

## Purpose

To ensure that all Allied Health, Nursing and Midwifery staff within Barwon Health are appropriately credentialed and appointed, have their scope of practice defined in accordance with their level of experience and skill, and the capability and requirements of Barwon Health.

The key principles that underpin the need for credentialing and defining the scope of clinical practice are to:

- maintain and improve the safety and quality of care that patients receive from health professionals
- sustain the confidence of both the public and healthcare professions through demonstrable impartiality
- support and embed good practice.

## Target Audience

All Barwon Health Allied Health, Nursing and Midwifery employees, including visiting health professionals.

## Definitions

**Advanced scope of clinical practice** includes work that is currently within the scope of practice (for the discipline) but that through custom and practice has been performed by other professions. The advanced role requires additional training and competency development as well as significant clinical experience. Advanced scope of practice is a level of practice characterized by an increase in clinical skills, reasoning, critical thinking, knowledge and experience so that the practitioner is an expert working within the scope of established contemporary practice (DOH 2015)

**AHPRA** refers to Australian Health Practitioner Regulation Agency

**Allied Health Clinician** refers to someone employed under the relevant industrial award to a role with a scope of practice defined by a position description for a specified period of time (either temporary or permanent).

**Appointment** is the formal process of employment or engagement of a clinician to provide services within Barwon Health according to conditions defined by general law and industrial agreements and contract. Appointments are made as required by the Barwon Health Recruitment and Selection policy.

**All clinical staff** who provide patient care services in the context of clinical care, research and teaching within Barwon Health must be formally appointed to Barwon Health with clear delineation of their roles as defined in their position description.

**CNMO** refers to the Chief Nursing and Midwifery Officer

**Conditions of Appointment** are the terms and conditions upon which clinicians are employed or engaged at Barwon Health. These are set out in letters of appointment. Additional or specific conditions of appointment may also apply to some appointments.

**Credentials** represent the formal qualifications, professional training, clinical experience and training and experience in leadership, research, education, communication and teamwork that contribute to a medical practitioner's competence, performance and professional suitability to provide safe, high quality healthcare services. A clinician's history of and current status with respect to professional registration, disciplinary actions, indemnity insurance and criminal record are also regarded as relevant to their credentials.

**Credentialing** refers to the formal process used to verify the qualifications, experience, professional standing and other relevant professional attributes of clinicians for the purpose of forming a view about their competence, performance and professional suitability to provide safe, high quality health care services within Barwon Health.

**Defining the scope of clinical practice** follows on from credentialing and involves delineating the extent of an individual's clinical practice, based on the individual's credentials, competence,

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performance and professional suitability, and the needs and capability of the organization to support the medical practitioner's scope of clinical practice. It represents the authorized extent of an individual's clinical practice within Barwon Health and will be defined for each individual in their position description and/ or letters of appointment. It is the responsibility of each manager to ensure that a Scope of Practice is defined in relation to all appointments by the position description (default) or letter of appointment. Where the scope of practice is considered advanced the scope of practice will be defined in documentation in addition to the position description.

**Endorsed Midwife** is a midwife who meets the registration standard of the Nursing And Midwifery Board of Australia, who is enabled to provide Medicare Benefits Scheme (MBS) rebateable services and who is registered to clinically practice by AHPRA.

**Extended scope of practice** is a role that is outside the currently recognized scope of practice and one that requires some method of credentialing following additional training, competency development and significant professional experience, as well as legislative change. Extended scope of practice is a level of practice that incorporates practice beyond the established, contemporary scope of practice (DOH 2015).

**Re-credentialing** refers to the formal process used to re-examine the credentials of currently employed or engaged clinicians for the purpose of forming a view of their ongoing competence, performance and professional suitability to provide safe, high quality healthcare services within specific Barwon Health environments.

**Scope of Clinical Practice** is the authorized extent of an individual clinician's clinical practice within a particular organization.

**Usual clinical practice** is the routine expectations of clinical service that are a normal part of training for a member of the relevant unit, in keeping with the practitioner's qualifications and training and are considered to be usual practice.

**Visiting Allied Health / Nursing/Midwifery Staff** refers to staff who do not have a permanent or temporary appointment with Barwon Health have applied for and had applications approved by the AHNMCC. Generally, although not exclusively, this term relates to allied health practitioners who are attending Barwon Health for a period of time to provide services to a consumer funded by an external body as part of a treatment plan, or for primarily academic or educational purposes. Their scope of practice is defined in their letter of appointment as a visiting allied health or nursing/midwifery professional which is issued following approval of the AHNMCC.

All visiting allied health or nursing/midwifery professional staff are required to comply with all policies and procedures that govern Barwon Health and the relevant Directorate, and must sign a privacy and confidentiality agreement and code of conduct agreement.

**Visiting Allied Health Clinicians** are clinicians who have applied for and had an application approved by the AHNMCC. Generally, although not exclusively, this term relates to allied health practitioners who are attending Barwon Health for a period of time to provide services to a consumer funded by an external body as part of a treatment plan, or for primarily academic or educational purposes. Their scope of practice is defined in their letter of appointment as a visiting allied health or nursing professional which is issued following approval of the AHNMCC.

**Visiting Observer** is an allied health professional, nurse or midwife who does not have an appointment or scope of practice at Barwon Health. A visiting observer at Barwon Health does not participate in clinical care, requires the approval of the Professional and Operational Manager, and has signed a privacy, confidentiality and security agreement. A clinical placement agreement or temporary appointment by the AHNMCC may be required.

## Procedure

### Reporting

The Allied Health, Nursing & Midwifery Credentialing Committee (AHNMCC) reports to the Barwon Health Quality, Safety and Clinical Governance Committee.

### Categories of Appointments

Categories of appointments apply across Barwon Health Allied Health, Nursing and Midwifery and their appointment is subject to credentialing and scope of practice requirements as detailed in [Appendix 1](#).

### Procedure for making an appointment

All appointments are made in accordance with the Barwon Health Recruitment and Selection policy.

### Credentialing

Credentialing is the formal process of assessing a health care professional's qualifications, training, experience and clinical competence in relation to their role within a specific facility.

Information used within Barwon Health to assess the credentials of an allied health, nursing or midwifery practitioner include evidence of registration via AHPRA (where relevant), eligibility for membership of professional associations, university degrees, certificates of service or completion of specific courses, validated competence, confidential professional referee reports and professional indemnity history or status.

Checking credentials is the responsibility of the Manager or their delegate proposing the appointment.

### Defining the Scope of Clinical Practice

The scope of clinical practice is only required to be defined (outside of the definition as per position description) where an advanced or extended scope of practice is required or requested, or an appointment as a visiting practitioner is applied for. Requirements are detailed [Appendix 1](#).

### Allied Health, Nursing & Midwifery Credentialing Committee (AHNMCC)

The Committee meets bi-monthly and is chaired by the Chief Nursing and Midwifery Officer. The Committee is responsible for the governance of non-medical health practitioners and in particular for:

- Providing oversight of the system for credentialing and defining scope of practice for all non-medical health practitioners;
- Ensuring the Allied Health, Nursing & Midwifery Scope of Practice Matrix is current and covers the areas where these health practitioners work;
- Ensuring that non-medical clinicians are credentialed, where relevant;
- Reviewing the scope of non-medical clinical practice periodically and whenever a new clinical service, procedure or technology is introduced or substantially altered as relevant;
- Monitoring clinical practices to ensure non-medical clinicians are operating within their designated scope of practice;
- Establish the system for identification of and approval for advanced practice;
- Advise on the requirements for emerging and new service roles and positions; and
- Monitoring and improving the effectiveness of the credentialing process.
- Reviewing applications made to the AHNMCC on the application form in [Appendix 2](#).

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The outcome of applications made to the AHNMCC are communicated in writing to applicant by the Secretary, AHNMCC who is also responsible for keeping the list of credentialed professionals up to date on One Point

### **Duration of Credentialing**

The duration of credentialing is specified in the appointment of the individual and is subject to compliance with relevant Barwon Health policy and procedures. Some appointments are specifically time-limited and are specified by the AHNMCC. These may include visiting appointments or advanced scope of practice roles which typically have a credentialing duration of 5 years.

### **Re-appointments**

Visiting practitioners or those with a temporary appointment from the AHNMCC will require re-appointment prior to the expiry of their current appointment. This will be prompted by communication from the secretary of the AHNMCC to query if the visiting practitioner would like to apply for reappointment. If no further communication is received then a letter of termination will be sent by the secretary of the AHNMCC.

### **Temporary Appointments**

Temporary credentialing can be approved by the CNMO out of session when recommended by the relevant Director. Such emergency appointments must be presented to the AHNMCC as soon as practicable afterwards for ratification. Temporary appointments cannot be made for longer than 3 months.

### **Appeal Mechanisms**

The mechanism for dealing with appeals in Barwon Health is based on the principles outlined in the relevant National Board (or professional associations) credentialing and scope of practice requirements as detailed on the AHPRA website.

An appeals mechanism is intended to provide for reconsideration of any adverse decision regarding appointment or scope of clinical practice and for new information to come forward if relevant. At all times the principles of natural justice should apply, and the practitioner should have access to relevant information and statements.

The initial decision/approval for a practitioner's scope of clinical practice is made as described in [Appendix 1](#). In the event that the requested scope of clinical practice for an individual has been denied, withheld, or granted in a different form, the practitioner has a right to appeal against the decision. This appeal should be made within twenty-eight days of receipt of the notification that the expected scope of clinical practice has not been granted.

This appeal should be directed to the Chair of the AHNMCC who has the option of bringing the appeal to the AHNMCC for formal consideration. In this instance, the practitioner will be invited to present his case for appeal to the AHNMCC, and subsequently the Head of Department, Clinical Director or Executive will present the case for amendment or restriction of scope of clinical practice. The clinician, Head of Department, Clinical Director and Executive will then excuse themselves while the AHNMCC makes a decision.

The Chair of the AHNMCC has the option of co-opting other senior clinicians within the specialty to the AHNMCC meeting for advice. If further advice is subsequently required, this would be sought in a timely manner. In the meantime before a decision is made, for patient safety purposes, the clinician will only operate within a restricted scope of clinical practice as determined by the AHNMCC or their appointment.

### **New Technology & Clinical Practice**

All applications for the use of new technologies / clinical practice must be sent to the relevant Manager and then to the Director, Allied Health or CNMO for endorsement. The New Technology and Clinical

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Practice Committee and subsequently the AHNMCC will only consider applications that have been approved by the relevant Manager and Director/ Chief.

Refer Appendices:

[Allied Health, Nursing and Midwifery Credentialing Committee Credentialing Process](#)

[Application for New Appointments / Re-appointments and Change of Scope of Practice For Nursing, Midwifery & Allied Health Professionals](#)

## Evaluation

Periodic audit of the appointment process (ensuring that every clinician has been credentialed and have an approved scope of practice) will be conducted at each meeting of the committee.

## Key Aligned Documents

[Allied Health, Nursing & Midwifery Credentialing Committee TOR](#), PROMPT: Barwon Health \ Terms of Reference \ Committees & Working Groups

[Credentialing and Scope of Practice Policy](#), PROMPT: Barwon Health \ Workforce \ HR

[Employee Code of Conduct](#), PROMPT: Barwon Health \ Workforce \ HR

[Health Practitioner Registration Policy](#), PROMPT: Barwon Health \ Workforce \ HR

[Medical Credentialing Committee TOR](#), PROMPT: Barwon Health \ Terms of Reference \ Committees & Working Groups

[Privacy Confidentiality & Security Agreement](#), Barwon Health \ Information Services \ Health Information

[Recruitment and Selection Policy](#), PROMPT: Barwon Health \ Workforce \ HR

## Key Legislation, Acts & Standards

Australian Health Practitioner Regulation Agency (2018) Codes and guidelines. Retrieved October 30, 2018 from <http://www.ahpra.gov.au/Registration/Registration-Standards/codes-guidelines.aspx>

Australian Health Practitioner Regulation Agency (2018) Registration standards. Retrieved October 30, 2018 from <http://www.ahpra.gov.au/registration/registration-standards.aspx>

Australian Health Practitioner Regulation Agency. (2015, December 1). Registers of practitioners. Retrieved October 30, 2018 from <http://www.ahpra.gov.au/Registration/Registers-of-Practitioners.aspx>

National safety and quality health service standards second edition. (2017, November). Retrieved September 22, 2018 from <https://www.safetyandquality.gov.au/wp-content/uploads/2017/11/National-Safety-and-Quality-Health-Service-Standards-second-edition.pdf>

Working With Children Act 2005. Version No. 060. Version incorporating amendments as at 3 September 2018. Retrieved October 30, 2018 from [http://www7.austlii.edu.au/cqi-bin/viewdb/au/legis/vic/consol\\_act/wwca2005232/](http://www7.austlii.edu.au/cqi-bin/viewdb/au/legis/vic/consol_act/wwca2005232/)

## References

NDIS Provider Registration Guide to Sustainability (July 2018). Retrieved November 1, 2018 from [https://providertoolkit.ndis.gov.au/sites/g/files/net3066/f/provider\\_registration\\_guide\\_to\\_suitability.pdf](https://providertoolkit.ndis.gov.au/sites/g/files/net3066/f/provider_registration_guide_to_suitability.pdf)

Victoria State Government, health.vic. (2018). Credentialing, competency and capability framework. Retrieved October 30, 2018 from <https://www2.health.vic.gov.au/health-workforce/allied-health-workforce/allied-health-ccc-framework>

Victoria State Government. (2011). Credentialing and defining the scope of clinical practice in Victorian health services – 2011 update. Retrieved October 30, 2018 from [https://www2.health.vic.gov.au/getfile/?sc\\_itemid=%7b4056BEB4-5F44-4124-9AF8-](https://www2.health.vic.gov.au/getfile/?sc_itemid=%7b4056BEB4-5F44-4124-9AF8-)

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[7F35134C7C2D%7d&title=Credentialling%20and%20defining%20the%20scope%20of%20clinical%20practice%20in%20Victorian%20health%20services%20-%20202011%20update](https://www.victorianhealthservices.gov.au/7F35134C7C2D%7d&title=Credentialling%20and%20defining%20the%20scope%20of%20clinical%20practice%20in%20Victorian%20health%20services%20-%20202011%20update)

## Contributors

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<b>Committee</b>	AHNM Credentialing	Members	November 2018 meeting
	Workforce Governance	Members	December 2018 meeting

**Allied Health, Nursing and Midwifery Credentialing Committee  
Credentialing Process APPENDIX 1**



Ref	Applicants	Credentialing Verification	SOP Defined By	Appointment Activities	Requirement of AHN&M Committee
1	<b>Entry Level Students Undergraduates</b>	Enrolment verified by education provider and recorded in Vic Place.	Student Placement Agreement	Monitored by Program / Service Manager	N/A
2	<b>BH Employees</b>	Qualifications to be verified by Manager & Professional Chief.	Position Description Specified Duties Location Specific Requirements	Via HR	N/A
3	<b>BH Employees with Additional Qualifications Not Requiring Endorsement of Advanced Scope of Practice</b>	Qualifications to be verified by Manager & Professional Chief.	Position Description Location Specific Requirements Specific SOP for Role	Via HR	N/A
4	<b>BH Employees with Additional Qualifications Requiring Endorsement of Advanced or Extended Scope of Practice</b>	Qualifications to be verified by Manager & Professional Chief Certification has an end date Involves advanced or extended scope tasks usually performed by a Medical Practitioner or other Health Professional	Position Description Location Specific Requirements Specific SOP for Role	Application Form to be Completed Recommendation from the Department Head & Professional Chief is to be sent to the Committee for consideration and endorsement	Recognize & endorse Credentials and Scope of Practice Monitor the Register Ensure qualifications / certifications are current Ensure the requirements of the organization are met
5	<b>Visiting Health Professionals with Service Agreement/Contract</b>	A Contract is required that includes an additional clause that satisfies BH requirements, including confirmation of current practicing certificates & qualifications, Visiting Health Professionals signing a privacy & confidentiality agreement, code of conduct agreement, IT agreement and having a current police or working with children check Names of Visiting Health Professionals providing services under the Agreement / Contract is to be provided to the Committee	Scope of practice whilst visiting BH is specified in the Service Agreement / Contract Period of contract is specified	Monitored by Program / Service Manager	Monitor the Register Ensure qualifications / certifications are current Track contract period Ensure the requirements of the organization are met
6	<b>Visiting Health Professionals without a Service Agreement/Contract Providing a Service at BH</b>	Qualifications to be verified by Manager & Professional Chief Individuals required to complete the whole application process including application form, CV, 100pts of identification, copies of qualifications, etc. Interview required.	Scope of practice whilst visiting BH is specified by the Department Head & Professional Chief Period of contract is specified	Application Form to be Completed Recommendation from the Department Head & Professional Chief is to be sent to the Committee for consideration and endorsement	Recognize & endorse Credentials and Scope of Practice Monitor the Register Ensure qualifications / certifications are current Track contract period Ensure the requirements of the organization are met
7	<b>Academic / Research Appointments</b>	Employed by an Education Provider who agrees to enter into a Contract with BH that includes an additional clause that satisfies BH requirements, including confirmation of current practicing certificates & qualifications, signing a privacy & confidentiality agreement, code of conduct agreement, IT agreement and having a current police or working with children check Names of Academic / Research Appointments under the Agreement / Contract to be provided to the Committee	Scope of practice is specified by the Department Head & Professional Chief Review of CV/Track Record by relevant Professor or Director of Research to determine research capability and also a declaration of current knowledge of National Statement on Ethical Research in Humans and National Statement on Research Conduct Period of contract is specified	Application Form to be Completed Recommendation from the Department Head & Professional Chief is to be sent to the Committee for consideration and endorsement	Monitor the Register Ensure qualifications / certifications are current Track contract period Ensure the requirements of the organization are met
8	<b>Clinical Update - No contract in place</b>	Qualifications to be verified by Manager & Professional Chief A Contract is required and must include an additional clause that satisfies BH requirements including; confirmation of current practicing certificates or qualifications, signing a privacy & confidentiality agreement, code of conduct agreement, IT agreement and having a current police or working with children check This category covers an individual or group from another organization who may be visiting for a period of observation or clinical update in a defined specialty	A defined scope of practice for individuals is required from the Department Head & Professional Chief	Recommendation from the Department Head & Professional Chief is to be sent to the Committee for consideration and endorsement	Monitor the Register Ensure qualifications / certifications are current Track contract period Ensure the requirements of the organization are met
9	<b>Observership - Definition: Person who has completed a degree in a related health discipline. The observer does not have to be registrable in Victoria as they will not be participating in patient care.</b>	Request received by clinical head. BH requires that the person requesting the observership meets the academic qualifications, signs a privacy & confidentiality agreement, code of conduct agreement, IT agreement and has a current police or national police check or working with children check	Nil	Recommendation from the Department Head & Professional Chief is to be sent to the Committee for consideration	Provide copy of documentation Ensure qualifications / certifications are available Track contract period Ensure the requirements of the organization are met

# Application for New Appointments / Re-appointments and Change of Scope of Practice For Nursing, Midwifery & Allied Health Professionals

Name:

Surname

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Given name(s)

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This is a:

a) New appointment  Renewal of Appointment  Extension / Variation of Scope of Practice   
I wish to apply to be credentialed as.....

Please note: If you need to correct any error in your application, please initial the correction.

- b)  Visiting Health Professional with Service Agreement / Contract with Barwon Health  
c)  Visiting Health Professional without a Service Agreement / Contract with Barwon Health  
d)  Academic / Research Appointment with Barwon Health  
e)  Clinical Updates

## 1. Application for appointment

Please attach to this Application Form:

### Barwon Health Employees & Academic / Research Appointments:

- Letter of Recommendation from the Department Head / Professional Chief
- Copy of current Australian Health Practitioner Regulation Agency registration where relevant
- Current Curriculum Vitae
- Evidence detailing CPD activities

### All Other Appointments & Reappointments:

- Letter of Recommendation from the Department Head / Professional Chief
- Certified copies of all specialty or other qualifications (other than primary allied health degree, if these are not listed on the Australian Health Practitioner Regulation Agency website:  
<http://www.ahpra.gov.au/en/Registration/Registers-of-Practitioners.aspx>)
- Current Curriculum Vitae
- Evidence detailing CPD activities
- Proof of Identification - 100 point test - Verification of signatory - 100 point check as required by Austrac <http://www.austrac.gov.au/>
- Signed Copy of the Barwon Health Employee Code of Conduct
- Signed Copy of the Barwon Health Privacy, Confidentiality & Security Agreement
- Completed Stat Dec – Police & Residency Check (Aged Care only)
- Working with Children Check (if applicable)
- A copy of the current professional indemnity insurance certificate; initial applications need to supply a certified copy (if applicable)
- Copies of relevant visa documents (if applicable)





## 2. Applicant contact details

Surname

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Given name(s)

---

Previous name(s)

---

Employee Number (if applicable)

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Date of birth

Place of birth

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### Residency status

*(If you are a not permanent resident please advise current visa type)*

Australian citizen  Permanent resident  Temporary resident

Professional address

Postcode

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Postal address (if different to above)

Postcode

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Phone (BH)

Phone (AH)

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Fax

Mobile/pager

---

Email address

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Do you have a Medicare provider number? Yes  No   
for this location?

*If restrictions apply, please provide full details.*

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Site(s)

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Provider number(s)

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Do you have a prescriber number? Yes  No

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Prescriber number:

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### 3. All qualifications (including your primary nursing, midwifery or allied health degree)

- **New appointments** – please list all your qualifications.
- **Reappointments (or if seeking to extend current scope of practice)** – please list any new qualifications obtained since last appointment. Please provide certified copies of new qualifications obtained. Please provide certified copies of new qualifications obtained.

Qualifications	University/organisation	Year Obtained
Primary midwifery degree		
Others		

Reappointment Only	Are you requesting a change to your existing scope of practice? Yes <input type="checkbox"/> No <input type="checkbox"/>
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### Specialist Area of Practice

Primary Speciality		Qualifications to support this speciality:
Sub-specialty or area of special interest (if applicable)	(Please provide supporting information in 4b.)	
Other speciality (if applicable)		Qualifications to support this speciality:
Are you applying to reduce your current scope of practice?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please outline reasons for the proposed reduction of scope of practice.		



## 4. New applicants and change of scope of practice

### 4a. What scope of clinical practice are you applying for?

I wish to apply to define my scope of clinical practice to undertake the following (please select from the following groups):

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e.g Midwifery care

e.g Scope of practice as defined by the Australian College of Midwives' *National midwifery guidelines for consultation and referral* and/or the Australian and New Zealand College of Obstetricians and Gynaecologists College Statement: *C-Obs 30 Maternal suitability for models of care, and indications for referral within and between models of care.*

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e.g Diagnostic imaging -  
please specify  
modality/modalities for  
which scope of clinical  
practice  
is sought

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Other - please provide  
details for which scope of  
clinical practice is sought

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## 5. Clinical appointments\*

Please provide details on all current and previous clinical appointments, including collaborative arrangements at other hospitals held within the past five years (including names of organisations and dates of appointment) or other places of practice (for example, private practice).

Organisation	Name and type of appointment	When did you work in that role?
		to
		to
		to
		to
		to
		to
		to
		to
		to
		to
		to

*\*Appointment refers to granted private practice admitting rights.*



## 6. Registration Board of Australia

Please refer to <http://www.ahpra.gov.au>

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What is your Australian Health Practitioner Regulation Agency  
Registration number?

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Do you have an endorsement? Yes  No

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Please Specify

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Have you ever been formally disciplined (by an employer or other  
organisation) in the course of your work as a registered health  
professional? Yes  No

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Have you ever been the subject of prior disciplinary decision(s) or ruling(s)  
imposed by any registration board either in Australia or elsewhere? Yes  No

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Do you currently have any conditions, restrictions, undertakings,  
reprimands or notations placed on your registration or your clinical practice  
either in Australia or any other country? Yes  No

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Have you ever had any conditions, restrictions, undertakings, reprimands  
or notations placed on your registration either in Australia or elsewhere? Yes  No

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Have you ever been denied a scope of clinical practice that you  
requested? Yes  No

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Have you ever chosen to reduce your scope of practice? Yes  No

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Has your right to practise ever been withdrawn, suspended, terminated or  
reduced by an organisation, employer or professional body? Yes  No

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Have you ever been convicted or found guilty of any criminal offence,  
including a drug- or alcohol-related offence? Yes  No

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Are you the subject of current or pending criminal charges? Yes  No

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If YES, to any of the above, please provide full details by attaching relevant information to this  
application, or if you prefer, you can provide the information in a sealed envelope marked  
'confidential for Chief of Nursing, Midwifery & Regions' and indicate here that additional  
information is provided separately in this manner.



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Are you registered as a nursing, midwifery or allied health professional in another country?

Yes  No   
If yes, please specify:

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Have you ever been registered as a nurse, midwife or allied health professional in another country?

Yes  No   
If yes, please specify:

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Do you have a current working with children check?  
(Required for staff regularly providing services to children)

Yes  No  N/A

Card number:

*Please attach a photocopy of your current card.*

\_\_\_\_\_  
Expiry date:

\_\_\_\_\_  
*\*Working with Children information can be found at <http://www.justice.vic.gov.au/workingwithchildren/>*



## 7. Professional indemnity insurance information

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Current private Professional Indemnity Insurance cover.

Name of insurer:

Please attach a copy of your current policy renewal certificate. New appointments need to attach a certified copy.

Policy number:

Expiry date:

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Is your proposed scope of private clinical practice reflected in or covered by your current Professional Indemnity Insurance?

Yes  No  N/A

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Have there ever been, or are there currently pending, professional indemnity claims, settlements or judgements against you?

Yes  No

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Has your current or any previous professional indemnity insurer ever excluded or reduced any specific area of practice, or terminated or denied coverage?

Yes  No

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If the answer to either of the last two questions above is YES, please provide a detailed explanation and specify the name of the relevant insurer.

*If you require further space to answer questions, please attach separate pages, identified with the relevant section number.*

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## 8. Academic Appointment / Teaching Experience

Please provide details of current and previous university or hospital teaching appointments held within the last five years (including names of organisations and dates of appointment).

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Organisation	Status/Level	Term of appointment
		to
		to
		to
		to
		to
		to
		to
		to
		to
		to

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*If you require further space to answer questions, please attach separate pages, identified with the relevant section number.*



## 9. Continuing professional development

Please provide details of your involvement in continuing professional development (CPD) over the last five years if relevant. Include the name of the organisation/program in which you are enrolled, and copies of any log books, activity or certificate of satisfactory completion of CPD in the last five years.

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Have you met the continuing professional development requirements for the most recent registration period?

Refer to the AHPRA registration standard for details at <http://www.ahpra.gov.au>

Yes  No

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Description of CPD activities undertaken ( <b>Please attach papers</b> )	Dates
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## 10. Quality activities (new appointments only)

For example, participation in clinical review / audit/ peer review activities.

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Have you participated in regular clinical reviews, audits and/or peer-review activities in any clinical setting?

Yes  No

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If YES, please provide details of these activities (provide attachments if necessary).



## 11. Health Service Educational Activities

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Are you prepared to conduct educational activities at this health service?

Yes  No

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## 12. Health status

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Do you have a disability or health issue that: Yes  No

- may impact on your ability to perform any of the cognitive and physical functions that would fall within the scope of practice that you are seeking in this application?
  - may require special equipment, facilities or work practices to enable you to perform any aspect of the scope of practice you are seeking in this application?
  - may be relevant to determining your scope of practice?
- 

If you answered **YES**, please provide details of the disability or health issue and its likely, or possible, impact on your ability to carry out the sought scope of practice. Details of any special equipment facilities or work practices required should be included.

This information can be provided on this form or, alternately, you can provide the information in a sealed envelope marked 'Confidential for Director of Nursing/Midwifery only' appended to this application. Indicate here if additional information is being appended.

This information is sought to enable an assessment to be made as to whether you can safely perform the inherent and reasonable requirements of the work that you seek to perform at the health service or whether any reasonable adjustments might be required to ensure you can work at the health service in a way that ensures patient safety.



### 13. Referees: new appointments and change scope of practice only

Please provide details of at least two professional referees who have been in a position to judge your experience and performance during the previous three years and who have no conflict of interest in providing a reference.

#### Referee 1

---

Name

---

Current position

---

Professional address

---

Postcode

---

Phone (BH)

---

Phone (mobile)

---

Email address

---

#### Referee 2

---

Name

---

Current position

---

Professional address

---

Postcode

---

Phone (BH)

---

Phone (mobile)

---

Email address

---

#### Referee 3

---

Name

---

Current position

---

Professional address

---

Postcode

---

Phone (BH)

---

Phone (mobile)

---

Email address

---



## 14. Agreement/undertakings

I understand that in assessing my application for appointment the health service will make additional enquiries as to my suitability for the position.

### New applications only

---

I understand the health service will conduct a routine criminal history check in relation to my current and previous place/s of residence. Yes  No

---

### New appointments and expanding scope of practice only

---

I authorise the health service to seek information from my referees as to my past experience, performance and current fitness to practise. Yes  No

---

I agree to familiarise myself with relevant hospital by-laws, policies and procedures for clinical practice and Occupational Health and Safety and to abide by them. Yes  No

---

### All applications

---

I accept that the health service will obtain information relevant to my application from the Australian Health Practitioner Regulation Agency and any other board regulating health practitioners, whether in Victoria or elsewhere. Yes  No

---

I authorise the health service to obtain information relevant to my application from my current and any previous professional indemnity insurer. Yes  No

---

I authorise the health service to obtain information relevant to my supervision requirements (where applicable). Yes  No

---

I authorise the health service to seek information from other persons, as the health service considers appropriate, including any relevant health service, college or other professional organisation. Yes  No

---

I agree to abide by the organisations and state and national confidentiality and privacy laws and policies and understand that breaches may result in the cessation of my appointment. Yes  No

---

I agree to notify the Chief of Nursing, Midwifery & Regions of any event/situation that may impact on my ability to exercise my scope of clinical practice, whether due to registration matters or otherwise. This includes matters about which I consider that the director/nursing leader would wish to be informed and, as a minimum, includes the kinds of information covered in this application (such as any criminal charges or convictions or reductions in registration or insurance). Yes  No

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If appointed, I agree to comply with relevant ongoing educational/certification programs, (for example, college or relevant professional association/body) and to furnish details to the health service on an annual basis as requested by the Chief of Nursing, Midwifery & Regions.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If appointed, I agree to participate in an annual professional development review.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I agree to promptly notify the Chief of Nursing, Midwifery & Regions of any adverse clinical incident I am involved in, or become aware of.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If appointed, I agree to work within my specified scope of clinical practice and to make a further application should I seek to extend the scope of clinical practice granted to me.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Should any question as to my scope of clinical practice arise, I agree that the health service may make such enquiries as it considers necessary to assess whether that scope of clinical practice is appropriate.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I agree to sign and abide by the Code of Conduct and Privacy, Confidentiality & Security Agreement form provided by Barwon Health.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I acknowledge the hospital's commitment to teaching and learning and will support the learning needs of students and staff within the organisation.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I will ensure that documentation is contemporaneously documented on hospital medical record forms and/or entered onto the hospital database.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I authorise the hospital to advertise my practice details, area of interest and languages spoken.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Specific to Midwives**

I agree to practise in accordance with the Australian College of Midwives' guidelines for consultation and referral and/or the Australian and New Zealand College of Obstetricians and Gynaecologists College Statement C-Obs 30, and health service policies, procedures and guidelines. (if applicable)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I will ensure that all documentation complies with the requirements as described in the National Health (Collaborative arrangements for midwives) Determination 2010	Yes <input type="checkbox"/>	No <input type="checkbox"/>





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When on leave or ill I will ensure that appropriate arrangements are made for continuing care with an equivalently credentialed endorsed midwife.

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Yes  No

I will ensure that reportable data is submitted to relevant agencies (e.g. Victorian Perinatal Data Collection and Newborn Screening Program within the Victorian Clinical Genetics Service) and, where relevant, copies are sent to the hospital.

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Yes  No



## 15. Declaration

*As recommended under the Standard for Credentialing and Defining the Scope of Clinical Practice of the Australian Commission for Safety and Quality in Health Care, the health service requires that the following declaration is completed by applicants.*

*I hereby declare that I have not been subject to any prior change to the defined scope of clinical practice, or denial, suspension, termination or withdrawal of the right to practice (other than for organisational need and/or capability reasons) in any other organisations and that I have not been subject to any prior disciplinary action or professional sanctions imposed by any registration board.*

I hereby declare that the information contained in this application is true and correct.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

If, for any reason, you are unable to sign the declaration above, please explain the circumstances.

### **Please Note:**

*The information collected on this form will be used by the Barwon Health Allied Health, Nursing & Midwifery Credentialing Committee to assist in the determination of your application. Information provided on this form will not be used, or disclosed, for any other purpose.*

*Barwon Health operates in accordance with federal and state privacy legislation, including adherence to the National Privacy Principles. Copies of Barwon Health Privacy and Confidentiality Policies are available upon request.*



## Health service use only

Applicant name

Item	Checked/comment
1. Proof of identification	<input type="checkbox"/>
2. Working with children certificate (if applicable)	Sighted / Not sighted
3. Contact details provided	<input type="checkbox"/>
4. Provider number	<input type="checkbox"/>
5. Prescriber number	<input type="checkbox"/>
6. Qualifications	<input type="checkbox"/>
7. Training and experience (if required)**	<input type="checkbox"/>
8. Clinical appointments (if required)**	<input type="checkbox"/>
9. Midwifery registration	<input type="checkbox"/>
10.Currency of Professional Indemnity Insurance cover	<input type="checkbox"/>
11. Academic appointments / teaching experience	<input type="checkbox"/>
12.Continuing professional development	<input type="checkbox"/>
13.Health status	<input type="checkbox"/>
14.Referees (if required)**	<input type="checkbox"/>
15.Existing contract/employment arrangements checked and relevant documentation available (if required)**	<input type="checkbox"/>
16.Current collaborative arrangements	<input type="checkbox"/>
17. Declaration signed	<input type="checkbox"/>

Other comments:

Application details checked by <insert name>

Signature

Date

Letter to applicant advising outcome of application

Yes  Copy attached

\*\* Not required for reappointment at same health service with no change in scope of practice



## 100 points – verification details

Type of check	Available points	Notes
Passport (current or expired by less than two years, not cancelled) Citizenship certificate (Australian only) Birth certificate (original or extract) Birth card issued by the Victorian Registry of Births, Deaths and Marriages	70	Must contain name and a photo. <b>Select one only.</b>
<b>Written reference</b> Written reference from an acceptable referee from a financial institution	40	<b>Select one only.</b> Referee to have known the signatory for at least 12 months. Both signatory and referee must sign the reference.
<b>Driver's licence.</b> Renewed, interim, provisional, truck or learner's Other acceptable government-issued licences include boat, gun or pilot Public Service Employee Identification Card Pension or government Health Care Card (reference number required) Identification card issued by a tertiary education institute	40 40 40 40 40	Must contain name, expiry date, a photo or signature.
Letter from a current employer (current or must have been employed by the employer within the past two years)	35	Must be on letterhead or company seal. Both employer and employee's signature must be on the letter, along with the name and address of the employee.
Medicare card Overseas or international driver's licence or Proof of Age card	25 25	
Financial institution's credit card, cash card or passbook	25	Only one current card/passbook can be accepted from each financial institution. You may supply details from several different institutions but cannot solely rely on this form of identification.
Rating authorities Rate notice (current). Provide the deposited plan (DP) number	35	
Public utility (water rate notice, electricity, gas or telephone account – no mobile accounts). Take a <i>current</i> notice with you.	25	
Statement from landlord, managing agent or owner of customer premises	25	Take letter, rental contract or rent receipt with you.



Click link to download:

[Employee Code of Conduct Confirmation](#), PROMPT: Barwon Health \ Workforce \ HR  
(Print last page of the booklet and attach to the application)



## Employee Code of Conduct Confirmation

- I have read the Employee Code of Conduct, and understand that I have any doubt as to the meaning of any clause, I will contact my Manager or Workforce Partnerships for an explanation.
- I am aware that failing to comply with this Code of Conduct (including the Professional Code of Conduct for Medical Staff) may result in disciplinary action including termination of my employment with Barwon Health and/or civil or criminal legal penalties.
- I understand that Barwon Health reserves the right to vary the Code of Conduct from time to time, and that any such variations will apply to my employment.
- By signing this, I agree that I have read, understood and will comply with the Barwon Health Employee Code of Conduct, and the Professional Code of Conduct for Medical Staff

Signature:.....

Print Name:.....

Date:.....



Click link to download:

[Privacy, Confidentiality & Security Agreement](#) PROMPT: Barwon Health \ Workforce \ HR  
(Print and attach to the application)



## Privacy, Confidentiality and Security Agreement

As part of my role I am required to understand and agree to the following:

1. I WILL ONLY access information I need to undertake my role.
2. I WILL NOT misuse, disclose, copy, release, sell, alter or destroy any confidential information unless it is part of my role. If it is part of my role to do any of these tasks, I will follow the correct procedure (such as putting confidential papers in appropriate security bins or using Barwon Health faxing guidelines).
3. I WILL NOT disclose my personal computer passwords and I will not use shared passwords in unauthorised situations.
4. I KNOW that my access to confidential information via private electronic messages and the use of passwords and computers may be audited without my knowledge.
5. I KNOW that it is the role of the Chief Executive (or authorised delegate) to represent Barwon Health in all discussions with the media.
6. I WILL NOT remove confidential information (eg. hard copy records, photographs, patient forms or electronic data) from Barwon Health premises unless it is an authorised work practice.
7. I WILL report any activities on the line manager I suspect may compromise the confidentiality of information. I understand these reports will be in good faith and will be held in confidence to the extent permitted by law.
8. I WILL endeavour to wear my Barwon Health identification badge at all times whilst on Barwon Health premises.
9. I WILL respect the privacy of Barwon Health patients and employees.
10. I AM RESPONSIBLE for my use or misuse of confidential information.
11. I UNDERSTAND my obligations under this Agreement will continue after termination of my role.

I am aware that failure to comply with this agreement may result in the termination of my role at Barwon Health and/or civil or criminal legal penalties.

By signing this, I agree that I have read, understand and will comply with this.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Department: \_\_\_\_\_

Organisation: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

COPY 1 – to be signed and held by the individual covered by this policy.  
COPY 2 – to be signed and held in employee record within Human Resources or in Volunteer Services Office for volunteers and non-Barwon Health researchers or within departments for students, contractors and partner organisations.

