

	<h2 style="text-align: center;">Allied Health Credentialing and Scope of Practice Protocol</h2>
<p>Scope</p>	<ul style="list-style-type: none"> • All Departments • All Allied Health professionals working, or seeking to work, within Bendigo Health • All visiting Allied Health professionals providing services at Bendigo Health facilities
<p>Policy</p>	<p>To ensure that a consistent and transparent approach is maintained regarding credentialing, this document is to be read in conjunction with the Bendigo Health Registration, Licensing, Credentialing and Scope of Practice Protocol and the Allied Health Credentialing and Scope of Practice Requirements.</p> <p>These credentialing and scope of practice requirements and processes apply to:</p> <ul style="list-style-type: none"> • allied health (AH) staff employed by Bendigo Health and • contracted and non-contracted visiting AH staff providing services at Bendigo Health (BH) facilities. <p>Credentialing requirements for contracted Allied Health professionals (AHPs) who do not provide services at BH facilities are included in the relevant contract.</p> <p>AH credentialing processes comply with the relevant legislative and regulatory frameworks, in particular Standard 1, Governance for Safety and Quality in Health Service Organisations of the National Safety and Quality Health Service Standards.</p>
<p>Objectives of the Protocol</p>	<ul style="list-style-type: none"> • To ensure that the credentialing of all AH staff at BH is formally undertaken as part of the recruitment and appointment process and that this process occurs via the online credentialing system for BH employed allied health staff. • To ensure that contracted AH staff who provide visiting services at BH facilities are appropriately credentialed. • To ensure that a current credentialing record is maintained for all AH disciplines at BH. • To outline a consistent and transparent process for verifying and monitoring the credentials of new and existing AH staff. • To ensure monitoring of registration status for those AH disciplines wherein the professional body requires annual national registration. • To ensure a consistent and robust approach to defining an individual AHP's scope of practice within the context of the needs and capabilities of BH.
<p>Allied Health Definition</p>	<p>For the purpose of this policy, the term <i>allied health</i> encompasses those staff employed under classifications or position descriptions in the following disciplines:</p> <ul style="list-style-type: none"> • Aboriginal Health Practitioner* • Allied Health Assistant** • Audiologist

	<ul style="list-style-type: none"> • Dietitian • Exercise Physiologist • Occupational Therapist* • Orthotist /Prosthetist • Physiotherapist* • Podiatrist* • Psychologist* • Social Worker and Welfare Worker • Speech Pathologist • Spiritual Care Practitioner <p>* denotes AHPs requiring national registration ** credentialing requirements apply only to Allied Health Assistants (AHA) employed in AHA roles. Staff employed on AHA classifications who work in other roles eg Fitness for Older Adults Program roles are not subject to the same credentialing requirements.</p>
Credentialing requirements of BH employed AH staff at initial appointment	<ol style="list-style-type: none"> 1. All AH position descriptions, or positions that list AH qualifications as preferred or essential selection criteria, must include the mandatory credentialing requirements applicable to the discipline/s listed. 2. Employing managers must ensure that the relevant Allied Health Head of Discipline (AHHoD) is notified on offer of appointment of an AHP. 3. BH AH staff from non-registered professions must apply for credentialing via the online credentialing system prior to contract of employment and commencement. 4. The Allied Health Heads of Discipline (AHHoD), or their delegate, must verify that all prospective AH employees are credentialed and where necessary registered, and their scope of practice defined, prior to commencement in a position. This shall be done via the online credentialing system for non-registered professions and via AHPRA for registered professions. 5. Once the credentialing information has been successfully verified, the AHHoD, or their nominated delegate, is to notify People and Culture that the staff member is credentialed prior to provision of a written contract of employment. 6. Verified credentials and scope of practice status are noted and documented in the minutes at the subsequent Allied Health Credentialing and Scope of Practice Committee Meeting (AHCSOPC).
Credentialing requirements of BH employed AH staff ongoing	<ol style="list-style-type: none"> 1. Non-registered AHPs must submit credentialing evidence annually. Registered AHPs undergo annual registration audits by the AHHoD via the AHPRA website or the Bendigo Health Compliance Reports. 2. All registered AHPs must provide BH with written notification of the details of any condition or practice restriction imposed by the relevant Registration Board within 5 business days of receiving advice of the condition/restriction. Failure to do so may result in immediate suspension of the employee from duty without pay. The Chief Allied Health Officer (CAHO) and/or relevant Executive Director and P&C advisor will work with the AHHoD and the relevant Program Manager to determine the impact of such a breach on the

	<p>future employment of the individual.</p> <p>3. If non-compliance with credentialing/licensing/registration is part of a P&C performance improvement plan/disciplinary action the relevant manager must work with the profession manager and P&C to ensure i) appropriate safety systems and ii) supervision are in place while the credentialing/licensing/registration issues along with any performance management issues are addressed.</p>
<p>Credentialing process for BH AH staff</p>	<p><u>Non-registered AH Disciplines Process and Timeframes:</u></p> <ol style="list-style-type: none"> 1. Each AH staff member is to submit the required credentialing information annually by the due date, via the online credentialing system. By submitting the staff member is confirming they meet credentialing requirements. 2. Two weeks prior to the submission due date, each AHHoD, or delegate, is to request from allied health administration a list of all staff employed under the relevant AH classifications as of the credentialing due date. 3. The AHHoD, or their nominated delegate, is to review a minimum of 5 staff, or 10% of staff group, whichever is greater, against the discipline specific credentialing requirements. 4. On the first working day after the due date, the AHHoDs will collate a list of staff who have not submitted their credentialing documentation and will contact the staff within 7 days of the due date, advising the staff member of the need to submit their credentialing documentation. For staff who are program managed, the AHHoD will liaise with the relevant Program Manager to direct the staff member to submit their credentialing documentation to the AHHoD. 5. During this verification period, the AHHoD is to report the credentialing compliance and status of their staff to the CAHO and at the AHCSOPC meeting. 6. Where AH staff do not comply with the credentialing requirements follow up will be as per the Bendigo Health Registration, Licensing, Credentialing and Scope of Practice Protocol 7. If registration or credentialing doesn't occur by the due date the staff member cannot work and the matter will be handled in line with the counselling and disciplinary action protocol. In the event registration, licensing or credentialing is removed or no longer current that the staff member will not be able to work in the role. 8. AHPs in non-clinical roles who do not meet discipline credentialing requirements may consider being employed under a generic classification if appropriate. 9. If the AHHoD and staff member do not agree regarding compliance with discipline standards, a review may be sought. This could be via an external party from the same discipline, a discipline manager from another organisation/ professional association, or other relevant reviewer. This can be facilitated by the CAHO. <p><u>Registered AH Disciplines Process and Timeframes:</u></p> <ol style="list-style-type: none"> 1. On the first working day after registration is due, the AHHoD, or their nominated delegate, will complete a check of the "AHPRA

	<p>Registration Compliance” on the Bendigo Health Compliance Reports for their discipline.</p> <ol style="list-style-type: none"> 2. The AHHoD will collate a list of staff who have not renewed their registration on the first working day after the registration due date and will contact any staff member within 7 days of the due date, advising the staff member of the need to immediately update their registration. For staff who are program managed, the AHHoD will liaise with the relevant Program Manager to direct the staff member to immediately update their registration. 3. During this verification period, the AHHoD will report the registration compliance and status of their staff to the CAHO and at the relevant AHCSOPC meeting. 4. Two weeks prior to the end of the AHPRA grace period date, a subsequent check of the “AHPRA Registration Compliance” manager report will be conducted by the AHHoD, or their nominated delegate. A report containing details of any staff not registered at this time will be provided to the DoAH and the Chief Allied Health Officer (CAHO). 5. Two business days prior to the end of the registration grace period, a further check of the “AHPRA Registration Compliance” manager report will be conducted by the AHHoD or their nominated delegate, for those staff noted in the report to the CAHO. 6. For staff not registered at this time follow up will be as per the Bendigo Health Registration, Licensing, Credentialing and Scope of Practice Protocol. 7. If registration or credentialing doesn’t occur by the due date the staff member cannot work and the matter will be handled in line with the counselling and disciplinary action protocol. In the event registration, licensing or credentialing is removed or no longer current that the staff member will not be able to work in the role. 8. AHPs in non-clinical roles who do not meet discipline credentialing requirements may consider being employed under a generic classification if appropriate.
<p>Advanced / Extended Scope of Practice</p>	<ol style="list-style-type: none"> 1. AHPs applying for advanced / extended scope of practice will be assessed by the relevant AHHoD, or their delegate/committee, and on successful verification, the application will be presented and documented at the AHCSOPC. 2. BH AH staff advanced/extended scope applications will be recorded via the online credentialing system. 3. Psychology endorsed areas of practice will be monitored via AHPRA 4. The scope of practice of an individual AHP, once approved by the AHHoD or their delegate, will be reviewed thereafter on a predetermined schedule as required for the specific advanced scope of practice. 5. Once this process has been completed, the AHHoD, or their nominated delegate, is to provide People and Culture with a written document outlining the AHP’s scope of practice.
<p>Monitoring of Compliance</p>	<p>Ongoing compliance of all AH staff is the responsibility of each AHHoD.</p>

	AHHoDs will report compliance with discipline specific credentialing and professional standards to the AHCSOPC.								
Visiting Allied Health Professional Responsibilities and Requirements	<p><u>Contracted Visiting AHPs:</u> Contracted visiting AHPs are employed by BH under a contract or another formal employment arrangement to provide services to BH patient's onsite on a regular basis. <u>Initial requirements:</u> Contracted AHPs wishing to provide a service within BH must submit the following evidence to the appropriate AHHoD prior to commencement of the service.</p>								
	<table border="1" data-bbox="483 562 1484 992"> <thead> <tr> <th data-bbox="483 562 935 633">Non registered AHPs</th> <th data-bbox="935 562 1484 633">Registered AHPs</th> </tr> </thead> <tbody> <tr> <td data-bbox="483 633 935 745">Certified copy of professional qualifications</td> <td data-bbox="935 633 1484 745">Copy of current registration certificate to the relevant National Registration Board</td> </tr> <tr> <td data-bbox="483 745 935 913">Provide evidence that they meet the discipline specific credentialing requirements</td> <td data-bbox="935 745 1484 913">Must be prepared to provide evidence of professional development record if requested as per the requirements</td> </tr> <tr> <td data-bbox="483 913 935 992"></td> <td data-bbox="935 913 1484 992">Written notification of any current registration conditions / restrictions</td> </tr> </tbody> </table> <p>Where an external practice is submitting a credentialing application on behalf of the AHPs working within their practice, the practice must list all the AHPs who will provide a service within BH. Only these listed AHPs with verified credentials, will be permitted to provide a service within BH facilities. The external practice is responsible for notifying BH, and providing evidence of meeting the credentialing requirements, of any new staff member at their practice who would like to provide a service within BH prior to the AHP commencing within BH.</p> <p><u>Annual Requirements:</u> All contracted visiting AHPs are required to provide evidence that they meet the discipline credentialing requirements annually to ensure they remain on the contracted visiting AHP register. This is overseen by the relevant AHHoD and reported to the AHCSOP committee.</p> <p>AHHoD Responsibilities On notification of a new contracted visiting service, the AHHoD, or their nominated delegate / committee has the following responsibilities:</p> <ol data-bbox="467 1693 1489 2016" style="list-style-type: none"> 1. Verification of credentialing status, and any restrictions or conditions, of all AHPs wishing to apply for visiting rights at Bendigo Health. 2. Verification of credentialing status of all contracted visiting AHPs annually as per discipline specific required timeframes. 3. Where a credentialing application has come from an external practice, those AHPs who will be providing services must be individually credentialed. 4. Forwarding documents verifying confirmation of credentialing 	Non registered AHPs	Registered AHPs	Certified copy of professional qualifications	Copy of current registration certificate to the relevant National Registration Board	Provide evidence that they meet the discipline specific credentialing requirements	Must be prepared to provide evidence of professional development record if requested as per the requirements		Written notification of any current registration conditions / restrictions
Non registered AHPs	Registered AHPs								
Certified copy of professional qualifications	Copy of current registration certificate to the relevant National Registration Board								
Provide evidence that they meet the discipline specific credentialing requirements	Must be prepared to provide evidence of professional development record if requested as per the requirements								
	Written notification of any current registration conditions / restrictions								

status to the Procurement Department for all initial and annual visiting AHP credentialing reviews.

5. If conditions/restrictions apply to the applicant's registration, the Program Manager, AHHoD and the CAHO will determine if the contracted visiting AHP should have visiting rights and if so, the steps required to ensure the conditions or restrictions are observed by both Bendigo Health and the visiting AHP whilst working within Bendigo Health.
6. Reporting of compliance with discipline specific credentialing and professional standards for each visiting AHP within their discipline at the AHCSOPC meeting. The Chair of the AHCSOPC meeting will report AH credentialing status to the Health Practitioners Credentialing Committee.
7. Review of annual requirements for registered AH disciplines will occur via the AHPRA website as per the review for registered BH AH staff.
8. When reviewing annual requirements for non-registered AHPs, the AHHoDs, or their nominated delegate, will seek evidence from the relevant AH services that all staff providing visiting AH services at BH continue to meet the discipline credentialing requirements.
AHPs who have not supplied the required evidence within 30 days of the renewal date will be sent written advice of the need to immediately update their credentialing evidence. If this is not supplied the CAHO, the AHHoD and the Program Manager will then decide the impact of such failure on the contracted visiting AHPs opportunity to practice within BH.

Contracted Offsite AHPs:

Contracted offsite AHPs provide services to BH clients/patients/ residents under a contractual arrangement not on BH sites. Contracts for contracted offsite AHPs specify the need to comply with BH credentialing requirements.

Non-contracted Visiting AHPs:

Non-contracted visiting AHPs are not engaged in a formal employment arrangement with BH but provide services to BH patient's onsite at BH on a one-off or ad hoc basis. This is permitted where:

- an AHP was working with a patient prior to admission, and the patient requires further input during their admission e.g. equipment provision, continuation of podiatry services etc.
- a National Disability Insurance Scheme (NDIS) participant and/or authorised representative has requested funded external AHP services to meet Capacity Building goals that are outside the scope of BH services. In this case the AHP is not providing a service for BH and will not be required to be credentialed by BH, but will be provided with relevant information from BH with the participant's consent.

Requirements:

1. The Program Manager is to inform the relevant AHHoD of the proposed service for the non-contracted visiting AHP and provide

	<p>the contact details for the AHP.</p> <ol style="list-style-type: none"> 2. The AHHoD is to determine type of credentialing required: <ol style="list-style-type: none"> i. Check of current registration (for registered disciplines) or confirmation of accreditation with relevant professional association or ii. Request visiting AHP to sign a form confirming that they meet the BH credentialing requirements 3. The AHHoD is to provide the Information sheet: <i>Information for non-contracted visiting allied health professionals providing services at Bendigo Health</i> to the non-contracted visiting AHP to outline expectations (available to allied health managers via the Allied Health Intranet page) 4. The AHP is to sign the form confirming they meet requirements and return to the AHHoD 5. The AHHoD is to confirm the outcome with the Program Manager and report compliance at the AHCSOPC meeting. 6. The AHP is to work in conjunction with the BH treating AHP or Relevant Manager when providing the service and the details of the intervention, including actions and plan. A clinical handover must be provided and is to be documented in the patient's medical file by the BH AHP or Manager. 	
<p>Related Bendigo Health Documents</p>	<ul style="list-style-type: none"> - Registration, Licensing, Credentialing and Scope of Practice Protocol - Allied Health Credentialing and Scope of Practice Requirements - Allied Health Credentialing and Scope of Practice Committee TOR - Allied Health Staff Management Standards - Allied Health Learning and Development Framework 	
<p>References and Associated Documents</p>	<ul style="list-style-type: none"> • Health Practitioner Regulation (Administrative Arrangements) National Law Act 2008 • Health Practitioner Regulation Act 2009 (National Law) • Health Practitioner Regulation National Law (Victoria) Act 2009 • National Safety and Quality Health Service Standards, Second edition - 2021 • Statute Law Amendment (National Health Practitioner Regulation) Act 2010 • Victorian Allied Health Credentialing, Competency and Capability Framework, Second edition, 2016 	
<p>MANDATORY INCLUSION <i>Personal information and health information as defined in the relevant Victorian law, which is required to be collected, used, disclosed and stored by BH in order to achieve the Purpose of this policy, will be handled by the Group and its employees in accordance with their legal obligations. When developing this policy, BH has taken all reasonable steps to make its content consistent with the proper discharge of its obligations under the Charter of Human Rights and Responsibilities Act 2006</i></p>		
<p>Responsible Department & Position</p>	<p>Allied Health - Chief Allied Health Officer</p>	
<p>Approved by</p>	<p>Allied Health Credentialing and Scope of Practice Committee Health Professionals Credentialing</p>	<p>16/08/2023 14/09/2023</p>

	Committee	
Authorised By	Group Corporate Standards Committee	13/11/2023