

Credentialling Medical Practitioners and Allied Health Professionals Guidelines

Table of Contents

Vision	3
Mission and Values	3
Part A – Definitions and interpretation	3
Introduction	6
Part B – Terms and conditions of Accreditation	7
Compliance and Guidelines	7
Safety and quality	11
Part C – Accreditation of Practitioners	14
Credentialling and Scope of Practice	14
The process for appointment and re-appointment	15
Part D – Amending Guidelines, annexures, and associated policies and procedures, and other matters	17
Amendments to, and instruments created pursuant to, the Guidelines	17

1. Vision

Toowoomba Hospice is a not-for-profit private hospice and a registered charity which provides personalised, respectful, end of life care to allow terminal patients to die with dignity in a way that matters to them and their loved ones.

2. Mission and Values

Mission Statement

To provide safe, quality, specialised end of life care for adults within the region.

Values

- Provide compassion, dignity and respect throughout the client journey
- Provide personalised and group bereavement services
- Provide an inclusive, safe and welcoming environment for First Nations Peoples
- Maintain integrity and engagement with the multicultural community
- Ethical, professional and supportive teamwork
- Provide sustainable evidence-based governance.

These values should be used to guide the application and interpretation of the Guidelines.

Part A – Definitions and introduction

3. Definitions and interpretations

3.1. Definitions

In these Guidelines, unless indicated to the contrary or the context otherwise requires:

Accreditation means the process provided for in these Guidelines by which a person is accredited. The two conditions for Accreditation are an explicit definition of quality (i.e., standards) and an independent review process aimed at identifying the level of congruence between practices and quality standards.

Accreditation Category means as part of Accreditation, the appointment of an Accredited Practitioner to one or more of the following categories: General Medical Practitioner, Specialist Medical Practitioner, Nurse Practitioner, Allied Health Professional or other specific Accreditation Category as the Hospice may determine from time to time.

Accredited means the status conferred on a Medical Practitioner, Nurse Practitioner or Allied Health Professional permitting them to provide services within the Hospice after having satisfied the Credentialling requirements provided in these Guidelines.

Accredited Practitioner means a Medical Practitioner, Nurse Practitioner or Allied Health Professional or other practitioner who has been accredited to provide services within the Hospice within the Accreditation Category and Scope of Practice notified in the appointment.

Adequate Professional Indemnity Insurance means insurance, including run off/tail insurance, to cover all potential liability of the Accredited Practitioner, that is with a reputable insurance company acceptable to the Hospice, and is in an amount and on terms that the Hospice considers in its absolute discretion to be sufficient. The insurance must be adequate for Scope of Practice and level of activity.

Allied Health Privileges means the entitlement to provide treatment and care to clients as an Allied Health Professional within the areas approved by the Director of Nursing of the Hospice in accordance with the provisions of these Guidelines.

Allied Health Professional means a person registered under the applicable legislation to practise as an Allied Health Professional.

Guidelines means these Guidelines.

Director of Nursing means the person appointed to the position of Director of Nursing, or equivalent position by whatever name, of the Hospice or any person acting, or delegated to act, in that position.

Client means a person admitted to or treated at the Hospice.

Clinical Practice means the professional activity undertaken by Accredited Practitioners for the purposes of investigating client symptoms and preventing and/or managing illness, together with associated professional activities related to clinical care.

Competence means, in respect of a person who applies for Accreditation, that the person is possessed of the necessary aptitude in the application of knowledge and skills in interpersonal relationships, decision making and performance necessary for the Scope of Practice for which the person has applied and has the demonstrated ability to provide health services at an expected level of safety and quality.

Credentials means, in respect of a person who applies for Accreditation, the qualifications, professional training, clinical experience and training and experience in leadership, research, education, communication and teamwork that contribute to the person's competence, performance and professional suitability to provide safe, high quality health care services. The applicant's history of and current status with respect to professional registration, disciplinary actions, indemnity insurance and criminal record are relevant to their Credentials.

Credentialling means, in respect of a person who applies for Accreditation, the formal process used to verify the qualifications, experience, professional standing and other relevant professional attributes of the applicant for the purpose of forming a view about their credentials, competence, performance and professional suitability to provide safe, competent, ethical and high-quality health care services within the Hospice.

Current Fitness is the current fitness required of an applicant for Accreditation to carry out the Scope of Practice sought or currently held. A person is not to be considered as having current fitness if that person suffers from any physical or mental impairment, disability, condition or disorder (including habitual drunkenness or addiction to deleterious drugs) which detrimentally affects or is likely to detrimentally affect the person's physical or mental capacity to practice their profession (as the case may be).

Disruptive Behaviour means aberrant behaviour manifested through personal interaction with Medical Practitioners, Hospice personnel, Health Care professionals, clients, family members, or others, which interferes with client care or could reasonably be expected to interfere with the process of delivering quality care or which is inconsistent with the values of the Hospice.

Guidelines means these Guidelines.

Hospice means Toowoomba Hospice Association Inc and in the name of Toowoomba Hospice.

Internal Review means evaluation of the performance of an Accredited Practitioner by an appropriately qualified and experienced professional person(s) internal to the Hospice.

Management Committee means the Hospice's Management Committee.

Medical Advisory Committee means the Medical Advisory /Credentials and Clinical Privileges Sub-Committee of the Hospice.

Medical Practitioner means, for the purposes of these Guidelines, a person registered under the applicable legislation to practise medicine.

New Clinical Services means clinical services, treatment, procedures, techniques, technology, instruments or other interventions that are being introduced into the organisational setting of the Hospice for the first time, or if currently used are planned to be used in a different way, and that depends for some or all of their provisions on the professional input of Medical Practitioners.

Nurse Practitioner means, for the purposes of these Guidelines, a person registered under applicable legislation to practice as a Nurse Practitioner.

Performance means the extent to which an Accredited Practitioner provides health care services in a manner which is consistent with known good Clinical Practice and results in expected client benefits.

Practitioner includes, as the circumstances permit, any of a Medical Practitioner, Nurse Practitioner and Allied Health Professional or where the context requires it means the practitioner of the discipline.

Re-accreditation means the process provided in these Guidelines by which a person who already holds Accreditation may apply for and be considered for Accreditation following the initial period or any subsequent term.

Scope of Practice means the extent of an individual Accredited Practitioner's permitted Clinical Practice within the Hospice based on the individual's Credentials, Competence, Performance and professional suitability to support the Accredited Practitioner's scope of clinical practice which Scope of Practice may also be referred to as delineation of clinical privileges.

Specialist Medical Practitioner means a Medical Practitioner who has been recognised as a specialist in their nominated category for the purpose of the Health Insurance Act 1973 (*Cth*) and is registered under the applicable legislation to practise medicine in that speciality.

Temporary Accreditation means the process provided in Guidelines whereby a Medical Practitioner, Nurse Practitioner or Allied Health Professional is accredited for a limited period.

Threshold Credentials means the minimum credentials for each clinical service, procedure or other intervention which applicants for Credentialling, within the Scope of Practice sought, are required to meet before any application will be processed and approved.

3.2. Interpretation

- a) Headings in these Guidelines are for convenience only and are not to be used as an aid in interpretation.
- b) In these Guidelines, unless the context makes it clear the rule of interpretation is not intended to apply, words importing the masculine gender shall also include feminine gender, words importing the singular shall also include the plural, if a word is defined another part of speech has a corresponding meaning, if an example is given the example does not limit the scope, and reference to legislation (including subordinate legislation or regulation) is to that legislation as amended, re-enacted or replaced.

4. Introduction

4.1 Purpose of this document

- a) The Guidelines provide direction to the Hospice through the Director of Nursing in relation to exercise of certain aspects of their managerial responsibility.
- b) Client care is provided by Accredited Practitioners who have been granted access to use the Hospice in order to provide that care. The Guidelines define the relationship and obligations between the Hospice and its Accredited Practitioners.
- c) This document sets out certain terms and conditions upon which Medical Practitioners, Nurse Practitioners and Allied Health Professionals may apply to be Accredited within the defined Scope of Practice granted, the basis upon which a successful applicant may admit clients and/or care and treat clients at the Hospice, and the terms and conditions for continued Accreditation.
- d) Every applicant for Accreditation must familiarise themselves with this document and Annexures before or at the time of making an application and it is expected that the Guidelines are read and comprehended in their entirety by the applicant as part of the application process.

- e) The Hospice aims to maintain a high standard of client care and to continuously improve the safety and quality of its care and services and so that these Guidelines implement measures aimed at maintenance and improvements in safety and quality.
- f) Health care in Australia is subject to numerous legislation and standards and these Guidelines assist in compliance with certain aspects of this regulation but are not a substitute for review of the relevant legislation and standards themselves.

Part B – Terms and conditions of Accreditation

5. Compliance with Guidelines

5.1 Compliance obligations

- a) It is a requirement for continued Accreditation that Accredited Practitioners comply with the By- laws at all relevant times when admitting, caring for or treating clients, or otherwise providing services at the Hospice.
- b) Any non-compliance with the Guidelines may be grounds for suspension, termination, or imposition of conditions.
- c) Unless specifically determined otherwise by the Director of Nursing in writing for a specified Accredited Practitioner, the provisions of these Guidelines in their entirety prevail to the extent of any inconsistency with any terms, express or implied, in a contract of employment or engagement that may be entered into. In the absence of a specific written determination by the Director of Nursing, it is a condition of ongoing Accreditation that the Accredited Practitioner agrees that the provisions of these Guidelines prevail to the extent of any inconsistency or uncertainty between the provisions of these Guidelines and any terms, express or implied, in a contract or employment or engagement.

5.2 Compliance with policies and procedures

Accredited Practitioners must comply with all policies and procedures of the Hospice.

5.3 Compliance with legislation

Accredited Practitioners must comply with all relevant legislation, including but not limited to legislation that relates to health, public health, drugs and poisons, aged care, privacy, coroners, criminal law, health practitioner registration, research, environmental protection, workplace health & safety, occupational health and safety, antidiscrimination, bullying, harassment, industrial relations, care of children, care of persons with a disability, substituted decision making and persons with impaired capacity, mental health, Medicare, health insurance, fair trading and trade practices, intellectual property, and other relevant legislation regulating the Accredited Practitioner, provision of health care or impacting upon the operation of the Hospice.

In addition, Accredited Practitioners must ensure compliance with, or assist the Hospice to comply with, any Commonwealth or State mandated service capability frameworks or minimum standards.

5.4 Insurance and registration

Accredited Practitioners must at all times maintain Adequate Professional Indemnity Insurance.

Accredited Practitioners must at all times maintain registration with their relevant health registration board that regulates the provision of services in the Hospice is located.

Accredited Practitioners are required to provide evidence annually, or at other times upon request, of Adequate Professional Indemnity Insurance and registration with the relevant health professional registration board, and all other relevant licences or registration requirements for the Scope of Practice granted. If further information is requested in relation to insurance or registration, the Accredited Practitioner will assist to obtain that information or provide permission for the Hospice to obtain that information directly.

5.5 Standards of conduct and behaviour

- a) The Hospice expects a high standard of professional and personal conduct from Accredited Practitioners, who must conduct themselves at all times in accordance with:
 - I. the Code of Ethics of the Australian Medical Association or any other relevant code of ethics applying to the Practitioner
 - II. the Code of Practice of any specialist college or professional body of which the Accredited Practitioner is a member
 - III. the Values of the Hospice
 - IV. the strategic direction of the Hospice
 - V. the limits of their registration or any conditions placed upon Scope of Practice in accordance with these Guidelines
 - VI. all reasonable requests made with regard to personal conduct in the Hospice.
- b) Accredited Practitioners must continuously demonstrate Competence and Current Fitness, must not engage in Disruptive Behaviour, and must observe all reasonable requests with respect to conduct and behaviour.
- c) Upon request by the Director of Nursing the Accredited Practitioner is required to meet with the Director of Nursing and any other person that the Director of Nursing may ask to attend the meeting, to discuss matters in (a) or (b) above, or any other matter arising out of these Guidelines.

5.6 Notifications

Accredited Practitioners must immediately advise the Director of Nursing, and follow up with written confirmation within 2 days, should:

- a) An investigation or complaint be commenced in relation to the Accredited Practitioner, or about their client (irrespective of whether this relates to a client of the Hospice), by the Accredited Practitioner's registration board, disciplinary body, Coroner, a health complaints body, or another statutory authority, State or Government agency
- b) An adverse finding (including but not limited to criticism or adverse comment about the care or services provided by the Accredited Practitioner) be made

against the Accredited Practitioner by a civil court, the practitioner's registration board, disciplinary body, Coroner, a health complaints body, or another statutory authority, State or Government agency, irrespective of whether this relates to a client of the Hospice

- c) The Accredited Practitioner's professional registration be revoked or amended, or should conditions be imposed, or should undertakings be agreed, irrespective of whether this relates to a client of the Hospice and irrespective of whether this is noted on the public register or is privately agreed with a registration board
- d) The Accredited Practitioner's professional indemnity membership or insurance be made conditional or not be renewed, or should limitations be placed on insurance or professional indemnity coverage
- e) The Accredited Practitioner's appointment, clinical privileges or Scope of Practice at any other Hospital, Hospice or day procedure centre alter in any way, including if it is withdrawn, suspended, restricted, or made conditional, and irrespective of whether this was done by way of agreement
- f) Any physical or mental condition or substance abuse problem occur that could affect his or her ability to practise or that would require any special assistance to enable him or her to practise safely and competently
- g) The Accredited Practitioner be charged with having committed or is convicted of a sex, violence or other criminal offence. The Accredited Practitioner must provide the Hospice with an authority to conduct at any time a criminal history check with the appropriate authorities
- h) The Accredited Practitioner believe that client care or safety is being compromised or at risk, or may potentially be compromised or at risk, by another Accredited Practitioner of the Hospice
- i) The Accredited Practitioner make a mandatory notification to a health practitioner registration board about another person clinically involved at the Hospice.

5.7 Continuous disclosure

- a) The Accredited Practitioner must keep the Director of Nursing continuously informed of every fact and circumstances which has, or will likely have, a material bearing upon
 - I. the Accreditation of the Accredited Practitioner
 - II. the Scope of Practice of the Accredited Practitioner
 - III. the ability of the Accredited Practitioner to safely deliver health services to their clients within the Scope of Practice
 - IV. the Accredited Practitioner's registration or professional indemnity insurance arrangements
 - V. the inability of the Accredited Practitioner to satisfy a medical malpractice claim by a client
 - VI. adverse outcomes, complications or complaints in relation to the Accredited Practitioner's clients (current or former) of the Hospice
 - VII. the reputation of the Accredited Practitioner as it relates to the provision of Clinical Practice
 - VIII. the reputation of the Hospice.

- b) Subject to restrictions directly relating to or impacting upon legal professional privilege or statutory obligations of confidentiality, every Accredited Practitioner must keep the Director of Nursing informed and updated about the commencement, progress and outcome of compensation claims, coronial investigations or inquests, police investigations, client complaints, health complaints body complaints or investigations, or other inquiries involving clients of the Accredited Practitioner that were treated at the Hospice

5.8 Representation and media

- a) Unless an Accredited Practitioner has the prior written consent of the Director of Nursing, an Accredited Practitioner may not use the Hospice's name, letterhead, or in any way suggest that the Accredited Practitioner represents these entities.
- b) The Accredited Practitioner must obtain the Director of Nursing's prior approval before interaction with the media regarding any matter involving the Hospice, its officers, staff, another Accredited Practitioner or a client or a member of their family

5.9 Confidentiality

- a) Accredited Practitioners will manage all matters relating to the confidentiality of information in compliance with the Hospice's policy, the 'National Privacy Principles' established by the Privacy Act (*Cth*), and other legislation and regulations relating to privacy and confidentiality, and will not do anything to bring the Hospice in breach of these obligations
- b) Accredited Practitioners will comply with the various legislation governing the collection, handling, storage and disclosure of health information
- c) Accredited Practitioners will comply with common law duties of confidentiality
- d) The following will also be kept by Accredited Practitioners:
 - I. Commercial in confidence business information concerning the Hospice
 - II. information concerning the Hospice's insurance arrangements
 - III. information concerning any client or staff of the Hospice
 - IV. information which comes to their knowledge concerning clients, Clinical Practice, quality assurance, peer review and other activities which relate to the assessment and evaluation of clinical services.
- e) In addition to statutory or common law exceptions to confidentiality, the confidentiality requirements do not apply in the following circumstances
 - I. where disclosure is required to provide continuing care to the client
 - II. where disclosure is required by law
 - III. where disclosure is made to a regulatory or registration body in connection with the Accredited Practitioner, another Accredited Practitioner, or the Hospice
 - IV. where the person benefiting from the confidentiality consents to the disclosure or waives the confidentiality
 - V. where disclosure is required in order to perform some requirement of these Guidelines

- f) The confidentiality requirements continue with full force and effect after the Accredited Practitioner ceases to be accredited.

5.10 Communication

- a) Accredited Practitioners are required to familiarise themselves with the organisational structure of the Hospice
- b) Accredited Practitioners acknowledge and consent to communication between these persons and entities of information, including their own personal information that may otherwise be restricted by the Privacy Act
- c) The acknowledgment and consent is given on the proviso that the information will be dealt with in accordance with obligations pursuant to the Privacy Act and only for proper purposes and functions.

6 Safety and quality

6.1 Admission, availability, communication, and discharge

- 6.1.1 Accredited Practitioners will admit and treat clients only within the Accreditation Category, Accreditation Type and Scope of Practice granted, including any terms or conditions attached to the approval of Accreditation
- 6.1.2 Accredited Practitioners will not provide services or practice outside of the defined service capability of the Hospice
- 6.1.3 Accredited Practitioners who admit clients to the Hospice for treatment and care accept that they are at all times responsible for the care of their client and must ensure that they are available to treat and care for those clients at all times, or failing that, that other arrangements as permitted by the Guidelines are put in place to ensure the continuity of treatment and care for those clients
- 6.1.4 Accredited Practitioners must visit all clients admitted or required to be treated by them as frequently as is required by the clinical circumstances of those clients and as would be judged appropriate by professional peers and an Accredited Practitioner must be contactable to review the client in person or their on-call or locum cover is available as requested by nursing staff to review the client in the Hospice
- 6.1.5 Accredited Practitioners must ensure that all reasonable requests by Hospice staff are responded to in a timely manner and in particular clients are promptly attended to when reasonably requested by Hospice staff for clinical reasons. If an Accredited Practitioner is unable to provide this level of care personally, the Accredited Practitioner shall secure the agreement of another Accredited Practitioner to provide the care and treatment, and shall advise the staff of the Hospice of this arrangement
- 6.1.6 Accredited Practitioners must be available and attend upon clients of the Accredited Practitioner in a timely manner when requested by Hospice employees or be available by telephone in a timely manner to assist Hospice employees in relation to the Accredited Practitioner's clients or, alternatively, the Accredited Practitioner must make arrangements with another Accredited Practitioner to assist or put in place with prior notice appropriate arrangements in order for another Accredited Practitioner to assist and shall advise the employees of the Hospice of this arrangement
- 6.1.7 An Accredited Practitioner must ensure any changes to contact details are notified promptly to the Director of Nursing. An Accredited Practitioner must

ensure that their communication devices are functional and that appropriate alternative arrangements are in place to contact them if their communication devices need to be turned off for any reason

- 6.1.8 A locum must be approved in accordance with these Guidelines and the Accredited Practitioner must ensure that the locum's contact details are made available to the Hospice and all relevant persons are aware of the locum cover and the dates of locum cover
- 6.1.9 Accredited Practitioners must at all times be aware of the importance of effective communication with other members of the health care team, the Hospice executive, clients and the client's family or next of kin, and at all times ensure appropriate communication has occurred, adequate information has been provided, and questions or concerns have been adequately responded to
- 6.1.10 The Accredited Practitioner must appropriately supervise the care that is provided by the Hospice employees and other practitioners. This includes providing adequate instructions to, and
- 6.1.11 Supervision of Hospice employees to enable employees to understand what care the Accredited Practitioner requires to be delivered
- 6.1.12 Adequate instructions and clinical handover are required to be given to the Hospice staff and other practitioners (including their on-call and locum cover) to enable them to understand what care the Accredited Practitioner requires to be delivered
- 6.1.13 If care is transferred to another Accredited Practitioner, this must be noted on the client medical record and communicated to the Director of Nursing or other responsible nursing employee
- 6.1.14 The Accredited Practitioner must ensure that their clients are not discharged without the approval of the Accredited Practitioner, complying with the discharge policy of the Hospice and completing all client discharge documents required by the Hospice. Clients discharging themselves from the Hospice against the Accredited Practitioner's advice are required to complete the appropriate written declaration before leaving the Hospice.

6.2 Treatment and financial consent

Accredited Practitioners must obtain informed consent for treatment (except where it is not practical in cases of emergency) from the client or their legal guardian or substituted decision maker in accordance with accepted medical and legal standards (including applicable legislation) and in accordance with the policy and procedures of the Hospice. The consent will be evidenced in writing and signed by the Accredited Practitioner and client or their legal guardian or substituted decision maker. It is expected that informed consent will be obtained by the Accredited Practitioner under whom the client is admitted or treated, with this the sole legal responsibility of the Accredited Practitioner. The consent process will ordinarily include an explanation of the client's condition and prognosis, treatment and alternatives, inform the client of material risks associated with treatment and alternatives, following which consent to the treatment will be obtained. The consent process must also satisfy the Hospice's requirements from time to time as set out in its policy and procedures, including

in relation to the documentation to be provided to the Hospice. Accredited Practitioners must provide financial disclosure and obtain informed financial consent from their clients in accordance with the relevant legislation, health fund agreements, policy and procedures of the Hospice.

6.3 Client Records

Accredited Practitioners must ensure that:

- a) Client records held by the Hospice are adequately maintained for clients treated by the Accredited Practitioner
- b) Client records satisfy the Hospice policy requirements, legislative requirements, State based standards, the content and standard required by the Australian Council on Healthcare Standards, accreditation requirements, and health fund obligations
- c) They comply with all legal requirements and standards in relation to the prescription and administration of medication
- d) Client records maintained by the Hospice include all relevant information and documents reasonably necessary to allow Hospice staff and other Accredited Practitioners to care for clients, including provision of pathology, radiology and other investigative reports in a timely manner
- e) A discharge summary is completed that includes all relevant information reasonably required.

6.4 Financial information and statistics

- a) Accredited Practitioners must record all data required by the Hospice to meet health fund obligations, collect revenue and allow compilation of health care statistics
- b) Accredited Practitioners must ensure that all Pharmaceutical Benefits Scheme prescription requirements and financial certificates are completed in accordance with Hospice policy and regulatory requirements.

6.5 Quality improvement, risk management and regulatory agencies

- a) Accredited Practitioners may be required to attend and participate in the Hospice's safety, quality, risk management, education and training activities, including clinical practice review and peer review activities, and as required by relevant legislation, standards and guidelines (including those standards and guidelines set by relevant Commonwealth or State governments, health departments or statutory health organisations charged with monitoring and investigating safety and quality of health care)
- b) Accredited Practitioners will report to the Hospice incidents, complications, adverse events and complaints (including in relation to the Accredited Practitioner's clients) in accordance with the Hospice policy and procedures and where required by the Director of Nursing will assist with incident management, investigation and reviews (including root cause analysis and other systems reviews), complaints management, and open disclosure processes
- c) Accredited Practitioners will participate in risk management activities and programs, including the implementation by the Hospice of risk management strategies and recommendations from system reviews

- d) Accredited Practitioners must provide all reasonable and necessary assistance in circumstances where the Hospice requires assistance from the Accredited Practitioner in order to comply with or respond to a legal request or direction, including for example where that direction is pursuant to a court order, or from a health complaints body, Coroner, Police, State Health Department and its agencies or departments, State Private Health Regulatory/Licensing, Units, and Commonwealth Government and its agencies or departments.

Part C – Accreditation of Practitioners

7 Credentialling and Scope of Practice

7.1 Eligibility for Accreditation as an Accredited Practitioner

- a) Accreditation will only be granted if the Practitioner demonstrates adequate Credentials, is professionally competent, satisfies the requirements of the Guidelines, and is prepared to comply with the Guidelines and the Hospice policies and procedures
- b) By the granting of Accreditation, the Practitioner accepts compliance with the Guidelines and the Hospice's policies and procedures
- c) Any Practitioner who falls outside of Accreditation requirements and therefore is not subject to a Credentialling process, before being permitted to attend the Hospice and be involved in clinical care of clients, will be provided with and agree to 'terms of attendance' (however phrased) that will govern attendance at the Hospice, including appropriate supervision
- d) As a condition of Accreditation, Practitioners are required to participate in regular peer review as required by their relevant College or authority in order to satisfy membership.

7.2 Entitlement to treat clients at the Hospice

- a) Practitioners who have received Accreditation pursuant to the Guidelines are entitled to make a request for access to facilities for the treatment and care of their clients within the limits of the Accreditation Category and Scope of Practice attached to such Accreditation at the Hospice and to utilise services and equipment provided by the Hospice for that purpose, subject to the provisions of the Guidelines, Hospice policies, resource limitations, and in accordance with organisational need and capability of the Hospice
- b) The decision to grant access to facilities for the treatment and care of a Practitioner's clients is on each occasion within the sole discretion of the Director of Nursing and the grant of Accreditation contains no conferral of, or a general expectation of, or a 'right of access'
- c) A Medical Practitioner's use of the facilities for the treatment and care of clients is limited to the Scope of Practice granted by the Director of Nursing and subject to the conditions upon which the Scope of Practice is granted, resource limitations, and organisational need and capability
- d) Accredited Practitioners acknowledge that admission or treatment of a particular client is subject always to bed availability, the availability or adequacy of nursing or allied health staff or facilities given the treatment or clinical care proposed.

7.3 Responsibility and basis for Accreditation and granting of Scope of Practice

The following principles should be considered and guide those persons involved in making decisions in the Credentialling and Accreditation process:

- a) Credentialling and Accreditation are organisational governance responsibilities that are conducted with the primary objective of maintaining and improving the safety and quality of health care services
- b) Processes of Credentialling and Accreditation are complemented by registration requirements and individual professional responsibilities that protect the community
- c) Effective processes of Credentialling and Accreditation benefit clients, communities, health care organisations and health care professionals
- d) Credentialling and Accreditation are essential components of a broader system of organisational management of relationships with health care professionals
- e) Credentialling and Accreditation and any reviews should be a non-punitive process, with the objective of maintaining and improving the safety and quality of health care services
- f) Processes for Credentialling and Accreditation depend for their effectiveness on strong partnerships between health care organisations and professional colleges, associations and societies
- g) Processes of Credentialling and Accreditation should be fair and transparent, although recognising the ultimate ability of the Management Committee and Director of Nursing to make decisions that they consider to be in the best interests of the organisation, its current and future clients.

8 The process for appointment and re-appointment

8.1 Applications for Initial Accreditation and Re-Accreditation as Practitioners

- a) Applications for Initial Accreditation (where the applicant does not currently hold Accreditation at the Hospice) and Re-Accreditation (where the applicant currently holds Accreditation at the Hospice) as Practitioners must be made in writing on the prescribed form
- b) The Director of Nursing may interview Medical Practitioners and/or request further information from applicants that the Director of Nursing considers appropriate
- c) The Director of Nursing will ensure that applications are complete and requests for further information complied with, and upon being satisfied will refer applications, together with notes from any interview conducted, to the Medical Advisory Committee for consideration.

8.2 Consideration of applications for Initial Accreditation by the Director of Nursing

- a) In considering applications, the Director of Nursing will give due consideration to any other information relevant to the application as determined by the Director of Nursing, but the final decision is that of the Hospice's Medical Advisory Committee
- b) There is no right of appeal from a decision to reject an application for Accreditation, or any terms or conditions that may be attached to approval of an application for initial Accreditation.

8.3 Initial Accreditation tenure

- a) Initial Accreditation as a Practitioner at the Hospice will be for an initial period to be determined by the Hospice
- b) At any time during the initial period, the Director of Nursing may initiate a review of the Practitioner's level of competence, current fitness, performance, compatibility and confidence in the Practitioner will be undertaken by the Director of Nursing
- c) Should the Practitioner have an acceptable review outcome, the Medical Advisory Committee may recommend an additional Accreditation period of up to five years, on receipt of a signed declaration from the Medical Practitioner describing any specific changes, if any, to the initial information provided and ongoing compliance with all requirements in accordance with the Guidelines.

8.4 Re-Accreditation

- a) The Director of Nursing will, at least two months prior to the expiration of any term of Accreditation of each Practitioner (other than an initial period), provide to that Medical Practitioner an application form to be used in applying for Re-Accreditation
- b) The process for Re-Accreditation shall follow that for the initial application for Accreditation.

8.5 Re-Accreditation tenure

Granting of Accreditation and Scope of Practice subsequent to the initial period will be for a term of up to five years, as determined by the Hospice.

8.6 Nature of appointment

- a) Accreditation does not of itself constitute an employment contract nor does it establish of itself a contractual relationship between the Practitioner and the Hospice
- b) Accreditation is personal and cannot be transferred to, or exercised by, any other person.

8.7 Locum Tenens

Locums must be approved by the Director of Nursing before they are permitted to arrange the admission of and/or to treat clients on behalf of Practitioners

8.8 Termination of Accreditation

- a) Accreditation shall be immediately terminated by the Director of Nursing if the following has occurred, or if it appears based upon the information available to the Director of Nursing the following has occurred:
 - I. the Practitioner ceases to be registered with their relevant registration board
 - II. the Practitioner ceases to maintain Adequate Professional Indemnity Insurance covering the Scope of Practice

- III. a term or condition that attaches to an approval of Accreditation is breached, not satisfied, or according to that term or condition results in the Accreditation concluding.
- b) Accreditation may be terminated by the Director of Nursing, if the following has occurred, or if it appears based upon the information available to the Director of Nursing the following has occurred:
 - I. based upon any of the circumstances, it is considered suspension is an insufficient response in the circumstances
 - II. based upon a review pursuant to these Guidelines and termination of Accreditation is considered appropriate in the circumstances or in circumstances where the Director of Nursing does not have confidence in the continued appointment of the Practitioner
 - III. the Medical Practitioner is not regarded by the Director of Nursing as having the appropriate Current Fitness to retain Accreditation or the Scope of Practice, or the Director of Nursing does not have confidence in the continued appointment of the Practitioner
 - IV. conditions have been imposed by the Practitioner's registration board on clinical practice that restricts practice, and the Hospice does not consider that it has the capacity to accommodate the conditions imposed
 - V. the Practitioner has not exercised Accreditation or utilised the facilities at the Hospice for a continuous period of 12 months, or at a level or frequency as otherwise specified to the Practitioner by the Director of Nursing
 - VI. the Practitioner becomes permanently incapable of performing the Practitioner's duties
 - VII. there are other unresolved issues or other concerns in respect of the Practitioner that is considered to be a ground for termination.
- c) The Accreditation of a Practitioner may be terminated as otherwise provided in these Guidelines
- d) The Director of Nursing shall notify the Medical Practitioner of:
 - I. the fact of the termination
 - II. the reasons for the termination.

Part D – Amending Guidelines

9 Amendments to, and instruments created pursuant to, the Guidelines

- a) Amendments to these Guidelines can only be made by approval of the Management Committee
- b) All Accredited Practitioners will be bound by amendments to the Guidelines from the date of approval of the amendments by the Management Committee, even if Accreditation was obtained prior to the amendments being made.