a Credentialing Committee has considered all aspects of a nurse practitioner or endorsed midwife's application, a Credentialing Committee will minute the Credentialing Committee's final

determination. This should include any limitations such as, conditions or undertakings on registration and the period of the scope of clinical practice.

Determinations by a Credentialing Committee to a variation of the role delineation can include the determinations as listed in the above 'Credentialing Committee's review of the Scope of Clinical Practice'.

### **Dissolution of a Credentialing Committee**

Dissolution of a Credentialing Committee can be undertaken following consultation with relevant stakeholders. The reasons for dissolution must be clearly documented and retained as a part of a Credentialing Committee's formal records. The Chief Executive may dissolve a Credentialing Committee and replace it with another committee to manage credentialing and scope of practice processes.

## Appendix 3: Credentialing and Scope of Practice Procedural Checklist

- Formally constitute a Credentialing Committee for all nurse practitioners and endorsed midwives**
  - Terms of Reference
  - Delegations manual defines lines of responsibility throughout the Health Care Facility
  - Minutes and determinations of the Credentialing Committee
- Appoint Committee Members**
  - List of Credentialing Committee members
- Confirm the Principal Administrator**
  - Delegations manual defines lines of responsibility throughout the Health Care Facility
- Standard policy and processes are in place and available to Health Service Provider staff for credentialing and defining the scope of clinical practice, including:**
  - Initial credentialing and defining scope of clinical practice
  - Renewal of credentials and scope of practice
  - Temporary credentialing
  - In a disaster
  - New clinical procedures, technologies and treatments
  - Unplanned review of credentials and/or scope of clinical practice
  - Dissemination of information to nurse practitioners, endorsed midwives and relevant health service staff
  - Policy and procedures manual
  - Pro-forma for seeking referee feedback
  - Letters notifying nurse practitioner or endorsed midwife of outcomes
  - Minutes and determinations of the Credentialing Committee
  - Audit to verify consistency of application of agreed and documented processes
- Policy and procedures for credentialing and defining the scope of clinical practice are readily available to nurse practitioners and endorsed midwives**
  - Policy and procedures manual
  - Information available on staff notice board
  - Information raised in hospitals newsletters, flyers or bulletins
  - Information available on Health Care Facility intranet
- Maintenance of comprehensive documentation**
  - Copies of documentation
  - Procedure for retaining relevant documentation
  - Audit to verify consistency of application of agreed and documented processes
- Education and training mechanism in place to support Credentialing Committee members in meeting their responsibilities**
  - Education and training program developed
  - Attendance at education sessions
  - Information provided to Credentialing Committee members to ensure awareness of responsibilities and issues associated with credentialing and defining the scope of clinical practice

- Standard process for monitoring nurse practitioner and endorsed midwife compliance against scope of clinical practice granted**
- Appeals mechanism in place**
  - Policy and procedures manual detailing the appeals mechanism
  - Evidence of the appeals mechanism being used
  - Audit to verify consistency of application of agreed and documented processes
- Process for regularly monitoring and reviewing the performance of the Credentialing Committee**
  - Review report produced
  - Evidence of implementation of recommendations arising from review
  - Audit to verify consistency of application of agreed and documented processes
- Report on status of credentialing and defining the scope of clinical practice within each Health Care Facility as part of the Health Service's Clinical Governance Framework**
  - Credentialing and defining the scope of clinical practice is an initiative identified in each of the Health Service Providers' Clinical Governance Frameworks
  - Status of credentialing and defining the scope of clinical practice initiatives are reported to the Department as a part of its regular Clinical Governance report
  - Audit to verify consistency of application of agreed and documented processes
- Considered mechanism for providing relevant information to patients and the community**
  - Policy and procedures manual
  - Credentialing committee meeting records
  - Audit reports

## Appendix 4: Credentialing, Renewal of Credentialing and Defining Scope of Clinical Practice Checklist

The following information/evidence should be reviewed prior to making a decision on whether or not a nurse practitioner or endorsed midwife will be credentialed (and/or have credentials renewed) and defining a scope of clinical practice:

- Current NMBA registration in the appropriate category
- Position Title
- Current Curriculum Vitae with employment and education history
  - For nurse practitioners - a complete review of an applicant's employment or engagement history, with details of all clinical positions held by the applicant, including location, nature and duration.
  - For endorsed midwives – a copy of the Evidentiary Requirements from the NMBA Safety and Quality Guidelines for privately Practising Midwives
  - Completion of Mandatory Competency requirements.
  - Education, training and experience gained since the last review.
  - Summary of clinical activity since last review or at least for the past twelve months, which may include volume and outcomes.
  - Clinical audit or peer review activities.
- Reviews
  - **Initial Credentialing** – 2 x written references. These are the peer reviews and considered opinions of at least two professional referees of the same discipline, who are able to advise on the applicant's clinical skills, competency and suitability for the scope of clinical practice being sought. The referees' opinions must be obtained directly from the referees, not via the applicant, and should be able to comment on practice within the last 12 months. Referee reports are to be signed off by the Head of Service.
  - **Renewal of credentials and scope of practice** – Continuing Professional Development Report provided by the applicant within the last 12 months. The report should review the nurse practitioner or endorsed midwife's competence and performance in the position and scope of clinical practice under consideration, and in particular their ability to provide health care services at the expected level of safety and quality. This review must also include information about the applicant's past performance, including evidence of participation in clinical governance activities, undertaking continuing education and participation in teaching and research.
- Continued Professional Development (CPD)
  - Demonstrated participation in CPD activities in accordance with requirements of the NMBA
  - Summary of clinical activity for at least the past 12 months which include a log and certificates of attendance.
- Declarations and Undertakings
  - The nurse practitioner or endorsed midwife needs to declare any prior or current disciplinary actions, professional sanctions, criminal investigations or convictions, or



any other matters reportable under the [Health Practitioner Regulation National Law \(WA\) Act 2010 \(WA\)](#).

- Any physical or mental conditions or substance abuse problem that could affect the nurse practitioner or endorsed midwife's ability to perform the scope of clinical practice.
  
- Consent - Ensures the nurse practitioner or endorsed midwife understands and consents to the retention of information gathered as a part of the credentialing and scope of clinical practice process.
  
- A completed scope of clinical practice.

## Appendix 5: Documentation the Credentialing Committee required to Retain as Part of its Records

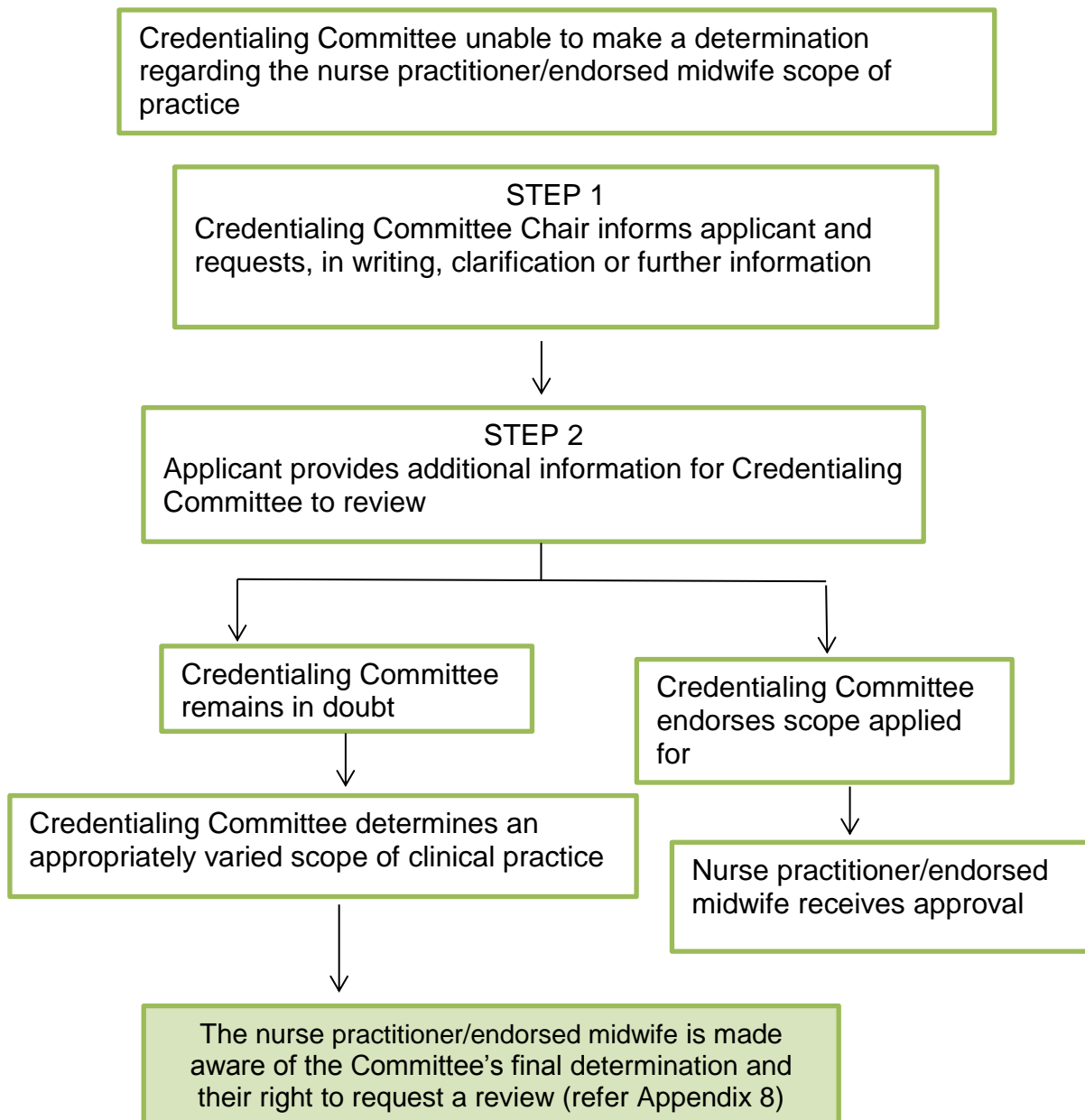
- Names of nurse practitioner or endorsed midwife whose credentials were examined
- Specific registration documents and credentials that were examined, and in what format
- Any concerns about a nurse practitioner or endorsed midwife's competence or performance
- Evidence reviewed regarding a nurse practitioner or endorsed midwife's competence or performance in the position or scope of clinical practice under consideration
- Whether an invitation was extended to and accepted by a nurse practitioner or endorsed midwife to present in person to the Credentialing Committee
- The identity of any support person who assisted a nurse practitioner or endorsed midwife at any presentation
- Additional information that was presented by a nurse practitioner or endorsed midwife
- Conclusions about a nurse practitioner or endorsed midwife's competence and performance in the position or scope of clinical practice under consideration, and in particular their ability to provide health care services at the expected level of safety and quality
- The organisation's ability to provide the necessary facilities and clinical and non-clinical support services
- The Credentialing Committee's determinations regarding a nurse practitioner or endorsed midwife's scope of clinical practice
- Record management and maintenance of applications with a suspended or varied scope of clinical practice, including legal correspondence

## Appendix 6: Determining the Scope of Clinical Practice Checklist

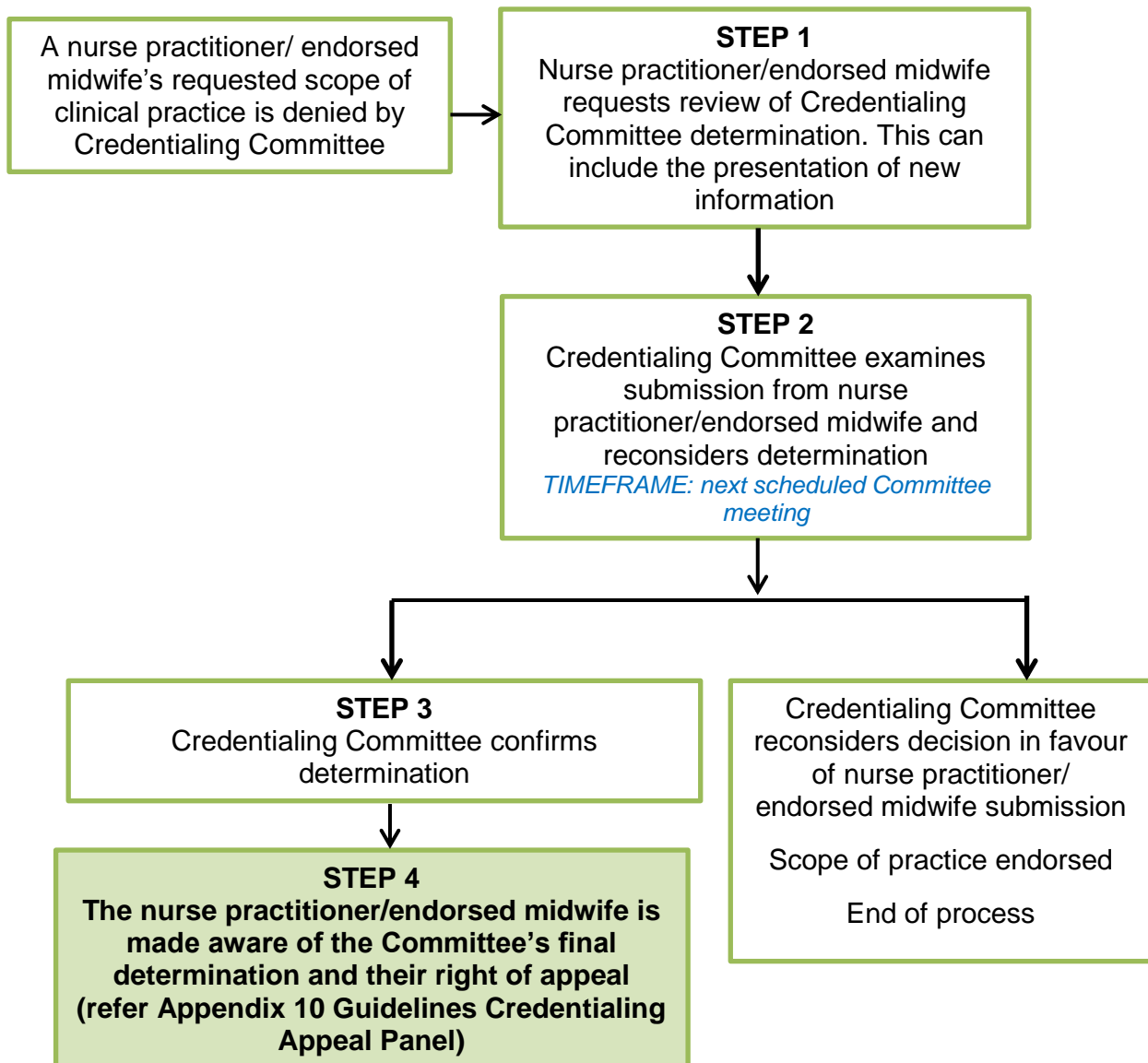
The following information/evidence should be reviewed prior to making a decision on the scope of clinical practice of a nurse practitioner or endorsed midwife:

- Outcomes of the credentialing process, including referee reports and feedback from other/past employers
- Roles and responsibilities of the position
- Standards, guidelines, policies
- Benefit of the particular treatment, procedure or intervention to patients
- Whether the particular treatment, procedure or intervention is new or new to the Health Care Facility and whether it has been approved by the appropriate authority or committee (e.g. ethics committee and Head of Service or Department)
- Skill mix of the Health Care Facility and the availability of support, facilities and equipment
- The nurse practitioner or endorsed midwife's particular expertise and experience and the recency of that experience
- The volume of clinical activity undertaken by the nurse practitioner or endorsed midwife over the past 12 months
- The Hospital or Health Service's role delineation, as defined by the current *WA Health Clinical Services Framework*
- Evidence-based information in credible publications regarding competence in and performance of the requested scope of clinical practice

## Appendix 7: Inconclusive Credentialing and or Scope of Clinical Practice Committee Determination Flowchart



## Appendix 8: Credentialing and Scope of Clinical Practice Committee Review Flowchart



## Appendix 9: Additional Guidelines for Variation, Suspension or Termination of Scope of Clinical Practice Process

Credentialing Committees are encouraged to develop a process for the reduction, suspension or termination of a nurse practitioner or endorsed midwife's scope of clinical practice. This process should include a Credentialing Committee's:

- outcome or recommendation from the Chair to the nurse practitioner or endorsed midwife
- advice for the nurse practitioner or endorsed midwife to appear before the Credentialing Committee with representation, if so requested by the nurse practitioner or endorsed midwife
- advice to the nurse practitioner or endorsed midwife on their Appeal rights
- final outcome of a Credentialing Committee's decision

Examples where a nurse practitioner or endorsed midwife's scope of clinical practice may be varied, suspended or terminated include if:

- the hospital or health service does not have, or elects not to have, the facilities and/or clinical support for the requested procedure
- the scope of practice performed by the hospital or health service is redefined
- the outcome of an investigation following a complaint to the Health and Disability Services Complaints Office or the NMBA indicates a review is appropriate
- a nurse practitioner or endorsed midwife ceases to be registered with the NMBA
- a nurse practitioner or endorsed midwife ceases to have appropriate and adequate professional indemnity cover or insurance
- a nurse practitioner or endorsed midwife is found to have made a false declaration through omission or false information which justifies such action
- a nurse practitioner or endorsed midwife's employment or engagement contract expires or is terminated by the hospital or health service
- a nurse practitioner or endorsed midwife engages in serious or wilful misconduct
- a nurse practitioner or endorsed midwife presents a risk to the safety and well-being of patients and/or staff
- a nurse practitioner or endorsed midwife otherwise departs from generally accepted standards of clinical practice in their conduct
- a nurse practitioner or endorsed midwife is subject to criminal investigation or has been convicted of a serious crime which could affect their ability to provide the defined clinical scope safely and competently
- a nurse practitioner or endorsed midwife has been identified through onsite peer reference processes as performing substandard to the clinical, professional, or ethical standard expectations of the hospital or health service. Some examples of specific reasons include:
  - making continued poor or incorrect decisions
  - inability to work unsupervised

- failure to collaborate or consult with colleagues and other stakeholders
- inability to make clinical decisions within the scope of the job requirements, leading to unnecessary referral of decisions to others

A nurse practitioner or endorsed midwife is to be advised of an immediate review of their credentialing and scope of clinical practice by the Credentialing Committee Chair and their right to the provision of any necessary personal or professional support.

In notifying a nurse practitioner or endorsed midwife of a Credentialing Committee's determination with respect to reducing, suspending or terminating their defined scope of clinical practice, the practitioner is to be advised of any modifications, restrictions or request denials and the reasons for these being made. The nurse practitioner or endorsed midwife is to be given a reasonable opportunity to comment with respect to any issues of concern prior to a final determination being made by the Credentialing Committee. At this time the practitioner is to also be advised of the appeal process.

If a nurse practitioner or endorsed midwife is applying for scope of practice across multiple sites across a health service, then each Principal Nursing and Midwifery Administrator must be informed of the Credentialing Committee/s outcome any modification, restriction and/or denial.

A Credentialing Committee will, subject to principles of confidentiality and appeal rights, also advise the relevant Directors of Nursing and Midwifery.

All information and correspondence regarding a Credentialing Committee's decision on modification, restriction and/or denial of scope of clinical practice is to be provided by the Committee Chair in writing. The principles of natural justice and probity must be observed by a Credentialing Committee. Therefore a Credentialing Committee must be clear in determining if a nurse practitioner or endorsed midwife can continue to practice under the temporary credentialing process or should be suspended or terminated.

If the nature of the matter results in the suspension or termination of a nurse practitioner or endorsed midwife and the Principal Nursing and Midwifery Administrator believes in good faith that the safety and quality of health care in another institution is subsequently at risk, the matter is to be referred to the Principal Nursing and Midwifery Administrator of that Health Care Facility.

## Appendix 10: Guidelines for Credentialing Appeal Panel

A nurse practitioner or endorsed midwife whose request for a re-review of a Credentialing Committee's determination has been denied, withheld or granted in a modified form to that requested has the right to appeal the decision. The procedure is:

- i) The appellant to inform the Chair of the Credentialing Committee of their intention to proceed to an appeals process within seven days of receiving notification of the result of the re-review from the Credentialing Committee.
- ii) The appellant to advise the Chief Executive in writing of the intention to undertake the appeal process.
- iii) The Chief Executive must appoint a Credentialing Appeal Panel whose membership will be entirely independent to that of the Credentialing Committee.

### Credentialing Appeal Panel Terms of Reference

The Credentialing Appeal Panel membership is to include:

- an independent Chair who is a Senior nurse or midwife and is not the Principal Administrator nor a member of the Credentialing Committee;
  - a senior practitioner from the same clinical discipline as the appellant;
  - a professional nominee of the appellant, who is a nurse practitioner or endorsed midwife;
  - other members who the Chief Executive decides will bring specific expertise to the Credentialing Appeal Panel.
- i) Appointments to the Credentialing Appeal Panel will be on an ad-hoc basis to consider particular appeals and will not involve persons previously concerned with the subject of the appeal.
  - ii) The Credentialing Appeal Panel should convene within 28 working days of receipt of a request for a formal hearing. During this time the appellant should not have visiting/admitting rights except within the scope of those visiting rights already granted and not in dispute.
  - iii) At all times the principles of natural justice is to apply and the appellant given every opportunity to have all available information brought forward for consideration.
  - iv) The Credentialing Appeal Panel will call for written or verbal comment from relevant practitioners as to the clinical competence of the appellant in the area of dispute.
  - v) The appellant is entitled to attend the Credentialing Appeal Panel 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.
  - vi) Hearings of the Credentialing Appeal Panel are to be closed.
  - vii) Decisions of the Credentialing Appeal Panel are to be by majority of members with the Chair having a casting vote if necessary.
  - viii) The Credentialing Appeal Panel to submit a written recommendation to the Chief Executive within 14 days of the agreed decision.



- ix) The Chief Executive will consider the Credentialing Appeal Panel recommendation and make a final decision.
- x) The Chief Executive will advise the Chair of the Credentialing Committee in writing of the decision.
- xi) Final outcome of the Credentialing Appeal Panel and the decision of the Chief Executive are to be advised in writing to the appellant within seven days of the final decision which includes reasons for the decision to the appellant.
- xii) The appellant is eligible to reapply for credentialing or definition of scope of practice if the appeal is refused.

### **Credentialing Appeals General Principles**

The appeal process is intended to allow for reconsideration of any adverse decision and for new information to be brought forward if available. In the event that a Credentialing Appeal Panel is required, where possible take the following format:

- i) All available information is to be presented to the members. There should be no specific time limit set for the meeting and members should be prepared to debate fully the issues until a solution is achieved.
- ii) At all times the principles of natural justice are to apply and the appellant given every opportunity to have all available information brought forward for consideration.
- iii) Minutes recording the result of the Credentialing Appeal Panel deliberations are to be kept. Each party is to be given the opportunity to speak seeking clarification and identification of the issues. Every opportunity should be taken to seek options for change and resolution. The aim of the process is to clearly identify the issues and arrive at a solution which, wherever reasonably practicable, is acceptable to all parties.

### **Credentialing Appeal Panel Roles and Responsibilities**

The Credentialing Appeal Panel is to:

- i) In the absence of exceptional circumstances, hear and determine the appeal on the evidence and matters raised.
- ii) Not involve persons previously concerned with the subject of the appeal.
- iii) Not be bound to the rules of evidence but may inform itself on any matter it thinks just and obtain legal advice to assist in its processes and deliberations.
- iv) Determine the matter according to equity, good conscience, and the substantial merits of the case without being constrained by legal technicalities or legal forms.
- v) Afford procedural fairness to all persons but may proceed to hear any appeal if documents or information are not provided within time limits specified by the panel.
- vi) Act as rapidly as practicable.
- vii) Prepare a written report setting out:
  - Conclusions arrived at including any dissenting view of a panel member;

- Reasons for arriving at those conclusions; and
  - Materials:
    - Referred or provided to the panel; or
    - Relied upon in arriving at the conclusions.
- viii) Give the appellant adequate opportunity to provide submissions before preparing the report.
- ix) With the consent of the Chief Executive, take legal advice concerning the appeal and may in its discretion keep this advice confidential to itself.
- x) Otherwise determine the manner in which the appeal is to be conducted.
- xi) Report and provide its recommendations to the Chief Executive and may make such recommendations concerning the appeal as it considers appropriate to best protect the interests of all parties.

### **Procedural Fairness**

The Credentialing Appeal Panel must at all times:

- i) Ensure the principles of natural justice/procedural fairness are applied throughout the process.
- ii) Ensure there is no victimisation of complainants, respondents, witnesses or anyone involved in the process.
- iii) Listen to the appellant's concerns and allegations.
- iv) Ask questions and gain an understanding of the concerns.
- v) Ensure the appellant has the opportunity to present their version of events.
- vi) Treat all appeals seriously, sensitively and promptly.
- vii) Ensure that confidentiality is maintained.

### **Quorum**

The quorum for the Credentialing Appeal Panel is to be all members. An alternate member is to be provided if an original nominee is not available.

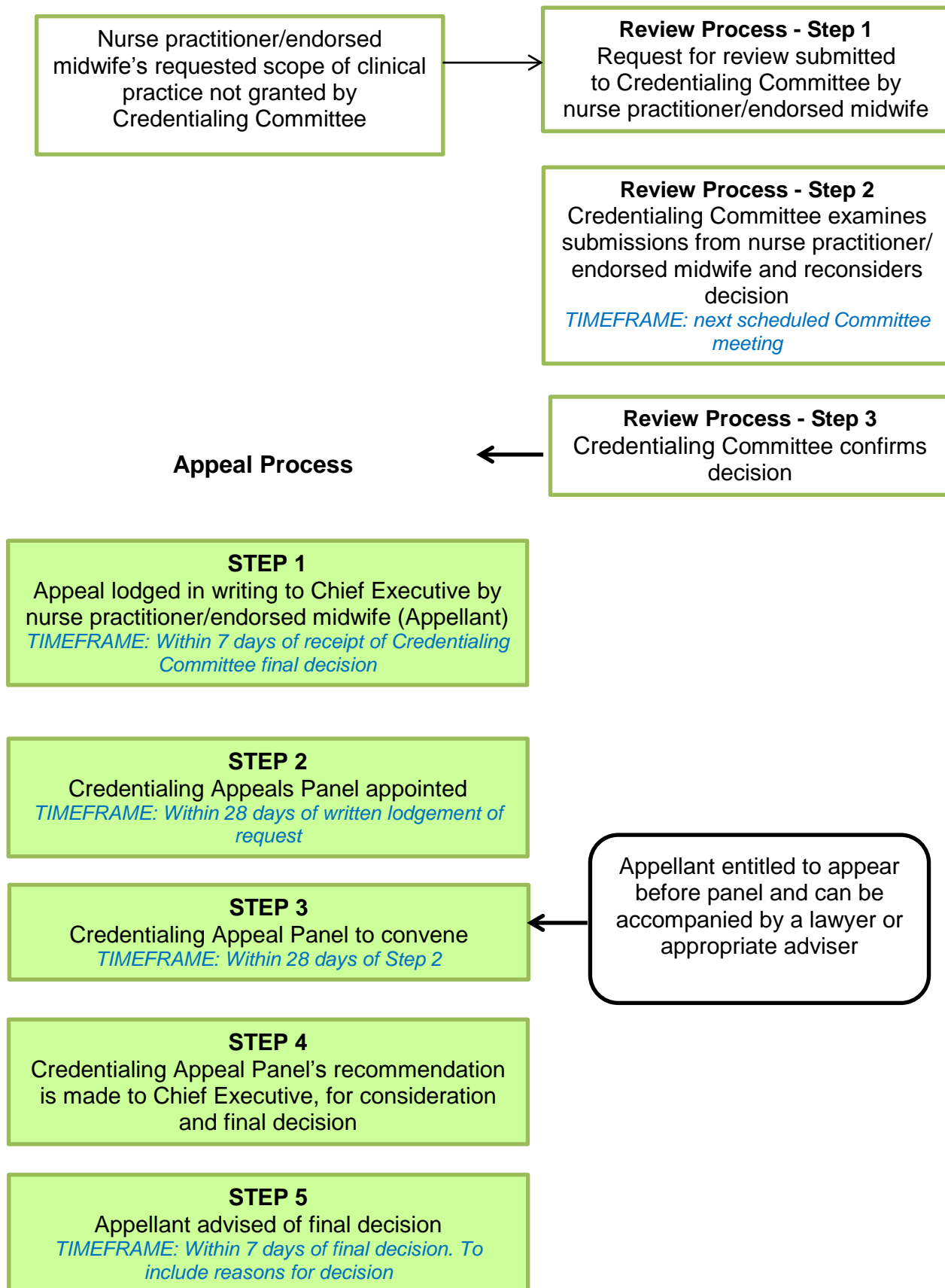
### **Nurse Practitioner/ Endorsed Midwife Support**

The appellant is entitled to appear before the panel and can be accompanied by a support person. This person may be a barrister or a solicitor however their role is to advise, not represent, the appellant. Both the appellant and the Credentialing Appeal Panel will be given the opportunity to have all available information brought forward for consideration.

### **Administrative Costs**

The administrative costs of the Credentialing Appeal Panel, including any fees for members of the Credentialing Appeal Panel, will ordinarily be borne by the Chief Executive. However, the Credentialing Appeal Panel may recommend an apportionment of costs if, in its view, it is fair and equitable to do so. The legal costs of each party will be borne by the party.

## Appendix 11: Credentialing Appeal Panel Process Flowchart



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