Health
State Scope of Clinical Practice Unit

Preamble and Explanatory Notes Regarding Model Scopes of Clinical Practice

Determining practitioners' scopes of clinical practice (SoCP) is one element of a health organisation's range of clinical governance responsibilities. NSW Health Policy Directive PD 2005_497 *Visiting Practitioners and Staff Specialists Delineation of Clinical Privileges* (currently under review) establishes the relevant policy framework for NSW public health organisations on credentialing and defining scope of clinical practice.

Established by agreement of all NSW Local Health Districts and Specialty Networks (LHD/SNs), the State Scope of Clinical Practice Unit is to assist LHD/SNs to appropriately define the SoCP of their employed and contracted senior medical practitioners and dentists by developing model SoCPs for each medical and dental specialty.

The template being used for the development of model scopes of clinical practice follows extensive consultation within NSW Health and its LHD/SNs plus colleges, societies and relevant industrial bodies during 2015.

It is expected that a model SoCP will be developed for every Medical Board of Australia and (for Dentists) Dental Board of Australia recognised specialty or subspecialty relevant to practice in NSW public health organisations.

It must be recognised that organisational credentialing requirements will also be subject to national registration standards, including recency of practice and any future determinations with regards to revalidation, which may in time require adjustment of the policy framework and revision of the model scopes.

To assist in the development of the model SoCP for each specialty, working groups are progressively being formed comprising specialist nominees from LHD/SNs (wherever possible and relevant, providing a spread, including metropolitan, rural/regional and paediatric perspectives) plus a nominee of the relevant college and society (where one exists) and a medical administrator.

The experience to date is that these working groups have taken a very constructive approach to the task with all recognising the need for a robust yet reasonable and usable system for considering and defining scope of clinical practice. All have given serious consideration and shared their thoughts, experience and expectations freely, raising a variety of queries and concerns that have been respectfully dealt with among their peers. This includes being mindful of how the proposed model SoCP would affect their and other departments, services or hospitals including services to children and in rural facilities, and how it might work within the appointment and credentialing processes, with respect to workforce management, service safety and quality and operational capacity.

Based on extensive consultation, in late 2015 it was agreed that within NSW Health scope of clinical practice would be described across 3 elements:

Core: A relatively simple description of the type of work that can reasonably be expected to be undertaken by all practitioners in that specialty, having undergone the requisite training.

Specific: Listed procedures or areas of practice which require specific credentialing but which are within the practice of that specialty. Specific credentialing and determination of a specific scope of clinical practice is required where it cannot be reasonably assumed the practitioner's qualifications include the specific competency. The gaining of the specific competency may involve additional training, experience, or both training and experience. This section should include (but is not limited to):

- Identified high risk or complex case management that requires specific additional qualifications or experience
- Emerging or new technologies that require specific consideration of training, qualifications or experience

Extended: This section is for areas of practice outside the range of the relevant specialty for which the practitioner may have training and experience and will be a free text field. If the clinical work falls within the remit of a different specialty, depending on the range of the extended practice, it may be more appropriate to apply the scope of clinical practice for that specialty. Examples might include general surgeons already undertaking some limited orthopaedic surgery.

The approach above is consistent with the National Standard for Credentialing and Defining Scope of Clinical Practice, national accreditation standards and the Australian Commission for Safety and Quality in Health Care's guideline *Credentialing health practitioners and defining their scope of clinical practice: A guide for managers and practitioners* released in December 2015.

Where there is a guideline or training standard it is noted, in order to bring that to the attention of credentials and appointment committees; such documents would be just that – guidelines - with LHD/SNs having discretion to vary the credentialing requirements or scope of practice granted to individual practitioners where they believe they have sufficient justification to do so.

However, most identified "specific" elements of the specialty's scope of clinical practice do not have broadly accepted standards and the development of these is outside the scope of the current project. These may evolve over time as community, regulatory, accreditation and professional expectations (including those of colleges and societies) progress.

To illustrate the approach and paraphrase how some working group members have put it:

> *We wouldn't let anyone do X until Y!*

The challenge for the working groups has been to identify:

> What are the "X" procedures or areas of practice?
>
> What should be the "Y" training, experience or other credentialing requirements?

It could be said that a weakness of this approach is the relatively few objective criteria for the Ys. Public health organisations will still have to rely on local review (usually Head of Department or other peer advice) and determination of what is "appropriate" training, experience and recency of practice etc.

The strength of the approach, though, in identifying the Xs is that credentials and appointments committees will be given reliable guidance on what should be focused on in a risk-based approach.

Many members of the working groups so far have been Heads of Department, commenting that they believe this approach will help with creating appropriate position criteria, advising trainees and supporting new consultants in career development, including managing the mix of skills within departments. Also in a positive vein, several college and society nominees have suggested that this has been a valuable step in identifying areas of their specialty's scope which their organisations may concentrate on with respect to future guidelines, clarification of training requirements, etc, and that this will evolve over time.

It should also be noted that definition of a practitioner's scope of clinical practice does not set clinical practice standards or treatment protocols; that relates separately to clinical performance standards affecting practice within their scope.

It is expected that this first round of model scopes will be in place for up to five years before being subject to routine review, unless significant developments in a specialty's practice or concerns with application of the current version requires earlier review. It is acknowledged that there will have to be a capacity within the NSW Health system to monitor, review and update scopes of clinical practice over time. As with any new approach, there is the potential for unintended consequences and as these cannot be foreseen there is a need to keep watch and have a mechanism to address issues as they arise.

LHDs and SNs remain responsible for implementation and application of model scopes. For example:

- Whether they are initially used for just new appointments, then with the next VMO reappointment cycle or sooner for all current appointees (visiting and salaried practitioners)
- Their approach to "grandparenting" of existing appointees who do not meet all the new model SoCP requirements, subject for example to satisfactory performance and consideration of clinical outcomes with exercise of local discretion and decision-making with respect to "specific" guidelines or adding to "extended" scope of clinical practice

The attached draft model SoCPs have been developed through the working group process and endorsed to proceed to broader consultation by the State Scope of Clinical Practice Unit's Governing Council.

Following this consultation, each model SoCP will be referred back to the working group to consider the feedback and determine if any amendment is required, then to the Governing Council for endorsement or if contentious to the LHD CEs through the Workforce Advisory Group, then recommended to the Deputy-Secretary, Governance Workforce and Corporate for formal approval.

Once they have been formally adopted, model scopes of clinical practice will be incorporated in the eCredential program that is currently being implemented across NSW Health.

The call-out bubbles in the draft model SoCPs are for explanatory purposes only and will not appear in the final versions, which will also appear differently in the eCredential program itself.

Comments will be welcomed and can be directed to:

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