



Credentialing for Nurse Practitioners and Endorsed Privately Practising Midwives Policy

1. Background

The WA Health system released the [MP0084/18 Credentialing and Defining Scope of Clinical Practice Policy](#) and related document '[Credentialing and Defining Scope of Clinical Practice for Nursing and Midwifery Standard](#)'

The aim of this policy is to establish minimum standards for credentialing, re-credentialing and defining scope of clinical practice for nurse practitioners and endorsed privately practising midwives within the WA Country Health Service (WACHS) that complies with state wide policy.

2. Policy Statement

2.1 The purpose

The purpose of this policy is to provide guidance to regional health service executives, administrative staff, Nurse Practitioners (NP) and Endorsed Privately Practising Midwives (EPPM) about the responsibilities and processes for credentialing and defining a scope of clinical practice for NP and EPPM working at WACHS sites, and to ensure that the appropriate credentialing and compliance requirements are met. This has been achieved by the establishment of processes designed to ensure that health care services are provided only by NP and EPPM who have been through formal processes of credentialing and defining the scope of clinical practice prior to appointment. These processes are to take into account the needs and the services capability framework of each WACHS site when determining the scope of clinical practice.

All NP and EPPM must have interim credentialing for a 90 day period at the commencement of employment within WACHS in the appointed area of designation, by the Regional Director of Nursing and Midwifery (RDNM). The NP must have submitted all relevant documentation within 90 days of commencement to the Credentialing and Scope of Practice (CASOP) Committee for assessment for full credentialing. The data related to credentialing for NP's is recorded in the Lattice system, and for EPPM, in CredWA.

The Nursing and Midwifery Council differentiates between the credentialing requirements for initial credentialing, re-credentialing, and variations to scope and site of clinical practice and is represented at (CASOP) for NP's and EPPM credentialing applications.

The Nursing and Midwifery Council has developed standard documentation to support these credentialing processes.

NP's and EPPM are credentialed for up to three years, after which time they must apply to be re-credentialed.

2.2 The Scope of the Credentialing Guideline

This policy applies to all NP's and EPPM who are practicing within the WACHS.

2.3 Roles, Responsibility and Functions of the Credentialing and Scope of Practice Committee (CASOP)

The CASOP Committee members are responsible and accountable for ensuring that all regions within the WA Country Health Service comply with the [Credentialing and Defining Scope of Clinical Practice for Nursing and Midwifery Standard](#) and ensure that due process has been followed for all applications.

The CASOP Committee is to ensure consistency in reviewing, verifying and evaluating the NP and EPPM credentials, and in defining an appropriate scope of clinical practice relative to the health care facility's clinical services framework. Additionally, the Committee is to provide a forum for ongoing review of regional and area processes to ensure national and state standards are met, and is to undertake regular review of the scope of practice for NP's and EPPM, as well as review of its own recommendations if so requested. The CASOP Committee is to ensure that NP's and EPPM and the relevant health care facility are notified of the Committee's decisions following any review, recognising the principles of confidentiality and appeal rights. All proceedings of the Committee are to be fully documented and kept confidential.

The CASOP Committee may recommend to the line manager, suspension of NP or EPPM right to practice if changes occur in the ability to provide support services, the service needs of the health service change or if there are concerns about the NP or EPPM performance or competence. Any suspension must be fully documented in writing, including the reasons for any decision to suspend, and the practitioner must be given the right to immediate review of the decision and be informed of the appeal process.

3. General Requirements

The following processes must be completed **before** any NP/ EPPM commences working for the WACHS:

1. The NP/ EPPM must be suitably registered with the Nursing and Midwifery Board of Australia consistent with the position they are being considered for in WACHS.
2. The NP/ EPPM must have interim credentialing, including identification of scope of practice
3. The NP / EPPM must meet compliance requirements.
4. The EPPM must have a signed Indemnity Agreement,
5. The EPPM must have a signed contract, and demonstrate evidence of a collaborative arrangement with a medical practitioner, or be covered under a Memorandum of Understanding (MOU) or special service agreement.

4. Credentialing

Once initial credentialing has been obtained the NP/EPPM must evidence ongoing maintenance of their ability to perform their nominated scope. This is done through regular reporting and may include case review, attendance at relevant education, workshops or conferences and logging the management of patients in their care. The frequency of this reporting is at the discretion of the RDNM. The minimum requirement is annually. Reporting templates to be agreed with RDNM

Nurse Practitioners who hold current Midwifery registration with AHPRA are not to provide routine midwifery care in their role as a Nurse Practitioner in accordance with their existing JDF.

In order to obtain credentialing to extend their scope to emergency antenatal and postnatal services (excluding admission and undertaking of CTG) in the emergency department settings, the NP must provide evidence of recency of midwifery practice and completion of the Scope of Practice Framework requirements for community midwives.

4.1 Initial Credentialing documents required

- A Curriculum Vitae detailing recent and relevant experience.
- Two completed appropriate recent Referee Reports from relevant peers.
- Evidence of primary degree and any subsequent degrees and qualifications on the [AHPRA public register](#).
- Evidence of continuing education.
- and, if applicable to the scope of practice: log book or other record of procedural experience, or certification of appropriate procedural skills and experience by a relevant authority in that specialty area.

4.2 Interim Credentialing /Urgent Appointments

Where a NP / EPPM is required at short notice (including locums/ short-term relief), the RDNM can define a temporary scope of clinical practice and approve interim credentialing for a period of 90 days. The practitioner must be presented to the CASOP Committee with completed documentation within the 90 days.

This process is to involve at a minimum:

- verification of the individual's identification
- verification of professional registration and endorsement as a NP (AHPRA check) and whether there are any conditions attached to the individual's registration which would limit his/her ability to fulfil the requirements of the position
- review of employment history
- criminal record check
- working with children check (where appropriate)
- at least one referee report, preferably from the practitioner's most recent employer, or equivalent.

4.3 Nurse Practitioner Candidates

Nurse Practitioner candidates are enrolled in a recognised training program and/or under supervision in a WA teaching hospital or supervised by an endorsed nurse practitioner or medical officer are to be reviewed and approved by the RDNM

4.4 Re-credentialing

All NP /EPPM who have previously been through a completed initial and approved credentialing process in WACHS, and who continue to provide clinical services within WACHS, are required to be re-credentialed every three years.

Before the credentialing period expires, the region and the NP/EPPM are to prepare for the re-credentialing process. Re-credentialing is ratified by decision of the CASOP Committee.

4.5 Variations to Scope of Practice

A variation to the scope of practice covers either a variation to clinical services, procedures or interventions for which a NP or EPPM is credentialed, or a variation to sites where the practitioner can undertake the clinical services, procedures or interventions.

4.5.1 Variation to the Scope of Practice – Additional or New Clinical Procedures

Any NP / EPPM who is already credentialed by CASOP and who is seeking to increase their scope of clinical services, procedures, or other interventions, through education and competency assessment, must provide the same evidence of competence as would be expected for initial credentialing for those services (see 4.3).

The following information is required for all 'Variation to Scope of Practice – Additional or New Clinical Procedures' applicants:

- A completed [Credentialing Scope of Clinical Practice Variation to Scope of Practice \(SOP\) and/or Locations for Credentialed Practitioners Form](#).
- Evidence of the appropriate education component.
- Procedure must meet WACHS policy requirement.
- Procedure must be relevant and appropriate to clinical needs of area of work.
- Experience working with a practitioner skilled in the procedure (e.g. medical officer, NP)
- Undertake a minimum of three procedures under direct supervision as part of the assessment and achieving a documented satisfactory result.
- Documentation is to be forwarded to a Credentialing panel consisting of medical clinical lead / medical director of department, a medical officer and/or, if available, a NP skilled in the procedure.
- The panel will then make a recommendation for a change of scope of practice to the RDNM for approval.

The NP /EPPM application for varied scope must be presented to the CASOP Committee for endorsement.

4.5.2 Variation to Site with same Scope of Practice - same WACHS Region

Any NP / EPPM who have credentialing by CASOP, and who is seeking a variation of site within their region, but with no additional scope of services, can be approved by the RDNM of the region where the site is located. Suitable consultation with the relevant staff at that facility is required.

Nurse Practitioners who provide services at non WACHS clinics where the facility is on a WACHS site will be required to obtain credentialing through the Regional Director Nursing and Midwifery of that region and be presented to CASOP.

4.5.3 Variation to Site with same Scope of Practice - outside primary WACHS Region

NP / EPPM already credentialed in WACHS who wants to provide the same clinical services in additional WACHS regions must be presented to CASOP.

The following information is required for all Variation to Site with same Scope of Practice - outside primary WACHS Region applicants:

- A completed [Credentialing Scope of Clinical Practice Variation to Scope of Practice \(SOP\) and/or Locations for Credentialed Practitioners Form](#).

The NP / EPPM can be credentialed by CASOP to provide their current Scope of Practice at the new or additional sites for the remainder of their current credentialing term.

4.5.4 Variation to the Scope of Practice: for Competency Assessment Program (CAP); and for Up skilling purposes

A completed [Credentialing Scope of Clinical Practice Variation to Scope of Practice \(SOP\) and/or Locations for Credentialed Practitioners Form](#) is also to be used for credentialed NP /eligible midwives undertaking up skilling in other WACHS regions and for NP /eligible midwives involved in a Competency Assessment Program.

4.5.5 Continuing Education Requirements and Maintenance of Ongoing Competence

All NP /EPPM are expected to provide a copy of their current continuing education documentation plus any hours required to maintain competencies (i.e. prescribing) across the continuum of care, as part of initial credentialing and re-credentialing.

5. Compliance with Government Legislation

5.1 Criminal Records Screening (CRS)/ National Police Certificate (NPC)/ Australian Federal Police Clearances (AFPC) and Aged Care CRS

Since 1 November 1997, it has been a requirement that all new nursing appointments (including NP, EPPM) and students must complete a satisfactory criminal record screening (CRS) process.

Aged Care Criminal Record Screen (ACCRS)

It has been a requirement since 1 March 2007 that relevant staff in all Australian Government subsidised Aged Care Services are required to have an Aged Care Criminal Record Screening (ACCRS).

The Accountability Amendment Principles made under Subsection 96-1(1) part 4.3 of the *Aged Care Act 1997* ("the Act") requires that relevant staff and volunteers undergo national criminal history record checks (police checks).

The requirements apply to all Australian Government Aged Care subsidised services, specifically:

- residential aged care
- community aged care services under the Act: Community Aged Care Packages (CACP)
- Flexible care services under the Act: Extended Aged Care at Home (EACH) and Extended Aged Care at Home Dementia (EACHD) packages, Multi – Purpose Services (MPS) places and Transitional Care
- National Respite for Carers Program (NRCP)
- All existing and new nursing and midwifery appointments that provide services to Australian Government Aged Care subsidised services within WACHS are required to complete a satisfactory Aged Care Criminal Record Screening. This screening must be renewed every three (3) years.

5.2 Working with Children (WWC) Checks

All staff are required by legislation to have a current WWC assessment if they are engaged in "child related" work (see out of scope section also below). Child-related work includes:

- a ward of a public or private hospital in which children are ordinarily patients. Theatres and emergency departments are considered 'wards' for the purposes of the Act
- a community or child health service, and / or
- a counselling or other support service.

The process for WWC Lodgement Receipt and Check number is:

- All nurses and midwives requiring a WWC check must lodge their WWC application within five (5) days of commencing work in WACHS.
- WWC lodgement receipt is acceptable for three (3) months
- WACHS will follow up after one month to obtain a copy of the nurse practitioner/ eligible midwife's WWC card and to record the WWC check number in Lattice.

5.3 Reporting Child Abuse (including Mandatory Reporting of Child Sexual Abuse)

On 1 January 2009, legislation came into force that requires doctors, nurses and midwives to report, when they have formed a belief based on reasonable grounds that sexual abuse of a child has or is occurring.

All salaried nurses and midwives are required to complete the [on-line WA Health information package](#).

On completion of this package, a certificate of acknowledgement is created and can be printed. The name of the NP /EPPM, date of completing the session and reference number is retained on record by the Department of Health. The CSA reference number is to be recorded in Lattice.

The certificate of acknowledgement has no expiry. The Department of Health process requires that a copy is sighted by the line manager or administration.

National Police/ Australian Federal Police Certificates

National Police/ Australian Federal Police Certificates are accepted by WA Health as a valid CRS, provided the National Certificate has been conducted within the preceding 12 month period from date of commencement of employment¹.

Only originals or certified copies of the National Police / Australian Federal Police Certificates are accepted.

6. Evidence of Good Standing

The Australian Health Practitioner Regulation Agency (AHPRA) requires a certificate of good standing from the relevant Nursing and Midwifery Board as an essential part of the NP / EPPM obtaining initial registration with AHPRA. The WACHS recognises the rigour of the AHPRA process and accepts 'good standing' that initial registrants have been identified as being in good standing to the satisfaction of AHPRA.

¹ National Police Certificates are valid for three (3) years from the date of issue. The WA Health (CRS Unit) can provide staff with a card verifying their National Police Certificate for a fee. Obtaining this card is optional.

7. Verification of Credentials

Verification of Australian Health Practitioner Regulation Agency (AHPRA) Registration Status

- All NP and EPPM can only be engaged to provide services within the scope of their AHPRA registration which may include time, site and clinical practice restrictions.
- It is important to verify whether there are conditions attached to the registration which would limit the applicant's ability to fulfil the requirements of their intended or current position within WACHS.

8. Referees

The considered opinion of at least two nursing or midwifery or medical professional peers/ one of whom must be a line manager, who can advise on the NP / EPPM midwife's recent (usually within 12 months) clinical skills, competency and suitability for the scope of clinical practice in the position should be obtained for credentialing.

The referees' opinions must be obtained directly from the referee, not via the applicant. Reports from locum agencies may be accepted at the discretion of the CASOP Committee.

9. Qualifications

The [Australian Health Practitioner Regulation Agency website](#) is accepted as primary source verification for Australian trained nurse practitioners /eligible midwives and International nursing and midwifery graduates.

Verification of a NP / EPPM further licences or accepted areas of expertise may be obtained from the relevant Australian colleges.

10. Applicant's Consent

The applicant must also be informed of the basis of the assessment, and consent obtained for WACHS to seek information from external organisations or referees about his or her past performance, past and current scope of clinical practice or other credentials being reviewed.

Furthermore, the NP or EPPM is to be informed, and understand, the requirement to consent to the retention of information that is gathered as part of the credentialing process, and of the sharing of information within the health service. The requirement to provide consent is included in the WACHS credentialing application forms.

11. Signed Indemnity Agreement

EPPM cannot commence working with WACHS until they have a signed indemnity agreement. The agreement types and forms are located and described on the [WA Health Medical Indemnity](#).

A copy of the signed agreement must be forwarded to the Department of Health Legal Branch for inclusion in the WA Health Eligible Midwife Indemnity Database. The date the agreement was signed is also to be recorded.

12. Definitions

Aged Care Criminal Record Screening	Refers to the document issued by the WA Police Service or another body or agency approved by the Department of Health that sets out the criminal convictions of an individual for offences against the elderly under the law of Western Australia, the Commonwealth, another State or territory or another overseas country.
Australian Health Practitioner Regulation Agency	Supports the fourteen National Boards : Aboriginal and Torres Strait Islander Health Practice Board of Australia , Chinese Medicine Board of Australia , Chiropractic Board of Australia , Dental Board of Australia , Medical Board of Australia , Medical Radiation Practice Board of Australia , Nursing and Midwifery Board of Australia , Occupational Therapy Board of Australia , Optometry Board of Australia , Osteopathy Board of Australia , Pharmacy Board of Australia , Physiotherapy Board of Australia , Podiatry Board of Australia , Psychology Board of Australia in implementing the national registration and accreditation scheme.
Australian Federal Police Certificate	Is the name given to a National Police Clearance that was acquired in the Australian Capital Territory (ACT).
Competency	Is the demonstrated ability to provide health care services at an expected level of safety and quality.
Competency Assessment Program	A formal review of competency requested by line manager, or Regional Director Nursing & Midwifery, where competency issues have been identified. Report back to CASOP.
Credentialing	Is the formal process used to verify the qualifications, experience and professional standing of nurse practitioners/ EPPM for the purpose of forming a view about their competence, performance and professional suitability to provide safe, high quality health care services within specific organisational environments.

Criminal Record Screening	Refers to the document issued by the WA Police Service or another body or agency approved by the Department of Health that sets out the criminal convictions of an individual for offences under the law of Western Australia, the Commonwealth, another State or territory or another overseas country.
Defining the Scope of Clinical Practice	Is the process of delineating the extent of an individual nurse practitioner/ EPPM clinical practice within a particular organisation based on the individual's credentials, competence, performance and professional suitability, together with the needs and capabilities of the health facility itself.
Nurse Practitioner Candidate	A nurse practitioner enrolled in a recognised Nurse Practitioner Program, employed as a candidate in training until they achieve endorsement with the Nursing and Midwifery Board of Australia
Site Scope of Clinical Practice	Refers to the site at which an individual nurse practitioner is approved to provide a particular scope of clinical practice.
Scope of Clinical Practice	Refers to the type of services that an individual nurse practitioner/ EPPM are approved to provide at a health care facility.
Tertiary Hospital	Refers to Royal Perth Hospital (RPH), Sir Charles Gairdner Hospital (SCGH), Fremantle Hospital, Perth Children's Hospital (PCH) and King Edward Memorial Hospital (KEMH), and Fiona Stanley Hospital (FSH).
Working with Children Check	Refers to the compulsory criminal check for people who work with children under the age of 18 in WA. It is administered by the Working with Children Screening Unit, Department for Child Protection.
Verification	Refers to the process of citing, reviewing, inspecting and authenticating documents supplied by a nurse practitioner/ EPPM to establish that the practitioner's registration documents, undergraduate and postgraduate qualifications and references meet National and WA regulatory standards.

13. Roles and Responsibilities

Nurse Practitioner/ Endorsed Privately Practising Midwife

The NP /EPPM are responsible for completing and providing the required credentialing documentation in a timely manner.

Regional Director Nursing & Midwifery

The Regional Director Nursing & Midwifery is responsible for:

- the review and verification of qualifications and training to ensure the nurse practitioner or eligible privately practicing midwife's experience and skills support the scope of practice required for the position
- provision of interim regional credentialing until the applicant is reviewed by the CASOP Committee
- ensuring the applicant is reviewed by the CASOP Committee within 90 days of receiving interim regional credentialing
- Notifying the NP / EPPM of their interim regional credentialing status, Scope of Practice and the outcome of CASOP.

14. Compliance

Failure to comply with this policy document may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Employment Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (HSA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

15. Records Management

All WACHS corporate records must be stored in the approved Electronic Documents and Records Management System.

[Records Management Policy](#)

[Health Record Management Policy](#)

16. Evaluation

Will state the proportion of EPPM and NP working in WACHS who are credentialed and have a defined scope of clinical practice

The proportion of NP and EPPM working in WACHS who can be shown to be compliant with all elements of The Credentialing Policy and the WACHS guideline

17. Standards

[National Safety and Quality Healthcare Standards](#) – 1.7c, 1.20d, 1.23abc, 4.4,
[EQulPNational Standards](#) – 1.2,

18. Legislation

[Australian Government Aged Care Act 1997](#)

[Western Australia Radiation Safety Act 1975](#)

[WA Government Children and Community Services Amendment \(Reporting Sexual Abuse of Children\) Act 2008](#)

19. References

Community Aged Care Packages (CACP)

[Australian Government Aged Care Act 1997](#)

Extended Aged Care at Home (EACH) and Extended Aged Care at Home Dementia (EACHD) packages, Multi-Purpose Service places and Transition Care

[Australian Health Practitioner Regulation Agency](#)

[Radiological Council of WA](#)

20. Related Documents

Nurse Practitioners

- Scope of Practice document (examples available [WACHS/Nursing and Midwifery/Advisory Forums/Nurse Practitioner intranet page](#))
- [WACHS Credentialing and Scope of Practice - Confidential Referee Report](#)
- Application for Credentialing and Scope of Clinical Practice NP candidates (if applicable).

Endorsed Privately Practicing Midwives

- [Collaborative arrangement between named obstetric medical practitioner/s and the endorsed privately practising midwife for private patients at WACHS Maternity Hospitals](#)
- [Collaborative Arrangement Between the WACHS Region and the Endorsed Privately Practicing Midwife \(EPPM\)](#)
- Application for [Credentialing Scope of Clinical Practice Variation to Scope of Practice \(SOP\) and/or Locations for Credentialed Practitioners Form](#)

21. Related Policy Documents

WACHS [Working with Children \(WWC\)](#)

WACHS [Aged Care Criminal Records Screening \(ACCRS\) Policy](#)

22. Related WA Health System Policies

[OD0454/13 WA Health Working with Children Check Policy](#)

23. Policy Framework

[Clinical Governance, Safety and Quality Policy Framework](#)

**This document can be made available in alternative formats
on request for a person with a disability**

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