

RURAL AND REMOTE HOSPITAL AND HEALTH SERVICES MEDICAL AND DENTAL CREDENTIALING AND SCOPE OF CLINICAL PRACTICE COMMITTEE

TERMS OF REFERENCE

1. Name of Committee

Rural and Remote Hospital and Health Services Medical and Dental Credentialing and Scope of Clinical Practice Committee (the Committee).

2. Purpose

The purpose of the Committee is to:

- review applications for credentialing and make appropriate recommendations on a defined scope of clinical practice (SoCP) for:
 - Medical Practitioners and Dentists, including practitioners engaged by Non-Government Organisations (NGOs), practising in Torres and Cape, North West, Central West and South West Hospital and Health Services (Rural and Remote HHSs)
 - Medical Practitioners engaged by the Flying Specialist Service (based in South West Hospital and Health Service) and providing services to South West Hospital and Health Service, Central West Hospital and Health Service, and Darling Downs Hospital and Health Service
 - Medical Practitioners engaged by the Royal Flying Doctor Service to provide General Practice services in Queensland public health facilities
 - Medical Practitioners engaged by Queensland Country Practice – Senior Reliever Program
- review and make appropriate recommendations regarding supervision imposed on a practitioner's SoCP
- review and make appropriate recommendations regarding conditions imposed on a practitioner's SoCP
- facilitate the formal review of a practitioner's SoCP in response to a request from the practitioner, an HHS, or other authorised individuals or bodies.

3. Reporting

The Committee makes recommendations to:

- The relevant Health Service Chief Executives (HSCEs) as to a Medical Practitioner's or Dentist's credentials and defined scope of clinical practice within a particular Hospital and Health Service (HHS) or health care facility.
- The South West HSCE regarding multi-HHS SoCP for Medical Practitioners engaged by the Flying Specialist Service.



- The Torres and Cape HSCE regarding statewide SoCP for Medical Practitioners engaged by the Royal Flying Doctor Service (RFDS) to provide General Practice services in Queensland public health facilities.¹
- The Torres and Cape HSCE regarding statewide SoCP for Medical Practitioners engaged by Queensland Country Practice – Senior Reliever Program.²

The HSCEs are responsible to approve, amend or refuse a practitioner's SOCP on the advice of the respective HHS Executive Director of Medical Services (EDMS) after consideration by the EDMS of the Committee's recommendations.

4. Membership of the Committee

The Committee will comprise the following:

Core Membership

- Chair – an EDMS from one of the four (4) rural and remote HHSs
- The EDMS from each of the four (4) rural and remote HHSs
- A Director of Nursing from a rural and remote HHS
- A Director of Oral Health or Principal Dentist
- A nominee from the Royal Australian College of General Practitioners (RACGP)
- A nominee from the Australian College of Rural and Remote Medicine (ACRRM)
- A nominee from the Australian and New Zealand College of Anaesthetists (ANZCA)
- A nominee from the Royal Australian and New Zealand College of Obstetrics and Gynaecologists (RANZCOG)
- A nominee from the Royal Australasian College of Medical Administrators (RACMA)
- Medical representative of the RFDS
- Medical representative of Apunipima - Cape York Health Council

Co-opted Membership

- A nominee of a relevant professional Specialist College or association as accredited by the Australian Medical Council (AMC);
- Medical representative of any NGOs

Proxies

- Persons officially acting and briefed in a Members' position and approved proxies are expected to attend the meeting on behalf of the member, participate in committee deliberations and contribute to committee recommendations according to the principles outlined in these terms of reference.

¹ The Torres and Cape HSCE has delegation to approve statewide SoCP only in general practice for RFDS medical officers. RFDS medical officers providing retrieval services receive a statewide SoCP processed by the Department of Health Credentialing and SoCP Committee.

² The Torres and Cape HSCE has delegation to approve statewide SoCP for medical practitioners engaged by the Queensland Country Practice Senior Reliever program.

At least one committee member is to be familiar with the requirements of the Queensland Health recruitment and selection process in accordance with the provisions of *Human Resource Policy B1 (QHPOL-212), Recruitment and Selection (July 2016)*³. The committee is empowered to access senior human resource advice, as appropriate.

The Committee must access medical practitioners and dentists with the specific clinical skills and experience relevant to the SoCP being requested.

The Committee may co-opt additional practitioners with specific clinical skills and experience relevant to a specific SoCP being requested, or to provide expert advice when required. Such advice may be provided in person at the meeting or in writing prior to the meeting.

If a nominee is not able to attend the meeting, the Chair will request their input/opinion in writing prior to the meeting.

5. Quorum

A quorum will comprise of at least five (5) core members (including the Chair). This should include at least one (1) Medical Practitioner with rural and remote experience.

If a quorum cannot be formed, applications requiring urgent consideration may be electronically circulated and endorsed with Flying Minutes.

6. Out of Session Applications

Urgent applications for credentialing and SoCP may be considered by the Committee via Flying Minute. Endorsement of the Flying Minute requires endorsement by a minimum of five (5) core members. At least one of the four (4) EDMs of the rural and remote HHSs must endorse the Flying Minute.

7. Length of appointments to the Committee

Membership of the Committee will be for a term of three (3) years with reappointment in ex-officio roles. Other appointments are three (3) years.

8. Role and Function

The Committee will at all times conduct itself in accordance with the *Code of Conduct for the Queensland Public Service*⁴, relevant legislation including but not limited to legislation relating to privacy, trade practices, equal opportunity and defamation.

The Committee will:

- follow the established terms of reference, written protocols, procedures and guidelines for the evaluation of credentials and defining the scope of clinical practice as stipulated in the Credentialing and defining the scope of clinical practice for medical practitioners and dentists; a best practice guideline⁵ and local HHS procedures

³ https://www.health.qld.gov.au/data/assets/pdf_file/0034/635893/qh-pol-212.pdf

⁴ <https://www.qld.gov.au/gov/code-conduct-queensland-public-service>

⁵ https://www.health.qld.gov.au/data/assets/pdf_file/0035/670976/qh-gdl-390-1-1.pdf

- assess and review credentials and recommend appropriate SoCP for each applicant to the HSCE
- observe confidentiality throughout its processes

9. Requirement to comply with principles of natural justice and procedural fairness

The Committee's determinations and deliberations must at all times be carried out in accordance with the principles of natural justice and procedural fairness. The Committee must act fairly, in good faith and without bias or perception of bias.

Practitioners are entitled to a hearing free of prejudice before any decision is made or implemented, which limits SoCP in a way which affects their practice or employment.

The Committee must ensure that practitioners know what allegations/claims are made against them and that all relevant documents which are being considered by the Committee are disclosed in a timely manner to the parties concerned. Practitioners are given sufficient opportunity to prepare their response and adequately state their case.

10. Managing declarations of interest

All members of the Committee must *ab initio* declare any interests, and if potential or actual conflicts are identified these conflicts be appropriately managed, in consultation with the Chair in accordance with the *Code of Conduct for the Queensland Public Service*⁶. Appropriate management may include, but not limited to, declaring the interest, recusal from the meeting, or resignation from the Committee.

When a member is recused from deliberations at a meeting:

- he/she must physically leave the meeting, and must not take any action to influence the Committee's deliberations
- the reason for that recusal should be documented in the meeting minutes

11. Documentation / written procedures

The committee, in consultation with the relevant HHS, must develop written procedures for dealing with the process of assessment of credentials and delineation of SoCP for medical practitioners and dentists. Any documents obtained or created by the Committee will be accessible under Right to Information Act 2009 (subject to the exemptions specified in that Act) and other court processes, for example, subpoena. The outcome of the credentialing processes, including deliberations and minutes and the credentialed status of the practitioner, will be stored and maintained for at least 40 years and must be accessible as per the provisions of the *Health Sector (Corporate Records) Retention and Disposal Schedule*⁷.

12. Education and training

Prior to appointment, core committee members must be provided with education and training to assist them in their role on the Committee. Members must be informed it is their responsibility to bring to the Committee their professional clinical experience and expertise, rather than to act in a way that represents their own personal interests or that of any nominating organisation.

⁶ <https://www.qld.gov.au/gov/code-conduct-queensland-public-service>

⁷ *Health Sector (Corporate Records) Retention and Disposal Schedule, 'Specialised Training and Accreditation, Credentialing and scope of clinical practice'*

<https://qheps.health.qld.gov.au/csd/business/records-and-information-management/disposing-of-records/general-retention-and-disposal-schedule>

13. Credentialing of Chair and committee members

Where the credentials and SoCP of any member of the Committee are being considered, that member shall recuse themselves from participation in those deliberations.

When the credentials of the Chair are being reviewed, the Chair will recuse himself/herself from the meeting and an EDMS from one of the other rural and remote HHSs will assume the role of Chair.

14. Indemnity of committee members

Members of committee are indemnified in accordance Queensland Health indemnity arrangements⁸.

15. Secretariat

Rural and Remote Clinical Support Unit staff undertake the Secretariat functions for the Committee.

16. Frequency of Meetings

The Committee will meet every month or more frequently if necessary. The dates of all regular meetings will be set and distributed to members at least six (6) months in advance.

17. Method of Meeting

The meetings will be conducted in person or via tele-conference/video conference.

18. Agenda

Agenda items are to be received by the Secretariat at least ten (10) business days prior to the meeting. The Agenda will be distributed at least five (5) business days prior to the meeting.

19. Minutes

Minutes will be endorsed by the Chair within two (2) business days of the meeting.

Minutes will be distributed to HHSs with draft letters within four (4) business days of the meeting.

Minutes will be tabled at the next Committee meeting for endorsement.

Meetings will be recorded via Teams for minute taking purposes. Once the minutes have been confirmed at the following meeting, these recordings will be deleted.

20. Performance Monitoring and Evaluation

The performance of the Committee will be evaluated using the following criteria:

- Annual review of the Terms of Reference
- Annual performance evaluation of the committee and its core members
- An independent audit of the Committee processes will be conducted every two (2) years.

21. Review Period:

12 months from the initial approval, March 2010

Reviewed: June 2010

⁸ Indemnity for Queensland Health employees, HHS employees and other persons covered under Queensland Health or HHS Indemnity policies will be covered by the terms of those policies. Where this member is a non-Queensland Health employee, an application for indemnity would be considered on a case-by-case basis, subject to the same eligibility considerations that apply to a Queensland Health employee. <http://qhps.health.qld.gov.au/hr/employment-conditions/policies/i-other.htm>
RRHHS Medical and Dental Credentialing and SoCP Committee – Terms of Reference 2021

Endorsed: July 2010
Reviewed: July 2011
Endorsed: August 2011
Reviewed: August 2012
Reviewed: September 2012
Endorsed: October 2012
Reviewed: July 2013
Endorsed: September 2013
Reviewed: August 2016
Reviewed: September 2016
Reviewed: December 2016
Committee endorsement: January 2017
Reviewed HSCEs: February 2017
Reviewed EDMs: March 2017
Reviewed HSCEs: May 2018
Reviewed EDMs: May 2018
Committee endorsement: May 2018
Reviewed EDMs: May 2019
Committee endorsement: July 2019
Reviewed HSCEs: July 2019
Reviewed EDMs: June 2020
Committee endorsement: July 2020
HSCEs: August 2020
Reviewed EDMs: August 2021

Endorsement:

	Date	Signature
Beverley Hamerton Health Service Chief Executive Torres and Cape HHS		
Jane Hancock Health Service Chief Executive Central West HHS		
Karen Murphy Health Service Chief Executive North West HHS		
Anthony Brown Health Service Chief Executive South West HHS		