Guidelines for Defining the Credentialing and Scope of Clinical Practice for Senior Medical and Dental Staff

Version 5 - 15\textsuperscript{th} January 2013
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Acknowledgement

These Guidelines have been adapted from documents provided by Alfred Health and Peninsula Health.

Explanatory Notes

1. All applicants for appointment/ re-appointment must present evidence of the following four items: 1. current registration with AHPRA, 2. Certificate of Good Standing/participation in CME with a relevant learned college, 3. appropriate medical indemnity insurance for private practice, and 4. for initial appointment, or reappointment when a change in scope of practice is sought, at least 2 reports from referees with knowledge of the applicant’s clinical practice. Applicants for re-appointment must also have a satisfactory performance review within one year of application.

2. This document aims to assist the process of credentialing and defining the scope of practice, which occurs at the time of initial appointment and at re-appointment.

3. Core scope of practice (and where relevant, advanced or reduced scope of practice) is defined for each clinical discipline. For each scope of practice, credentialing requirements are defined for initial appointment and for re-appointment.

4. When applying for credentialing or re-credentialing, applicants should consult the relevant section of this document to determine what credentials they should present to apply for any given scope of practice, and should list on the application form the documents they are providing to comply with the list of required credentials.

5. Credentials of all senior medical staff will also be reviewed annually. This process will involve a check of AHPRA registration; in addition evidence of the following will be required to allow renewal of credentialing:
   - current medical indemnity insurance covering relevant scope(s) of practice
   - continued participation in CPD activities of appropriate college
   - satisfactory annual performance review

6. Introduction of new techniques/new technologies and/or expansion of the range of specialist clinical services offered at Ballarat Health Services is regulated by BHS policies and protocols, and application(s) for any new clinical practice are to be referred to the EDMS.
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ANAESTHESIA

Core SoP in Anaesthesia includes the provision of anaesthesia and perioperative services for patients having surgical, medical, obstetric or investigational procedures. Anaesthetists have training and knowledge to provide safe and high quality patient care before, during and after surgery and medical procedures. The specific competencies and duties of an anaesthetist may include:

- Pre-anaesthesia assessment and early post-anaesthesia care of patients
- Supervision of anaesthesia trainees and other staff as appropriate
- Medical care of patients in the Recovery Room
- Anaesthetic & peri-operative services for routine obstetrics & paediatric surgery
- Organisation and clinical management of acute pain services and participation in a Pain Medicine Unit where appropriate
- Acute resuscitation services for medical, surgical and trauma emergencies, including retrieval services
- Administration of blood and blood products
- Supervision and/or management of cardiopulmonary bypass when appropriate
- Other clinical services as may be necessary and appropriate to the specialty.

The above core competencies are recognised by the successful completion of the FANZCA.

Credentials required for initial determination of Core SoP in Anaesthesia & POM:

1. FANZCA certification of successful completion of advanced training in Anaesthesia; or
2. Equivalent certification by a recognised overseas body of successful completion of advanced training in Anaesthesia and Australian Fellowship
3. Evidence of relevant clinical activity and experience

Credentials required for maintenance of Core SoP in Anaesthesia & POM:

1. Current certification and evidence of continuing participation in College or relevant Speciality Society CPD programs
2. Evidence on ongoing relevant clinical activity
3. Evidence of participation in internal audit activities and performance review
4. Regular attendance at Anaesthesia clinical meetings
Advanced SoP Requiring Specific Credentialing

Procedures requiring specific credentialing require additional training and experience:

- Intraoperative transoesophageal echocardiography
- Advanced Interventional pain procedures (e.g. Coeliac plexus block, spinal stimulators).

Training and competence in specific procedures should at least match the requirements as set out by the ANZCA.
ANATOMICAL PATHOLOGY

Core SoP in Anatomical Pathology includes responsibility for the timely efficient diagnostic consultative reporting of histological and cytological specimens of all body sites. These core competencies are recognised by the successful completion of the FRCPA.

Practitioners engaging in clinical pathology practice should demonstrate:
- a) knowledge and experience in anatomical pathology
- b) professional care, responsibility and accountability for patients and patients’ specimens referred to the laboratory
- c) maintenance of high quality pathology reports
- d) engagement in appropriate NATA approved laboratory practice in conjunction with senior scientists
- e) adherence to protocols, guidelines and practice standards pertaining to the area of clinical practice
- f) that the scientific diagnostic function of Anatomical Pathology is relevant to clinician needs and reflects current cost effective methods and
- g) that there is prompt communication with other relevant clinicians and health care providers.

Credentials required for initial determination of Core SoP in Anatomical Pathology:

1. FRCPA certification of successful completion of advanced training in Anatomical Pathology or
2. Equivalent certification by a recognised overseas body of successful completion of advanced training in Anatomical Pathology and Australian Fellowship
3. Evidence of relevant clinical activity and experience
4. Evidence of appropriate private medical indemnity insurance
5. Membership of relevant national / international society(s) is highly desirable
6. Referees – at least two from certified Pathologists with knowledge of the applicant’s clinical practice in Pathology

Credentials required for maintenance of Core SoP in Anatomical Pathology:

1. Current certification and active participation in College or relevant specialist society CPD programs
2. Evidence of ongoing relevant clinical activity
3. Evidence of appropriate private medical indemnity insurance
4. Evidence of participation in internal audit activities and performance review
5. Regular attendance at Clinical Pathology meetings
Credentialing and Defining Scope of Practice for Senior Medical/Dental Staff

CARDIOLOGY

Core SoP includes the assessment and management of a comprehensive range of cardiovascular problems in audit patients including complex cardiac conditions such as heart attacks and life threatening arrhythmias. Competency in ECG interpretation, insertion and management of central venous lines, right heart catheters and temporary pacemakers, cardioversion, stress testing and Holter scanning form a base skill set. Core SoP also includes transthoracic echocardiography if competence was acquired as part of FRACP core training and maintenance of competence maintained according to CSANZ guidelines (www.csanz.edu.au training guidelines in adult echocardiography 2009), and left heart catheterisation and coronary angiography if competence was acquired as part of FRACP core training and maintenance of competence maintained according to CSANZ guidelines (www.csanz.edu.au cardiac cath & coronary angio 2011). These core competencies are recognised by the successful completion of the RACP advanced training program in cardiology (www.racp.edu.au) or its equivalent.

More complex procedures such as coronary or peripheral atrial intervention, cardiac biopsy, electrophysiological testing, permanent pacemaker or ICD implantation, transoesophageal and stress echocardiography and alcohol septal ablation require additional training, experience and specific credentialing. Training and competence in specific procedures should at least match those mandated by the CSANZ (www.czanz.edu.au/guidelines.training/index.htm).

Practitioners undertaking all cardiological procedures should ensure appropriate selection of patients and have a clear understanding of the role of the procedures in patient’s management (Including the diagnosis and management of complications).

**Credentials required for initial determination of Core SoP in Cardiology**

1. FRACP with SAC certification of successful completion of advanced training in Cardiology; or
2. Equivalent certification by a recognised overseas body of successful completion of advanced training in Cardiology and Australian Fellowship
3. Evidence of relevant clinical activity and experience
4. Cardiologists who work with in the cath lab must have a current radiation safety licence
5. Membership of CSANZ or other equivalent International Societies is highly desirable
Credentialing and Defining Scope of Practice for Senior Medical/Dental Staff

**Credentials required for maintenance of Core SoP in Cardiology**

1. Current certification and active participation in College or relevant Speciality Society CPD programs
2. Evidence on ongoing relevant clinical activity
3. Evidence of participation in internal audit activities and performance review
4. Regular attendance at Cardiology clinical meetings

Practitioners who, through the nature of their training and experience, have expertise in less than the full range of cardiological procedures may apply for privileges in **selected procedures only.**

**Advanced SoP Requiring Specific Credentialing – refer to cardiac society guidelines**

- Coronary arterial intervention (www.csanz.edu.au PCI 2008)
- Peripheral arterial intervention (www.csanz.edu.au PCI 2008)
- Accreditation by CCoPET (Conjoint Committee for Peripheral Endovascular Therapy) – see conjoint.surgeons.org
- Cardiac biopsy
- Permanent pacemaker
- ICD implantation Adult EP Training 2007 & Cardiac IED 2005
- Transoesophageal or stress echocardiography (www.csanz.edu.au Adult Echocardiography 2004)
- Alcohol septal ablation
- Percutaneous valve replacement
- MR and CT – cardiac angiography (www.csanz.edu.au CTCA 2007) with Radiology

**Credentials required for determining Advanced SoP in Cardiology**

1. As for Cardiology Core SoP, plus
2. Evidence of training and experience in complex cardiological procedures – for example, completion of an Interventional Cardiology Fellowship
3. Evidence of recent relevant clinical activity (log book)
   - Coronary arterial intervention (www.csanz.edu.au PCI Training requirements 2008)
   - Peripheral arterial intervention – Accreditation by CCoPET (Conjoint Committee for Peripheral Endovascular Therapy) – see conjoint.surgeons.org
   - Cardiac biopsy
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- Permanent pacemaker
- Transoesophageal or stress echocardiography (www.csanz.edu.au Adult Echocardiography Training 2004 requirements)
- Alcohol septal ablation
- Percutaneous valve replacement – specific training
- Cardiac MR (with Radiology)
- CT – cardiac angiography (with Radiology) (www.csanz.edu.au CTCA training requirements 2007) – requirements will be consistent with conjoint committee requirements

4. References from two Cardiologists with relevant practice (including one local Cardiologists) able to comment on the applicant through their direct knowledge of the applicant’s abilities
5. Membership of subspecialty societies/groups relevant to specific SoP

Credentials required for maintenance of Advanced Sop in Cardiology

1. As maintenance of Core SoP, plus
2. Evidence of relevant current activity in Advanced Interventional Cardiological procedures or other relevant areas (log book)
   - Coronary arterial intervention (www.csanz.edu.au PCI 75/year)
   - Peripheral arterial intervention- Accreditation by CCoPET (Conjoint Committee for Peripheral Endovascular Therapy) – see conjoint.surgeons.org
   - Cardiac biopsy
   - Electrophysiological testing (www.csanz.edu.au Adult EP 50/year of which 30/year RF ablation)
   - Permanent pacemaker
   - Transoesophageal or stress echocardiography (www.csanz.edu.au Adult Echocardiography Training. TOE 35/year, Stress echo 100/year.
3. Evidence of participation in relevant internal audit eg Advanced Interventional Cardiological procedures
4. Evidence of ongoing relevant CPD in e.g. attendance at relevant courses, workshops, conferences
5. Membership of subspecialty societies/groups relevant to Advanced Interventional Cardiology
Core SoP in Chemical Pathology includes the supervision of laboratory services in the whole breadth of chemical pathology. This includes generalised chemical pathology using clinical chemistry analysers including electrolytes, liver function tests, renal function tests, acid base analysis and similar metabolic tests. Other important areas of testing involve immunoassays, including cardiac marker testing, vitamin testing and endocrine testing. Further areas included are the measurement of drug levels and toxicology testing. Also included are specialist trace metal testing, specialist protein assays and immunosuppressive drug assays.

The competency includes understanding the methodologies of testing, the short-falls and strengths of testing technology and the clinical interpretation of test results. Included are determination of reference intervals, determination of critical abnormal test results and critical evaluation of the clinical requirement for the testing. Clinical interpretation of testing is included. In addition, specialist interventional procedures such as administration of drugs (as in the short synacthen test) or other agents might also be required. These core competencies are recognised by the successful completion of the RCPA Training Programme in Chemical Pathology and admission to the Fellowship.

Practitioners supervising all chemical pathology testing should ensure appropriate indications for testing, in particular for specialised testing, and have a clear understanding of the role of the diagnostic test in patient management.

These core competencies are recognised by the successful completion of the FRCPA in Chemical Pathology (www.rcpa.edu.au). The determination of credentials for Scope of Practice in Chemical Pathology is based on the Guidelines for Organisations for Credentialling of Pathologists document of the RCPA (Document No. 6-2002, revised in March 2007).

**Credentials required for initial determination of Core SoP in Chemical Pathology:**

1. FRCPA certification of successful completion of advanced training in Chemical Pathology or
2. Equivalent certification by a recognised overseas body of successful completion of advanced training in Chemical Pathology and Australian Fellowship
3. Evidence of relevant clinical activity and experience
4. Evidence of appropriate private medical indemnity insurance
5. Membership of relevant national/international Society(s) is highly desirable
6. Referees - at least two from Pathologists with knowledge of the applicant's clinical practice in Chemical Pathology

Credentials required for maintenance of Core SoP in Chemical Pathology:

1. Current certification and active participation in College or relevant Specialist Society CPD programs
2. Evidence of participation in external quality assurance processes such as those of the RCPA and NATA
3. Evidence of ongoing relevant clinical activity
4. Evidence of appropriate private medical indemnity insurance
5. Evidence of participation in internal audit activities and performance review
6. Regular attendance at Chemical Pathology clinical meetings
COMMUNITY DENTISTRY

Under development contact credentialSOP@bhs.org.au
Core SoP includes the assessment and management of a comprehensive range of benign and malignant disorders of the integumentary system (including the epidermis, dermis, hair, nails, mouth, and cutaneous glands) in adult patients. Competency in the essential surgical procedures/treatment modalities of:

- Biopsies (punch, shave and excisional) in all sites including scalp, nail, eyelid and lip,
- Curettage/shave/saucerisation and/or cauterisation of benign and malignant lesions and
- Fusiform ellipse excision surgery with all forms of skin closure

Form a base skill set. These core competencies are recognised by the successful completion of the ACD advanced training program in dermatology or its equivalent.

More complex procedures require additional training, experience and specific credentialing. Training and competence in specific procedures should at least match those mandated by the ACD.

Practitioners who through the nature of their training and experience have expertise in less than the full range of core dermatological procedures may apply for privileges in selected procedures only.

Practitioners undertaking all dermatological procedures should ensure appropriate selection of patients and have a clear understanding of the role of the procedures in patient management (including the recognition and management of complications).

Advanced Trainees and Fellows may apply to be credentialed to perform a variety of dermatological procedures, undertaken with appropriate supervision. Credentialing in a dermatological procedure would be dependent on documentation that they at least fulfil the criteria mandated by the ACD.

**Credentials required for initial determination of Core SoP in Dermatology:**

1. FACD with certification of successful completion of advanced training in Dermatology, or
2. Equivalent certification by a recognised overseas body of successful completion of advanced training in Dermatology and Australian Fellowship
3. Evidence of relevant clinical activity and experience
4. Willingness to supervise procedures by advanced trainees or fellows provided the supervisor is credentialed to perform the procedure at Ballarat Health Services
5. Evidence of appropriate private medical indemnity insurance
6. Membership of ACD or other equivalent national/international relevant societies is highly desirable

**Credentials required for maintenance of Core SoP in Dermatology:**

1. Current certification and active participation in College or relevant specialist society CPD programs
2. Evidence of ongoing relevant clinical activity
3. Evidence of participation in internal audit activities and performance review
4. Evidence of ongoing CPD in procedural and surgical dermatology eg attendance at relevant courses, workshops, conferences
5. Regular attendance at Dermatology clinical meetings

**Advanced Sop Requiring Specific Credentialing:**

1. More complex procedures such as those listed below require additional training, experience and specific credentialing.

   - Excision surgery in specific areas e.g. lip, nose, eyelid, ear and brow
   - Skin grafts – splits thickness (excludes full thickness)
   - Wedge resection of lips, ears etc
   - Flaps
     - Including advancement, rotational, myocutaneous flaps on dorsum of nose; subcutaneous island pedicle flaps of cheek, limb and trunk
     - Defect up to 2cm
     - Excludes (needs referral to plastics) – patients requiring GA or who will reach maximum LA dose; 2-stage procedures; flaps on vascular pedicles

   The requirement to undertake these procedures also includes theatre/operating rights although the procedures themselves do not necessarily need to be undertaken in a theatre, but in an appropriate facility, such as a procedure room.

   In the absence, within dermatology, of a peer review process for dermatological procedures requiring specific credentialing practitioners must participate in a hospital based audit of activity and outcomes of these procedures. This specifically includes review of incomplete excisions, recurrence, infection and early return (48-72/24)/significant bleeding.

2. Confocal microscopy requires specific additional training and experience and duties include diagnostic reporting (as an adjunct, not as a sole diagnostic modality).
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Credentials required for determining Advanced SoP in Dermatology:

1. As for Dermatology Core SoP plus
2. Evidence of training and experience in specific SoP to be credentialed, e.g. Completion of a Moh’s Micrographic surgery and Laser fellowship recognised by the ACD OR
3. Evidence of training and experience in confocal microscopy
4. Membership of the Moh’s Surgery Group of the College (if applicable) is desirable
5. Evidence of recent relevant clinical activity (log book)
6. Membership of subspecialty societies/groups relevant to the specific SoP

Credentials required for maintenance of Advanced SoP in Dermatology:

1. As for maintenance of Core SoP plus
2. Evidence of relevant current activity in specific procedure (log book)
3. Evidence of participation in internal audit of specific SoP
4. Evidence of ongoing CPD activities in specific SoP e.g. Attendance at relevant courses, workshops and conferences
5. Membership of subspecialty societies/groups relevant to specific SoP
Core SoP in Dental Surgery at Ballarat Health Services includes the range of oral and dentoalveolar surgical procedures outlined in the Australian Dental Association’s www.ada.org.au Victorian Branch statement on credentialing and defining the SoP for dentists. The BDSc plus MDS qualification in specific areas of dental surgery enables the De3ntist to provide these services.

Fellowship of the Royal Australian College of Dental Surgeons www.racds.org.au is also desirable.

All dental practitioners should demonstrate a sound understanding of the effect of the proposed dental procedures on the patients’ health and the potential for the patients’ health problems to influence dental treatment.

Credentials required for initial determination of Core SoP in Dental Surgery:

1. BDSc and certification of successful completion of advanced training in:
   - Oral Medicine: BDSc and MDS in Oral Medicine; FRACDS (OM) is desirable but not essential.
   - Periodontal surgery: BDSc and MDS in Periodontics; FRACDS (Perio) is desirable but not essential.
   - Special Needs Dentistry: BDSc and FRACDS (SND) are essential at this stage and when the MDS course is available this will be the preferred degree.
   - General Dental: BDSc and FRACDS are essential.

2. Equivalent certification by a recognised overseas body of successful completion of advanced training in Dental Surgery
3. Evidence of relevant clinical activity and experience
4. Membership of relevant national/international Society(s) is highly desirable

Credentials required for maintenance of Core SoP dental Surgery:

1. Current certification and active participation in relevant College or ADAVB CPD programs
2. Evidence of ongoing relevant clinical activity
3. Evidence of participation in internal audit activities and performance review
4. Regular attendance at Dental surgery clinical meetings
Credentialing and Defining Scope of Practice for Senior Medical/Dental Staff

**Advanced SoP Requiring Specific credentialing:**

Complex dentoalveolar surgery such as:
- Tori removal
- Apicectomy
- Pre-prosthetic hard and soft tissue manipulation, and
- Osseointegrated implant placement
- Difficult impacted teeth requiring bone removal or tooth sectioning requires additional training and experience

**Credentials required for determining Advanced SoP in Dental Surgery:**

1. As for Dental surgery Core SoP plus
2. Evidence of training and experience in the specific surgical procedure e.g. Completion of relevant fellowship/training program
3. Evidence of recent relevant current clinical activity (log book)
4. Membership of subspecialty societies/groups relevant to specific procedure

**Credentials required for maintenance of Advanced SoP in Dental Surgery:**

1. As for maintenance of Core SoP plus
2. Evidence of current relevant clinical activity in specific procedure (log book)
3. Evidence of participation in internal audit activities of specific procedure
4. Evidence of ongoing CPD in specific procedure e.g. Attendance at relevant courses, workshops, conferences
5. Membership of subspecialty societies/groups relevant to specific procedure
Credentialing and Defining Scope of Practice for Senior Medical/Dental Staff

**EMERGENCY MEDICINE**

**Core SoP in Emergency Medicine** is based on the knowledge and skills required for the prevention, diagnosis and management of acute and urgent aspects of illness and injury affecting patients of all age groups with a full spectrum of episodic undifferentiated physical and behavioural disorders; it further encompasses an understanding of the development of prehospital and inhospital emergency medical systems and the skills necessary for this development. Basic skills include cardiopulmonary resuscitation, airways management, evaluation and treatment of shock, priorities in trauma, control of haemorrhage and the treatment of medical emergencies.

These core competencies are recognised by the successful completion of the FACEM

**Credentials required for initial determination of Core SoP in Emergency Medicine:**

1. FACEM with certification of successful completion of advanced training in Emergency Medicine
2. Evidence of relevant clinical activity and experience
3. Fellowship of relevant national/international Society(s) such as the Australasian College for Emergency Medicine www.acem.org.au or the American College of for Emergency Physicians www.acep.com highly desirable

**Credentials required for maintenance of Core SoP in Emergency Medicine:**

1. Current certification and active participation in College or relevant Specialist Society CPD programs
2. Evidence of ongoing relevant clinical activity
3. Evidence of participation in internal audit activities and performance review
4. Regular attendance at Emergency clinical meetings

**Advanced SoP Requiring Specific Credentialing**

Procedures requiring specific credentialing require additional training and experience:

- ED Ultrasonography (except for use for IV access)
- ED echocardiography
- Resuscitative thoracotomy
Credentialing and Defining Scope of Practice for Senior Medical/Dental Staff

Training and competence in specific procedures should at least match the requirements as set out by the ACEM and/or policies developed by Ballarat Health Services.

**Credentials required for determining Advanced Specific SoP in Emergency Medicine:**

1. As for Emergency Medicine Core SoP, plus
2. Evidence of training and experience in specific procedure to be credentialed e.g. Completion of a relevant training program with at least 50 supervised Echo and completion of a Diploma, such as the University of Melbourne Post Graduate Diploma in Perioperative and Critical Care Echocardiography (or equivalent) to perform non-reported/screening ‘Point of Care’ Echocardiography
3. Evidence of recent relevant clinical activity (log book)
4. Membership of subspecialty societies/groups relevant to specific procedure to be credentialed (if applicable)

**Credentials required for maintenance of Advanced Specific SoP in Emergency Medicine:**

1. As for maintenance of Core SoP plus
2. Participate in regular ED/ICU Echocardiography Quality Assurance and Education Meetings
3. Evidence of participation in internal audit of specific SoP
4. Evidence of ongoing CPD activities in specific SoP (e.g. Attendance at relevant courses and conferences)
5. Membership of subspecialty societies/groups relevant to specific SoP
Core competency in Endocrinology (including Diabetes) includes the assessment and management of a comprehensive range of benign and malignant, emergency and non-emergency disorders of endocrine glands including the pituitary, thyroid, parathyroid, adrenal, the endocrine pancreas including diabetes mellitus and suspected insulinoma, gonadal disease including primary and secondary hypogonadism and the menopause, bone disease including osteoporosis and Paget’s disease, endocrine hypertension including suspected primary hyperaldosteronism and phaeochromocytoma, and a range of metabolic diseases, in adult patients.

These conditions include emergencies such as diabetic ketoacidosis, and diabetic non-ketotic hyperosomolar state, adrenal crises, thyroid storm and myxoedema coma, severe electrolyte disturbance such as hyponatraemia and hypercalcaemia, and chronic management of endocrine deficiency states such as hypopituitarism. Endocrinologists chronically manage diabetes including acute inpatient management during intercurrent illness or procedures, chronic ambulatory management including the medical aspects of the complications such as hypertension and hyperlipidaemia. Endocrinologists form a key component of the team management of diabetic foot disease, including the emergency management of the severe septic or ischaemic foot. Endocrinologists form a key component of the team management of thyroid cancer, and usually co-ordinate follow-up.

Endocrinologists may also perform minor procedures such as thyroid fine needle biopsy and subcutaneous hormone implants.

These core competencies are recognised by the successful completion of the RACP advanced training program in Endocrinology www.racp.edu.au/page/physician-education or its equivalent.

Practitioners engaging in clinical practice should demonstrate the following: a) knowledge and experience in endocrinology and diabetes, b) work towards the provision of best practice care to all patients in the context of current professional knowledge and organisational resources, c) ensure maintenance of adequate medical records and d) ensure that there is prompt communication with other relevant clinicians and health care providers.

In addition, practitioners should be informed of current major advances in endocrinology, participate in professional review activities at the Departmental, Divisional and Medical Staff levels as required, and be aware of and involved in, if appropriate, new developments in the relevant field of medical endeavour.

Practitioners are expected to teach medical undergraduates and postgraduates in their areas of expertise, commensurate with the level of support given to these activities of the practitioners by the Universities and Hospital.
Practitioners are expected to promote and collaborate with approved research projects in the discipline and where possible to initiate such research. Practitioners undertaking research must have training and experience appropriate to that research eg in the conduct of clinical trials.

At an administrative level, practitioners should be familiar with and comply with relevant clinical and administrative policies affecting patient care and other relevant matters, participate in the development and review of policies and procedures relevant to the provision of patient care as requested, and participate in administrative procedures as they relate to the resolution of incidents, complaints and errors.

**Credentials required for initial determination of Core SoP in Endocrinology:**

1. FRACP with SAC certification of successful completion of advanced training in Endocrinology, or
2. Equivalent certification by a recognised overseas body of successful completion of advanced training in Endocrinology and Australian Fellowship.
3. Evidence of relevant clinical activity and experience
5. Referees – two from certified Endocringologists with direct knowledge of the applicant’s clinical practice.

**Credentials required for Maintenance of Core SoP in Endocrinology:**

1. Current certification and active participation in College or relevant specialist society CPD
2. Evidence of ongoing relevant clinical activity
3. Evidence of participation in internal audit activities and performance review
4. Regular attendance at Endocrinology clinical meetings

**Credentials required for Advanced SoP**

Endocrinologists are trained in the interpretation of in vitro chemical pathology hormonal assays and in the establishment and interpretation of testing protocols. Reporting privileges in Clinical Biochemistry should be determined by the heads of units of Clinical Biochemistry and Endocrinology.
Endocrinology practice is moving towards routine use of ultrasonography in assessment of thyroid disease especially in the management of thyroid nodules and cancer. Additional training programs will be required to gain competency in reporting but not for use in individual practices. At present these training programs are not routinely available in Australia but can be undertaken overseas eg in the USA (courses conducted by the American Association of Clinical Endocrinologists (AACE) www.aace.com. The Endocrine Society of Australia may sponsor such sources in the future.

Advanced SoP Requiring Specific Credentialing:

- Interpretation of in vitro chemical pathology hormonal assays
- Ultrasonography in the assessment of thyroid disease

Credentials required for determining Advanced SoP in Endocrinology:
1. As for Endocrinology Core, plus
2. Evidence of training and experience in requested So Peg courses undertaken by the AACE www.aace.com
3. Evidence recent relevant clinical activity (logbook)
4. Membership of subspecialty societies/groups relevant to specific SoP

Credentials required for maintenance of Advanced SoP in Endocrinology:
1. As for maintenance of Endocrinology core SoP, plus
2. Evidence of participation in internal audit of specific SoP
3. Evidence of relevant current clinical activity in specific SoP (log book)
4. Evidence of ongoing CPD activities in specific So Peg. Attendance at relevant courses, workshops, conferences
5. Membership of subspecialty societies/groups relevant to specific SoP
Credentialing and Defining Scope of Practice for Senior Medical/Dental Staff

GI ENDOSCOPY

Core SoP in Gastrointestinal (GI) Endoscopy includes the endoscopic assessment and management of a comprehensive range of benign and malignant, and non-emergent and emergent disorders of the gastrointestinal tract (including the oesophagus, stomach, small and large intestine, liver, and pancreas) in adult patients. Competency in basic diagnostic and therapeutic gastroscopy (including dilatation, variceal sclerotherapy and banding, removal of foreign bodies, endoscopic haemostasis including APC, PEG insertion and colonoscopy (including routine polypectomy) form the basic skill set.

These core competencies are recognised by certification by the Conjoint Committee for the recognition of Training in GI Endoscopy (CCRTGE) http://conjoint.gesa.org.au in specific GI endoscopic procedures. More complex procedures in GI endoscopy such as ERCP, EUS, etc require additional training, experience and specific credentialing. Training and competency in specific procedures should be at least match the requirements as set out by the CCRTGE.

Advanced Trainees and Fellows in Gastroenterology and General Surgery may apply to be credentialed to perform a variety of GI endoscopic procedures within Ballarat Health Services. Credentialing in an endoscopic procedure would be dependent on documentation that the applicant at least fulfils the criteria mandated by the Conjoint Committee and have demonstrated proficiency and competency to at least one of the above persons in the relevant procedures.

**Credentials required for initial determination of Core SoP in GI Endoscopy:**

1. FRACP Gastroenterology or FRACS General Surgery with CCRTGE certification of successful completion of training in specific GI endoscopic procedures, or
2. Equivalent certification by a recognised overseas body of successful completion of training in specific GI endoscopic procedures and Australian Fellowship
3. Evidence of relevant clinical activity and experience
4. Membership of relevant national/international Society(s) is highly desirable

**Credentials required for maintenance of Core SoP in GI Endoscopy:**

1. Current certification and active participation in College or relevant Specialist Society CPD programs
2. Evidence of ongoing relevant clinical activity
3. Evidence of participation in internal audit activities and performance review
4. Regular attendance at GI Endoscopy clinical meetings

**Advanced SoP Requiring Specific Credentialing**

More complex procedures in GI endoscopy requiring specific credentialing require additional training, experience and specific credentialing. Training and competency in specific procedures should at least match the requirements as set out by the RACP SAC in Gastroenterology and/or Conjoint Committee requirements*.

Procedures requiring specific credentialing include:
- ERCP (including sphincterotomy, stenting, nasobiliary draining)*
- EUS*
- Balloon enteroscopy
- Videocapsule endoscopy
- Stents
- Large polyectomy (>3cm, especially if sessile)

Gastroenterologists who through the nature of their training and experience have expertise in less than the full range of complex endoscopic procedures may apply for specific privileges in selected procedures only.

**Credentials required for determining Advanced SoP in GI Endoscopy:**

1. As for GI endoscopy Core SoP, plus
2. Evidence or training and experience in complex GI Endoscopy – for example completion of a GI endoscopy fellowship is highly desirable
3. Evidence of relevant current clinical activity (log book)
4. Membership of the Australian Gastrointestinal Endoscopy Association or the other equivalent international Endoscopy Society is highly desirable.

**Credentials required for maintenance of Advanced SoP in GI Endoscopy:**

1. As for maintenance of core SoP
2. Evidence of relevant current activity in specific procedure (log book)
3. Evidence of participation in internal audit of specific SoP
4. Evidence of ongoing CPD activities in specific SoP e.g. attendance at relevant courses, workshops, conferences
5. Membership of subspecialty societies/groups relevant to specific SoP
GASTROENTEROLOGY

Core SoP in Gastroenterology includes the assessment and management of a comprehensive range of benign and malignant, and non-emergent and emergent disorders of the gastrointestinal tract (including the oesophagus, stomach, small and large intestine, liver and pancreas) in adult patients. Competency in clinical management of these disorders and in basic diagnostic and therapeutic gastroscopy (including dilatation, variceal sclerotherapy and banding, removal of foreign bodies, endoscopic haemostasis including APC and PEG) and/or colonoscopy (including routine polypectomy) form the basic skill set.

These core competencies are recognised by the successful completion of the RACP advanced training program in Gastroenterology (www.racp.edu.au) or its equivalent. More complex procedures in GI endoscopy such as ERCP, EUS require additional training, experience and specific credentialing. Training and competency in specific procedures should at least match the requirements as set out by the RACP SAC in Gastroenterology and the Conjoint Committee for the Recognition of Training in Gastrointestinal Endoscopy (CCRTGE) http://conjoint.gesa.org.au

Advanced Trainees and fellows in gastroenterology may apply to be credentialed to perform a variety of GI endoscopic procedures within Ballarat Health Services. Credentialing in an endoscopic procedure would be dependent on documentation that they at least fulfil the criteria’s mandated by the CCRTGE and have demonstrated proficiency and competency to at least one of the above persons in the relevant procedure(s).

For credentialing in endoscopy refer to Ballarat Health Services Credentialing and Scope of Practice for GI Endoscopy.

**Credentials required for initial determination of Core SoP in Gastroenterology:**

1. FRACP with SAC certification of successful completion of advanced training in Gastroenterology or
2. Equivalent certification by a recognised overseas body of successful completion of advanced training in Gastroenterology and Australian Fellowship
3. Certification by the CCRTGE of competence in relevant endoscopic procedures will be required for endoscopy (see Ballarat Health Services Credentialing and Scope of Practice for GI Endoscopy)
4. Evidence of relevant clinical activity and experience
5. Membership of GESA or other relevant national/ international Societies is highly desirable
Credentialing and Defining Scope of Practice for Senior Medical/Dental Staff

Credentials required for maintenance of Core SoP in Gastroenterology:

1. Current certification and active participation in College or relevant specialist society CPD programs
2. Evidence of ongoing relevant clinical activity (log book)
3. Evidence of participation in internal audit activities and performance review
4. Regular attendance at Gastroenterology and Clinical meetings

Advanced SoP Requiring Specific Credentialing:

1. Fibroscan
2. Oesophageal manometry and 24hour pH monitoring,
3. Portal pressure monitoring
4. Hydrogen breath testing

Credentials required for determining Advanced SoP:

1. As for Gastroenterology Core SoP, plus
2. Evidence of training and experience in SoP
3. Evidence of relevant current clinical activity (log book)
4. Membership of relevant specialist Society(s) is highly desirable

Credentials required for maintenance of Advanced SoP:

1. As for maintenance of Core SoP, plus
2. Evidence of participation in internal review of specific procedures
3. Evidence of relevant current activity in specific procedure
4. Evidence of ongoing CPD activities in special SoP eg attendance at relevant courses workshops, conferences
5. Membership of relevant specialist Societies*
GENERAL MEDICINE

Core Sop for general Medicine includes the breadth of Internal medicine and the capacity to undertake the care and possible on-referral of acute undifferentiated patients who have presented through the Health Services Emergency Departments. It also includes perioperative care and the ambulatory care patients with Internal Medicine conditions, including patients with complex medical co-morbidities. These core competencies are recognised by the successful completion of the Royal Australasian College of Physicians (RACP) www.racp.edu.au advanced training program in Internal medicine www.imsanz.org.au/training/racp_req.cfm

Practitioners undertaking the care of general medical patients should ensure that they operate within their own level of expertise and should seek consultation with their General Medical or subspecialty colleagues when appropriate. They should demonstrate the following:

- Working knowledge and experience in management of common acute and chronic medical conditions
- Commitment to work towards the provision of best practice care to all patients in the context of current professional knowledge and organisational resources
- Ensure maintenance of adequate medical records, and
- Ensure that there is prompt communication with other relevant clinicians and health care providers

In addition, practitioners should be informed of current major advances in general Medicine, participate in professional review activities of the Unit, divisional and Medical Staff levels as required, and be aware of and involved in, if appropriate, new developments in the relevant field of medical endeavour.

Practitioners are expected to teach medical undergraduates and postgraduates in their areas of expertise, commensurate with the level of support given to these activities of the practitioners by the Universities and Hospital.

Practitioners are expected to promote and collaborate with approved research projects in the discipline and where possible to initiate such research, Practitioners undertaking research must have training and experience appropriate to that research eg in the conduct of clinical trials.

At an administrative level, practitioners should be familiar with and comply with relevant clinical and administrative policies affecting patient care and other related matters, participate in the development and review of policies and procedures relevant to the provision of patient care as requested, and
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participate in the administrative procedures as they relate to the resolution of incidents, complaints and errors.

There are significant campus specific differences in the nature of patients admitted under the general medical service. This will be taken into account when considering the training and experience of general physicians at each site.

Advanced trainees and fellows may apply to be credentialed to perform a variety of procedures (central lines, atrial lines etc) when their training has met the Australian college of emergency Medicine (ACEM) www.acem.org.au guidelines.

**Credentials required for initial determination of Core SoP in general medicine**

1. FRACP in general Medicine or another subspecialty with significant experience in general Medicine or
2. Equivalent certification from a recognised overseas body where relevant and Australian Fellowship
3. Evidence of relevant clinical activity
4. Membership of IMSANZ or other equivalent national/international societies is highly desirable

**Credentials required for Maintenance of Core SoP in general Medicine**

1. Current certification and active participation in College or relevant specialist society CPD programs
2. Evidence of ongoing relevant clinical activity
3. Evidence of appropriate private medical indemnity insurance
4. Other relevant information as requested by Ballarat Health Services Medical Credentials and Appointments Committee.
5. Evidence of participation in internal audit activities and performance review
6. Regular attendance at general medicine clinical meetings
7. Evidence of current AHPRA Medical Registration without restriction

**Advanced SoP requiring specific credentialing**

It is recognised that some general Physicians, particularly those with subspeciality qualifications may have acquired specific training in some areas not common to all General Physicians. Accreditation for provision of these services should follow the guidelines for the appropriate subspecialty. Procedures requiring specific credentialing include:
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1. Central line insertion
2. Arterial line insertion
3. Ultrasound guided aspiration/biopsy

**Credentials required for determining Advanced SoP in General Medicine**

1. As for General Medicine Core SoP, plus
2. Fellowship training in the appropriate General Medicine subspecialty
3. Evidence of relevant current clinical activity (log book)*
4. Membership of appropriate subspecialty Societies or groups relevant to specific SoP

**Credentials required for maintenance of Advanced SoP in General Medicine**

1. As for General Medicine Core SoP, plus
2. Evidence of ongoing relevant clinical activity (log book)
3. Evidence of participation in internal audit activities of specified procedures
4. Evidence of ongoing CPD in the credentialed sub-specialty e.g. attendance at relevant courses, workshops, conferences
5. Membership of subspecialty societies/groups/relevant to specified area of practice
GENERAL SURGERY

General Surgery includes upper gastrointestinal (GIT) surgery, colorectal surgery and breast surgery. Within each area of general surgery operative management and competence is subdivided by the SET curriculum of the RACS into those areas which are deemed essential and those areas which are deemed desirable. Core SoP in General Surgery includes all essential elective procedures listed in the SET curriculum of the RACS in the areas of: abdominal wall and retroperitoneum surgery, breast surgery, colorectal surgery, small bowel, trauma, upper gastrointestinal (GIT) surgery, hepatopancreatico-biliary (HPB) surgery, peripheral arterial and venous surgery, emergency surgery, endocrine surgery, head and neck surgery, sepsis and critically ill patient and skin soft tissue surgery. These core competencies are recognised by the successful completion of the FRACS.

As general surgeons at Ballarat Health Services participate in general surgery and trauma receiving, core SoP for general surgeons includes the full range of emergency procedures in the above subspecialty areas.

Credentials required for initial determination of SoP in general surgery:

1. FRACS with Board certification of successful completion of advanced training in General Surgery OR
2. Equivalent certification by a recognised overseas body of successful completion of advanced training in general Surgery and Australian Fellowship
3. Evidence of relevant clinical activity and experience
4. Membership of relevant national/international Society(s) is highly desirable eg CSSANZ

Credentials required for maintenance of SoP in General Surgery:

1. Current certification and active participation in College or relevant Specialist Society CPD programs
2. Evidence of ongoing relevant clinical activity
3. Evidence of participation in internal audit activities and performance review
4. Regular attendance at General Surgery clinical meetings

Advanced SoP Requiring Specific Credentialing

Additional training and experience (e.g. completion of relevant training program) is required for credentialing in the full range of procedures specific for GIT, colorectal or breast surgery.
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In GIT surgery advanced SoP includes:
- Full range of upper GIT surgery
- Full range of HPB surgery
- Full range of small bowel surgery
- Laparoscopic GIT procedures

In colorectal surgery advanced SoP includes:
- Full range of colorectal surgery
- Full range of small bowel surgery
- Laparoscopic colorectal procedures

In breast surgery advanced SoP includes
- Full range of breast surgery
- Full range of oncoplastic breast surgery
- Sentinel node probe

Credentials required for initial determination of Advanced SoP in general Surgery:

1. As for General Surgery Core SoP, plus
2. Evidence of training and experience in GIT, colorectal or breast surgery e.g. completion of a relevant training program; TEM training and experience
3. Evidence of recent relevant clinical activity (log book)
4. Membership of subspecialty societies/groups relevant to GIT, colorectal or breast surgery

Credentials required for maintenance of Advanced SoP:

1. As for maintenance of Core plus
2. Evidence of relevant current activity in GIT, colorectal or breast surgery (log book)
3. Evidence of participation in internal audit of GIT, colorectal or breast surgery
4. Evidence of ongoing CPD activities in GIT, colorectal or breast surgery e.g. attendance at relevant courses, workshops and conferences
5. Membership of subspecialty societies/groups relevant to GIT, colorectal or breast surgery
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GERIATRIC MEDICINE

Core SoP in Geriatric Medicine

www.anzsgm.org/documents/WhatisaGeriatrician-final.doc includes:

- Acute care of older people in the hospital setting
- Acute Geriatric Inpatient Consultation Services including orthogeriatrics and management of complex medical problems
- Inpatient rehabilitation
- Inpatient Geriatric Evaluation and Management
- Community, home and residential care based assessment and treatment. This includes services such as Aged care assessment Service, the Hospital admission risk Program, Community Rehabilitation and Transition care
- Specialist ambulatory services including disease management, Geriatric Medical, Continence, memory, Falls and Pain Clinics

The core competencies in geriatric medicine are recognised by the successful completion of the RACP advanced training program in geriatric medicine or equivalent.

Credentials required for initial determination of Core SoP in Geriatric Medicine:

1. FRACP with SAC certification of successful completion of advanced training in Geriatric Medicine or
2. Equivalent certification by a recognised overseas body of successful completion of advanced training in geriatric medicine and Australian Fellowship
3. Evidence of relevant clinical activity and experience
4. Membership of the Australian and New Zealand society for Geriatric medicine (ANZSGM) or other equivalent national/international Society(s) is highly desirable

Credentials required for maintenance of Core SoP in Geriatric Medicine:

1. Current certification and active participation in college or relevant Specialist Society CPD programs
2. Evidence of ongoing relevant clinical activity Evidence of appropriate private medical indemnity insurance
3. Evidence of satisfactory performance review
4. Regular attendance at Ballarat Health Services Geriatric medicine clinical meetings
**Advanced SoP Requiring Specific Credentialing**

Urodynamic studies undertaken by a geriatrician requires specific credentialing with extra training and experience. Urodynamics can be credentialed following satisfactory completion of 6 months of training and supervision in a urodynamics service.
Credentialing and Defining Scope of Practice for Senior Medical/Dental Staff

HAEMATOLOGY

Core SoP in clinical Haematology includes the assessment and management of a comprehensive range of benign and malignant, emergent and non-emergent disorders of the blood and blood forming organs in adult patients. Clinicians employed in the service are competent in the clinical management of these disorders (including full clinical assessment, the interpretation of laboratory and imaging findings and the implementation of treatment plans) as outlined by the RACP and its SAC. These core competencies and recognised by the successful completion of the RACP or the combined RACP/RCPA advanced training program.

While all Clinical Haematologists are skilled in management of a broad range of haematological conditions, sub-speciality interest in the management of the more complex disorders is inevitable. Examples of the latter include the management of patients with haemophilia and those undergoing autologous bone marrow transplantation. The management of patients following allogeneic bone marrow transplantation should also be covered.

Clinical Haematologists at Ballarat Health Services should also demonstrate competency in the basic laboratory haematological skills & bone marrow aspiration & trephines.

Clinical Haematologists engaging in clinical practice at Ballarat Health Services should demonstrate the following:

- Experience and knowledge in all aspects of Clinical Haematology
- Work towards the provision of best practice to all patients in the context of current professional knowledge and within the constraints of organisational resources
- Ensure the maintenance of adequate medical records
- Ensure prompt communication with other relevant clinicians, other health care providers, patients and their family,

In addition, practitioners should be informed of current major advances in haematology, participate in professional review activities in their department, the Division of Medicine and at Senior Medical staff levels as required. They should be aware of and involved in, new developments in the field.

At an administrative level, Practitioners should be familiar with, and comply with relevant clinical and administrative policies affecting patient care and other relevant matters, participate in the development and review of policies and procedures relevant to the provision of patient care as requested, and participate in the administrative procedures as they relate to resolution of incidents, complaints and errors.
**Credentials required for initial determinations of Core SoP in Clinical Haematology:**

1. FRACP+/FRCPA with SAC certification of successful completion of advanced training in clinical Haematology or
2. Equivalent certification by a recognised overseas body of successful completion
3. Evidence of relevant clinical activity and experience
4. Membership to the HSANZ and other equivalent international societies is highly desirable

**Credentials required for maintenance of Core SoP in Clinical Haematology:**

1. Current certification and active participation in College or relevant Specialist Society CPD programs
2. Evidence of ongoing relevant clinical activity
3. Evidence of participation in internal audit activities and performance review
4. Regular attendance of Clinical Haematology meetings at their parent institution.

**Credentials required determining Advanced SoP in Clinical Haematology:**

1. As for Clinical Haematology Core SoP, plus
2. Evidence of training and experience in BMT and/or Haemophilia eg. completion of a BMT or Haemophilia fellowship/training program
3. Evidence of recent relevant clinical activity
4. Membership of subspecialty societies/groups relevant to specific SoP
INFECTIONOUS DISEASES

Core SoP in infectious diseases includes the assessment and management of a comprehensive range of infectious diseases including bacterial, viral fungal and parasitic infections. This will also include community acquired and hospital associated infections, HIV medicine and travel related infections.

These core competencies are recognised by the successful completion of the RACP advanced training program in Infectious Diseases www.racp.edu.au/page/physician-education or its equivalent.

Practitioners engaging in clinical practice should demonstrate the following:

- Knowledge and experience in Infectious Diseases and hepatology including relevant procedural work,
- Work towards the provision of best practice care to all patients in the context of current professional knowledge and organisational resources
- Ensure maintenance of adequate medical records and d) ensure that there is prompt communication with other relevant clinicians and health care provider.

In addition, practitioners should be informed of current major advances in Infectious Diseases, participate in professional review activities at the Departmental service, Divisional and Medical Staff levels as required, and be aware of and involved in, if appropriate, new developments in the relevant field of medical endeavour.

At an administrative level, Practitioners should be familiar with and comply with relevant clinical and administrative policies affection patient care and other related matters, participate in the development and review of policies and procedures relevant to the provision of patient care as requested, and participate in the administrative procedures as they relate to the resolution of incidents, complaints and errors.

**Credentials required for initial determination of Core SoP in infectious Diseases:**

1. FRACP with SAC certification of successful completion of advanced training in Infectious Diseases, or
2. Equivalent certification by a recognised overseas body of successful completion of advanced training in Infectious Diseases
3. Evidence of relevant clinical activity and experience
4. Membership of the Australasian Society for Infectious Diseases www.asid.net.au
5. And/or the Australasian Society for HIV Medicine www.ashm.org.au or other equivalent National/International Societies is highly desirable
Credentials required for Maintenance of Core SoP in Infectious Diseases:

1. Current certification and active participation in College or relevant specialist society CPD programs
2. Evidence of ongoing relevant clinical activity
3. Regular attendance at Infectious Disease clinical meetings
4. Evidence of participation in internal audit activities and performance review
Core SoP in Intensive Care Medicine includes the assessment, resuscitation and ongoing management of critically ill patients with life threatening single and multiple organ system failure including:

- Evaluation and resuscitation of critically ill patients
- Evaluation and management of patients with vital organ and system failure
- Use of relevant organ support and replacement systems
- Physiological monitoring and clinical measurement
- Indications for and performance of a variety of investigational, therapeutic and monitoring modalities including cardiopulmonary resuscitation, airways management, including translaryngeal intubation, tracheostomy, invasive haemodynamic monitoring, fibreoptic bronchoscopy, continuous renal replacement therapy, mechanical ventilation and tube thoracostomy. Competency in these activities form the basic skill set.

These core competencies are recognised by the successful completion of the advanced training program of and certification by the College of Intensive Care Medicine (CICM) [www.cicm.org.au](http://www.cicm.org.au) (Objectives of Advanced Training & Competencies).

Evidence of training and experience in the management of intracranial pressure monitoring; intra-aortic balloon counterpulsation and provision of care of the patient with established ECMO support are required as these practices are also part of the core SoP in The Intensive Care Unit. The standards in training and competency as set out by the CICM are of a minimum standard.

**Credentials required for initial determination of Core SoP in Intensive Care Medicine:**

1. CICM certification of successful completion of advanced training in Intensive Care Medicine
2. Equivalent certification by a recognised overseas body of successful completion of advanced training in Intensive Care Medicine
3. Evidence of relevant clinical activity and experience
4. Membership of relevant national/international Society(s) is highly desirable
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Credentials required for maintenance of Core SoP in Intensive Care Medicine:

1. Current certification and active participation in College or relevant Specialist Society CPD programs
2. Evidence of ongoing relevant clinical activity
3. Evidence of participation in internal audit activities and performance review
4. Regular attendance at Intensive Care Medicine clinical meetings

Advanced SoP Requiring Specific Credentialing
More specialised procedures such as Transthoracic and Transoesophageal echocardiography require additional training, experience and specific.

Credentials required for determining Advanced SoP in Intensive Care Medicine:

1. As for Intensive Care Medicine Core SoP plus
2. Evidence of training in procedures such as Echocardiography. ‘Point of Care’ training includes at least 50 supervised Echo examinations plus a Diploma, e.g. Melbourne University Post-Graduate Diploma in Peri-Operative and Critical Care Echocardiography, or equivalent, to perform non-reported/screening ‘Point of Care’ Echocardiograms
3. Evidence of training and experience in the specific area of practice to be credentialed
4. Membership of subspecialty societies/groups relevant to the specific SoP to be credentialed

Credentials required for maintenance of Advanced SoP in Intensive Care:
1. As for maintenance of Intensive Care Medicine Core SoP plus
2. Meet specific SOP re-credentialing requirements
3. Evidence of relevant current activity in specific procedure (log book)
4. Evidence of participation in internal audit of specific SoP
5. Evidence of ongoing CPD activities in specific SoP e.g. Attendance at relevant courses and conferences
6. Membership of subspecialty societies/groups relevant to specific SoP
MAXILLO FACIAL SURGERY

Core SoP in Maxillo Facial surgery includes the management of facial deformity either congenital or acquired involving primary care and secondary reconstruction where appropriate. Practitioners because of their training can undertake a wide variety of work including tumour resection and reconstruction. Practitioners must also interface with Ophthalmology, Dentistry, Otolaryngology and Head and Neck Surgery (OHNS) and be competent in relevant basic surgical procedures associated with these specialities. These core competencies are recognised by successful completion of the RACS advanced training program in Plastics and Reconstructive Surgery with a specific interest in Maxillo Facial surgery as described below. Maxillo Facial Surgery is based in Medicine being a specific interest area of Plastic and Reconstructive surgery as distinct from Oral and Maxillo Facial surgery which is based in Dentistry. The FRACS Plastic and Reconstructive curriculum includes Maxillo Facial surgery and candidates are subsequently examined in this sub speciality. In addition the college has introduced a subspecialty FRACS which requires three years Plastic and Reconstructive followed by two years in an approved Maxillo Facial Centre (Australia or overseas).

The FRACS Plastic and Reconstructive qualifies the surgeon to do a range of standard procedures in their specialty. Subspecialty credentialing in Maxillo Facial surgery requires additional training and experience.

**Credentials required for initial determination of Core SoP in Maxillo Facial Surgery:**

1. FRACS Plastic and Reconstructive surgery (old curriculum)
   a. specific interest Maxillo Facial Surgery, with
   b. post fellowship training in a recognised craniofacial unit OR
2. FRACS Plastic and Reconstructive surgery 3 years plus 2years Maxillo Facial OR
3. FRACS Plastic and Reconstructive surgery plus dental degree OR
4. FRACS OHNS plus Dental degree OR
5. Equivalent certification by a recognised overseas body of successful completion of advanced training in Plastic and Reconstructive surgery – subspecialty Maxillo Facial and Australian Fellowship
6. Evidence of relevant clinical activity and experience
7. Membership of relevant national/international Society(s) is highly desirable
Credentials required for maintenance of Core SoP in Maxillo Facial Surgery:

1. Current certification and active participation in College or relevant Specialist Society CPD programs
2. Evidence of ongoing relevant clinical activity
3. Evidence of appropriate private medical indemnity insurance
4. Other information as requested by Ballarat Health Services
5. Evidence of participation in internal audit activities and performance review
6. Regular attendance at Maxillo Facial clinical meetings
7. Evidence of current AHPRA Medical Registration without restriction
Credentialing and Defining Scope of Practice for Senior Medical/Dental Staff

MEDICAL ADMINISTRATION

Core SoP in Medical Administration is the practice of administration or management utilising the medical and clinical knowledge, skill and judgement of a registered medical practitioner, and capable of affecting the health and safety of the public or any person. This may include administering or managing a hospital or other health service, developing health operational policy, or planning or purchasing health services. Medical administrators are medical leaders with training and expertise in health systems governance, health law, health economics and health care financing, health care organisation, human resource management, communication and collaboration with diverse and sometimes conflicting stakeholders, medical education, strategy and change management. They have prime responsibility for issues of medical governance, including risk management and quality assessment, and performance management, professional development and credentialling of medical staff.

These core competencies are recognised by the successful completion of a Royal Australasian College of Medical Administrators (RACMA) training programme.

Credentials required for initial determination of Core SoP in Medical Administration:

1. FRACMA or AFRACMA with certification of successful completion of training in Medical Administration, or
2. Enrolment in FRACMA or AFRACMA training program with (a) appropriate postgraduate qualifications in relevant fields of administration or law (eg MBA, MPH, LLM, Diploma in Law), or (b) membership of relevant specialist colleagues or societies overseas (eg British Association of Medical Managers, American College of Physician Executives, Canadian Society of Physician Executives, World Federation of Medical Managers).
3. Evidence of relevant professional activity and experience

Credentials required for maintenance of Core SoP in Medical Administration:

1. Current certification and active participation in RACMA CPD program
2. Evidence of ongoing professional activity in Medical Administration
3. Evidence of membership of and participation in relevant networks of medical administrators.
4. Evidence of participation in performance review
MEDICAL ONCOLOGY

Core SoP in Medical Oncology includes the assessment and management of a comprehensive range of adult malignancies including both solid and haematological malignancies and associated disorders, including, but not limited to, myeloproliferative & lymphoproliferative disorders, haemolytic anaemias, TTP, ITP & the HIV-AIDS associated malignancies..

Medical Oncology Unit Consultants attend and support a number of Outpatient Clinics and Multidisciplinary Meetings involving a number of different Specialities. Whilst all Unit Consultants have general Medical Oncology expertise, individuals develop sub-specialist areas of interest, which they pursue through the appropriate Multidisciplinary Meetings, as well as being active members of Sub-Specialist Societies or Groups eg: such as the Australasian Gastrointestinal Trials Groups www.gicancer.org.au, the Australian and New Zealand Breast Cancer Trialists Group or the Australasian Leukaemia and Lymphoma Group www.petermac.org.allg. Such groups foster clinical expertise and focused research in specific tumour subtypes.

Medical Oncologists are not involved in any diagnostic reporting or any interventional procedures.

Practitioners are expected to teach medical undergraduates and postgraduates in their areas of expertise, commensurate with the level of support given to these activities of the practitioners by the Universities and Hospital.

Practitioners are expected to promote and collaborate with approved research projects in the discipline and where possible to initiate such research. Practitioners undertaking research must have training and experience appropriate to that research eg in the conduct of clinical trials.

At an administrative level, practitioners should be familiar with and comply with relevant clinical and administrative policies affecting patient care and other relevant matters, participate in the development and review of policies and procedures relevant to the provision of patient care as requested, and participate in administrative procedures as they relate to the resolution of incidents, complaints and errors.

Core competencies are recognised by the successful completion of the RACP advanced training program in Medical Oncology. (www.racp.edu.au) or it's equivalent.

Active membership of major Medical Oncology Professional Organisations such as:

- European Society of Medical Oncology www.esmo.org

is an essential component of continuing professional development.
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**Credentials required for initial determination of Core SoP in Oncology**

1. FRACP with SAC certification of successful completion of advanced training in Medical Oncology
2. Equivalent certification by a recognised overseas body of successful completion of advanced training in Medical Oncology and Australian Fellowship
3. Evidence of relevant clinical activity and experience
4. Membership of Specialist Societies such as ASCO, AACR, MOGA and COSA is highly desirable.

**Credentials required for Maintenance of Core SoP in Oncology**

1. Current certification and active participation in College or relevant specialist society CPD programs
2. Evidence of ongoing relevant clinical activity
3. Evidence of participation in internal audit activities and performance review
4. Evidence and regular attendance at Medical Oncology Clinical Meetings
Credentialing and Defining Scope of Practice for Senior Medical/Dental Staff

MICROBIOLOGY

Core SoP of a Clinical Microbiologist includes the laboratory diagnosis and management of patients with all forms of bacterial, viral, fungal and parasitic infections, the provision of advice on the diagnosis and management of patients referred by medical colleagues and leadership of the hospital’s infection control program.

The practitioner also has a supervisory role in the management of the Microbiology Laboratory.

These core competencies are recognised by the successful completion of the FRCPA [www.rcpa.edu.au](http://www.rcpa.edu.au) in Microbiology.

**Credentials required for initial determination of Core SoP in Microbiology**
1. FRCPA certification of successful completion of advanced training in Microbiology
2. Equivalent certification by a recognised overseas body of successful completion of advanced training in Microbiology and Australian Fellowship
3. Evidence of relevant clinical activity and experience
4. Membership of relevant national/international Society(s) is highly desirable

**Credentials required for maintenance of Core SoP in Microbiology**
1. Current certification and active participation in College or relevant Specialist Society CPD programs
2. Evidence of ongoing relevant clinical activity
3. Evidence of participation in internal audit activities and performance review
4. Regular attendance at Microbiology clinical meetings
NEUROLOGY

Core SoP in Neurology includes the diagnosis, assessment and management of adult patients with acute or chronic disorders of the CNS (including stroke), peripheral nerves and muscles. The diagnostic requirements include the ability to interpret neurophysiological investigations (EEG, evoked potentials, EMG and NCS), as well as provisional interpretation of neuroradiological investigations in urgent situations where specialist radiological expertise is not immediately available.

These core competencies are recognised by successful completion of the RACP advanced training program in Neurology or its equivalent.

A range of more specialised procedures, including but not confined to interpretation of video-EEG recordings, performance of EMG (but not NCS) studies, botulinum toxin injections, deep brain stimulator placement (in conjunction with neurosurgery) and adjustment, transcranial doppler examination, and intravenous thrombolysis for acute ischaemic stroke, will be considered for accreditation on an individual neurologist-by-neurologist basis.

**Practitioners engaging in clinical practice should demonstrate the following:**

- Knowledge and experience in neurology
- Provision of best practice care to all patients in the context of current knowledge and organisational resources
- Maintenance of adequate medical records
- Prompt communication with other relevant clinicians and health care providers

**In addition, practitioners should:**

- Be informed of major advances in the practice of Clinical Neurology as they are promulgated
- Demonstrate and document their participation in CME activities (such as, but not limited to the RACP MyCME program)
- Participate in the organisation’s performance management program to the satisfaction of the Head of Unit and the Medical Directorate Head (or equivalent)
- Participate in professional audit and review programs at Unit, Directorate, Division and Organisational level as required.

Practitioners should also cooperate with/facilitate authorised research endeavours within the Department and Organisation, and undertake teaching/supervision of medical students, junior medical staff and advanced trainees in neurology as required.
Credentialing and Defining Scope of Practice for Senior Medical/Dental Staff

Credentials required for initial determination of Core SoP in Neurology:
1. FRACP with SAC certification of successful completion of advanced training in Neurology
2. Equivalent certification by a recognised overseas body of successful completion of advanced training in Neurology and Australian Fellowship
3. Evidence of relevant clinical activity and experience
4. Membership of ANZAN or other equivalent national/international neurological associations is highly desirable

Credentials required for maintenance of Core SoP in Neurology:
1. Current certification and active participation in College or relevant Specialist Society CPD programs
2. Evidence of ongoing relevant clinical activity
3. Evidence of participation in internal audit activities and performance review
4. Evidence of ongoing CME, e.g. by attendance at conferences, and/or involvement in RACP MyCME program.
5. Regular attendance at Neurology Unit clinical meetings

Advanced SoP Requiring Specific Credentialing

More complex procedures in Neurology requiring specific credentialing require additional training, experience and specific credentialing. Training and competency in specific procedures should at least match the requirements as set out by the STC ANZAN in Neurology.

Procedures requiring specific credentialing include:
- Interpretation of video-EEG recordings
- Performance of EMG (but not NCS) studies
- Botulinum toxin injections
- Deep brain stimulator placement (in conjunction with neurosurgery) and adjustment
- Transcranial doppler examination
- Intravenous thrombolysis for acute ischaemic stroke
- Apomorphine pump infusion
- Deep brain stimulation
- Botulinum toxin treatment of headache
- TMS for diagnostic purposes
- Neuro-genetics
Credentials required for determining Advanced SoP in Neurology:
1. As for Neurology Core SoP plus
2. Evidence of training and experience in specific SoP to be credentialed eg. Completion of a fellowship/training program
3. Evidence of recent relevant clinical activity (log book)
4. Membership of subspecialty societies/groups relevant to the specific SoP

Credentials required for maintenance of Advanced SoP in Neurology
1. As for maintenance of Neurology Core SoP plus
2. Evidence of relevant current activity in specific procedure (log book)
3. Evidence of participation in internal audit of specific SoP
4. Evidence of ongoing CPD activities in specific SoP e.g. Attendance at relevant courses, workshops and conferences
5. Membership of subspecialty societies/groups relevant to specific SoP
NUCLEAR MEDICINE

Core SoP in Nuclear Medicine includes technetium bone scans, V/Q lung scans, Gallium scans, white blood cell scans, hepatobiliary scans with HIDA, MAG3 renal scans, thyroid and I-131 whole body scintigraphy, gastrointestinal transit studies, I-123 MIBG and In-111 Octreotide neuroendocrine imaging and Nuclear Medicine therapy services such as I-131 for thyroid diseases and Y-90 for radiation synovectomy.

Core nuclear cardiology services include stress myocardial perfusion studies with exercise or with pharmacological agents such as dipyridamole, dobutamine or adenosine, and also gated cardiac blood pool scans, and first pass studies.

Training under the auspices of the Joint Specialist Advisory Committee in Nuclear Medicine of the Royal Australasian College of Physicians (RACP) www.racp.edu.au and the Royal Australian and New Zealand College of Radiologists (RANZCR) www.ranzcr.edu.au qualifies practitioners to provide a range of standard Nuclear Medicine services in both General Nuclear Medicine, and in Nuclear Cardiology.

Credentials required for Initial Determination of Core SoP in Nuclear Medicine

1. FRACP or FRACR together with successful completion of at least two years accredited training in Nuclear Medicine under the auspices of the Joint Specialist Advisory Committee in Nuclear Medicine of the RACP and the RACR, which includes supervised reporting of > 3000 General Nuclear Medicine and Nuclear Cardiology services
2. Equivalent certification by a recognised overseas body of successful completion of advanced training in Nuclear Medicine and Nuclear Cardiology and Australian Fellowship
3. Evidence of substantial and relevant clinical activity and experience
4. Membership of the ANZAPNM: http://www.anzapnm.org.au or other equivalent national/ international Society(s) is highly desirable

Credentials required for maintenance of Core SoP in Nuclear Medicine

1. Current certification and active participation in either RACP, RACR or relevant specialist society CPD programs
2. Evidence of ongoing relevant clinical activity
3. Regular attendance at, and presentation to, Nuclear Medicine continuing education meetings
4. Evidence of participation in internal audit activities and performance review
Core SoP in Obstetrics & Gynaecology includes assessment and management of antenatal, intra partum, postpartum care and management of patients suffering from gynaecological disorders.

As described in the RANZCOG Curriculum (2003), a specialist obstetrician/gynaecologist should be competent in clinical management of the following areas:

(a) General Surgical Principles
(b) Obstetric – indications, contraindications, technique and complications of all obstetric surgical procedures including:
   • Tests of fetal well-being including cardiotocography (CTG)
   • Antenatal diagnosis including serum screening, simple ultrasound, amniocentesis, CVS
   • Caesarean section
   • External & internal version
   • Episiotomy and perineal repair, repair of 4th degree tear
   • Cervical suture
   • Cervical ripening and induction of labour
   • Manipulative vaginal delivery
   • Acute inversion of the uterus correction
   • Caesarean hysterectomy
(c) Gynaecological
   • Preoperative assessment for gynaecological surgery and gynaecological anaesthesia
   • Principles of microsurgical techniques to prevent adhesions during surgery
   • Indications, contraindications and complications of all gynaecological procedures including:
     a. Hysteroscopy, curettage, endometrial biopsy
     b. Laparoscopy, laparoscopic procedures
     c. Cervical cytology, colposcopy
     d. Common abdominal and vaginal gynaecological surgical procedures such as hysterectomy, vaginal repair, ovarian cystectomy
     e. Principles of chemotherapy, pelvic radiotherapy, surgery and palliation in gynaecological cancer
   • Indications, contraindications and complications of gynaecological medical therapy including:
     f. Contraception and hormone replacement therapy
     g. Induction of ovulation with clomiphene and bromocriptine
     h. Assisted conception techniques including GnRH and gonadotrophin therapy (principles only)
     i. Assessment (including staging) of gynaecological cancer
credentialing and defining scope of practice for senior medical/dental staff

j. paediatric gynaecological assessment

credentials required for initial determination of core scope of practice:
1. FRANZCOG
2. evidence of relevant clinical activity and experience
3. membership of relevant national or international society(s) is highly desirable

credentials required for the maintenance of core scope of practice

1. current certification and active participation in college (RANZCOG) or relevant specialist society CPD programs
2. evidence of ongoing relevant clinical activity
3. evidence of participation in internal audit activities and performance review
4. regular attendance at Obstetric/Gynaecology Unit clinical meetings

advanced sop in O&G

1. advanced endoscopic surgery and endometrial ablation

While it is anticipated that during the course of training, all Fellows should gain a minimum amount of endoscopic experience, the nature of endoscopic surgery is such that not all Fellows will be competent to perform all procedures. More advanced procedures (such as total laparoscopic hysterectomy, pelvic fascial repair or excision of level IV-V endometriosis) require further training and supervision prior to these procedures being performed by the Fellow unsupervised. The acquisition of this further training may occur in a number of ways including recognised Fellow training posts in endoscopic surgery; ongoing surgical skills acquisition courses run by the College or specific interest groups and ongoing regular operating with a Fellow with more senior endoscopic skills, who provides traditional one to one training.

2. advanced operative laparoscopy

Some endoscopic surgical skills do not fall within the general ambit of credentialing for gynaecological surgery and need to be acknowledged as advanced skills. Applicants for credentialing in this area should therefore provide proof of appropriate training and skills. Assisting and being supervised by experienced practitioners in endoscopic surgery is the most appropriate way to receive this training. This would be facilitated by regularly attending endoscopic workshops and courses.
RANZCOG and the Australian Gynaecological Endoscopic Society (AGES) have grouped together procedures that require similar laparoscopic skills. Trainees who obtain their Fellowship should be able to perform Levels 1-3:

**Skill Level 1**
The minimum requirement is the supervised performance of 40 or more diagnostic laparoscopic procedures before unsupervised operating.

**Skill Level 2**
The minimum requirement is the supervised performance of 20 simple operative procedures such as tubal ligation, simple cyst aspiration, simple adhesiolysis, and/or ablation of minor stage (AFS I-II) endometriosis before performing unsupervised surgery.

**Skill Level 3 (FRACOG)**
Laparoscopic ovarian cystectomy and oophorectomy when there is normal anatomy. Laparoscopic salpingotomy or salpingectomy for the treatment of ectopic pregnancy. Skill development may take anywhere from 10 to more than 50 procedures.

**Skill Level 4**
Laparoscopically assisted vaginal hysterectomy (LAVH); excisional surgery for AFS score level 3 endometriosis. Level 4 procedures should be carried out under supervision until it is recognised that training is judged to be satisfactory. This may take anywhere from 10 to more than 50 procedures.

**Skill Level 5**
This is an advanced level and includes total laparoscopic hysterectomy, laparoscopic Burch and laparoscopic myomectomy.

**Skill Level 6**
Procedures at this level include laparoscopic pelvic floor repair, AFS level 4 endometriosis surgery, laparoscopic removal of residual ovaries with significant distortion of the anatomy, laparoscopic oncological procedures such as laparoscopic pelvic lymph node and para-aortic lymph node dissection and radical hysterectomy.

To perform level 5 & 6 surgery as well as laparoscopic suturing, surgeons should have completed formal preceptorships or Fellowship training under the supervision of appropriately skilled laparoscopic surgeons.

**3. Lasers in obstetrics and gynaecology**

Lasers at present have a limited clinical role in obstetrics and gynaecology and laparoscopic surgery. Specialists wishing to use laser therapy should have attended a number of theatre/outpatient sessions observing the use of laser in an operative setting. Where possible, the specialist should invite a preceptor.
to observe the first few cases in the clinician’s hospital environment. Use should be consistent with RANZCOG Statement.

4. Gynaecology Oncology  
   **Credentials required for initial determination of Advanced SoP**  
   **Gynaecological Surgery- Oncology**  
   1. As for Obstetric and Gynaecological Core SoP plus  
   2. Evidence of training and experience at appropriate level in specific SoP, including subspecialty certification if applicable  
   3. Evidence of relevant current clinical activity (log book)  
   4. Membership of appropriate subspecialty societies/groups is highly desirable e.g. AGES

   **Credentials required for maintenance of Advanced SoP in Gynaecological Surgery- Oncology**  
   1. As for maintenance of Obstetric and Gynaecological Core SoP plus  
   2. Evidence of current relevant clinical activity in specific SoP (log book)  
   3. Evidence of participation in internal audit activities of specific SoP  
   4. Evidence of ongoing CPD in specific SoP, e.g. attendance at relevant courses, workshops and conferences.  
   5. Membership of subspecialty societies/groups relevant to specific SoP

**SHARED ANTENATAL CARE**
Community based General Practitioners may seek to participate in the Ballarat Health Services shared Antenatal Care Program for booked maternity patients assessed as low risk pregnancies

**Core SoP for shared Antenatal Care**  
Includes the monitoring and management of low risk maternity patients, using the Ballarat Health Services Clinical Practice Guidelines for Shared Antenatal Care.

**Credentials required for Shared Antenatal Care**  
FRACGP and Dip of RANZCOG with evidence of current clinical activity, or equivalent experience as assessed by Ballarat Health Services Clinical Director of Obstetrics and Gynaecology.
Credentialing and Defining Scope of Practice for Senior Medical/Dental Staff

OPHTHALMOLOGY

Core SoP in Ophthalmology

Core SoP in Ophthalmology includes the assessment and management and surgical correction of a comprehensive range of non-emergency and emergency disorders of the eye and lids and orbit in adult patients. These core competencies include but are not limited to:

1. Anterior segment and corneal surgery
2. Lens surgery
3. Eyelid, orbital and lacrimal surgery
4. Squint surgery
5. YAG and argon laser surgery.
6. Glaucoma surgery including trabeculectomy.
7. Surgery for trauma and penetrating eye injuries.

These core competencies are recognised by the successful completion of the FRANZCO or its equivalent. More complex procedures (as specified in the Advanced SoP for complex procedures) require specific credentialing.

Practitioners engaging in clinical practice should:

a) demonstrate knowledge and experience in ophthalmology including relevant procedural work,
b) work towards the provision of best practice care to all patients in the context of current professional knowledge and organisational resources,
c) ensure maintenance of adequate medical records and
d) ensure that there is prompt communication with other relevant clinicians and health care providers.

In addition, practitioners should be informed of current major advances in ophthalmology, participate in professional review activities at the Departmental service, Divisional and Medical Staff levels as required, and be aware of and involved in, if appropriate, new developments in the relevant field of medical endeavour.

At an administrative level, practitioners should be familiar with and comply with relevant clinical and administrative policies affecting patient care and other relevant matters, participate in the development and review of policies and procedures relevant to the provision of patient care as requested, and participate in administrative procedures as they relate to the resolution of incidents, complaints and errors.
Credentials required for initial determination of Core SoP in Ophthalmology:
1. FRANZCO
2. Evidence of relevant clinical activity and experience
3. Evidence of appropriate private medical indemnity insurance
4. Membership of relevant national or international society(s) is highly desirable
5. Referees- two from Ophthalmologists with direct knowledge of the applicant's clinical practice in Ophthalmology
6. Evidence of current Victorian Medical Registration without restriction
7. Other information as requested by Ballarat Health Services

Credentials required for maintenance of Core SoP in Ophthalmology:
1. Current certification and active participation in College or relevant specialist society CPD programs
2. Evidence of ongoing relevant clinical activity
3. Evidence of participation in internal audit activities and performance review
4. Evidence and regular attendance at Ophthalmology Clinical Meetings

Advanced SoP Requiring Specific Credentialing:
There are a number of procedures in ophthalmology that are not considered part of the SoP of a general Ophthalmologist. Ophthalmologists wishing to perform these procedures at Ballarat Health Services would need to demonstrate specific training or expertise in the procedure and require specific credentialing. These procedures are:

1. Complex vitreo-retinal procedures
2. Posterior vitrectomy
3. Retinal detachment repair
4. Endoscopic lacrimal surgery
5. Posterior orbital surgery.

Credentials required for determining Advanced SoP in Ophthalmology:
As for Ophthalmology Core SoP plus

1. Fellowship training in the appropriate ophthalmic surgical subspecialty.
2. Evidence of relevant current clinical activity (log book)
3. Membership of appropriate subspeciality societies/groups is highly desirable
4. References from two Ophthalmologists with direct knowledge of the applicant's clinical practice in the surgical speciality to be credentialed.
Credentials required for maintaining Advanced SoP in Ophthalmology:

As for maintenance of Core SoP plus
1. Evidence of relevant current activity in specific procedure (log book)
2. Evidence of participation in internal audit of specific SoP
3. Evidence of ongoing CPD activities in specific SoP e.g. attendance at relevant courses, workshops and conferences
4. Membership of subspecialty societies/groups relevant to specific SoP
**ORTHOPAEDIC SURGERY**

**Core SoP in Orthopaedic Surgery**
The range of standard operations encompasses (at least) those for:

Emergency conditions including:
- Wound (debridement) and bone (e.g. ext fixation) procedures in open fractures
- Infective (e.g. septic arthritis) and neoplastic (e.g. pathological fractures) conditions
- External fixation for pelvic disruptions
- Closed & open reduction of dislocations
- Fasciotomy for compartment syndrome

Other Traumatic conditions including:
- Routine hemiarthroplasty or bipolar arthroplasty fractured neck of femur
- Internal fixation of most fractures

Elective conditions including:
- Joint arthroplasty
- Joint arthroscopy
- Osteotomies
- Decompressive (nerve) procedures
- Reconstructive (soft tissue) procedures
- Resection of non-neoplastic lesions
- Lumbar discectomy
- Spinal canal decompression

Surgeons must have a familiarity with orthopaedic biomechanics, contemporary techniques, and be experienced in the selection of patients, and diagnosis and management of complications for the procedure they are undertaking.

Surgeons undertaking orthopaedic procedures must be competent in managing the full range of traumatic, degenerative, neoplastic, and infective conditions encompassed within the core curriculum of Orthopaedic Surgery as described by the Australian Orthopaedic Association under the auspices of the Royal Australasian College of Surgeons. Familiarity of the adult manifestation of with congenital disorders is also desirable.

**Credentials required for initial determination of Core SoP in Orthopaedic Surgery:**
1. FRACS(orth)
2. Evidence of relevant clinical activity (logbook)
3. Orthopaedic Fellows and IMGs not holding FRACS(Orth) but acting under supervision of a surgeon with FRACS(orth) and FAOA may be accepted to function under the Core SoP by the Director of Orthopaedics.
Credentialing and Defining Scope of Practice for Senior Medical/Dental Staff

Credentials required for Maintenance of Core SoP in Orthopaedic Surgery:

1. Current certification in College or relevant specialist society CPD
2. Evidence of current relevant clinical activity (logbook)
3. Evidence of regular attendance at relevant audit meetings

Advanced SoP requiring Specific Credentialing:

Complex procedures of the subspecialties include:

**Trauma**
- complex limb reconstruction including fine wire fixateurs
- complex pelvic and acetabular reconstruction
- limb & digit reimplantation

**Paediatric**
- Osteotomies of the pelvis
- Slipped capital epiphysis realignment

**Spinal surgery**
- Cervical discectomy
- Instrumentation / internal fixation of the spine
- Resection of neoplastic lesions

**Hip Surgery**
- Complex revision surgery
- Hip arthroscopy

Credentials required for determining Advanced Specific SoP in Orthopaedic Surgery:

1. As for Orthopaedic Surgery Core SoP, plus
2. Evidence of training and experience in specific procedure to be credentialled
3. Evidence of recent relevant clinical activity (log book)
4. Membership of subspecialty societies/groups relevant to specific procedure to be credentialled (if applicable)

Credentials required for maintenance of Advanced Specific SoP in Orthopaedic Surgery:

1. As for maintenance of Core SoP plus
2. Evidence of participation in internal audit of specific SoP
3. Evidence of ongoing CPD activities in specific SoP (e.g. Attendance at relevant courses and conferences)
4. Membership of subspecialty societies/groups relevant to specific SoP
OTOLARYNGOLOGY AND HEAD AND NECK SURGERY

The Core SoP in Otolaryngology Head and Neck (OHN) Surgery require the assessment and management of patients, including congenital, traumatic, infective and neoplastic conditions in the ear, the nose and paranasal sinuses, the pharynx (including dysphagia, snoring and sleep disordered breathing), the larynx (including tumours and voice problems), the neck and those requiring plastic surgery of the nose, face and ears.

The usual operating SoP includes all commonly performed open, microscopic and endoscopic surgical procedures involving the ears, nose and throat with the exception of those procedures listed under “specific scope of practice”.

The FRACS in OHNS qualifies the surgeon to treat a wide range of patient conditions and to perform a range of standard procedures in their specialty. Subspecialty surgery requires additional training and experience and specific credentialing.

**Credentials required for initial determination of Core SoP in OHNS:**

1. FRACS with successful completion of advanced training in Otolaryngology, Head and Neck Surgery
2. Equivalent certification by a recognized overseas body of successful completion of advanced training in Otolaryngology, Head and Neck Surgery and Australian Fellowship
3. Evidence of relevant clinical activity and experience
4. Membership of the Australian Society of Otolaryngology and Head and Neck Surgery (ASOHNS) [www.asohns.org.au](http://www.asohns.org.au) or other equivalent national/international Societies

**Credentials required for maintenance of Core SoP in OHNS:**

1. Current certification and participation in College or relevant specialist society CPD programs
2. Evidence of ongoing relevant clinical activity (log book)
3. Evidence of participation in internal audit activities and performance review
4. Regular attendance at Alfred OHNS clinical meetings:
   - For Head and Neck Cancer Surgery regular attendance at the multidisciplinary H&N meeting with presentation of all H&N cases.
   - For Neurotologic Surgery regular attendance at combined Otology/Skull Base and Otoneurotology clinical meetings
Credentialing and Defining Scope of Practice for Senior Medical/Dental Staff

PAEDIATRICS

Core SoP for Paediatrics will include:

- Care of neonates in SCN
- Consultation re paediatric management of referred ward neonates, admitted ward patients and paediatric ED presentations in accordance with hospital guidelines.
- Provision of ambulatory/outpatient care.
- Teaching & education in paediatrics of unit junior medical staff, medical students and hospital staff.
- Clinical audit & research.
- On-call (category 1) for attendance at paediatric emergencies including (code green) emergency caesarean sections.

Inpatient clinical care will include resuscitation of newborn infant e.g. intubation & initiation of mechanical ventilation; intravenous & umbilical venous catheters, & pneumothorax drainage.

Credentials required for initial determination of Core SoP:

1. FRACP (Paediatrics)
2. Evidence of relevant clinical activity and experience

Credentials required for the Maintenance of Core SoP

1. Evidence of participation in RACP (Paediatrics) or other relevant professional development program relevant to the practitioner’s clinical practice
2. Clinical reviews including:
   a. annual performance reviews undertaken by Unit Head
   b. annual review of clinical activity
   c. evidence of participation in RACP CME
3. other information as requested
The Core SoP of Pain Medicine encompasses the skills of Pain Medicine Physicians to manage acute pain, chronic pain and cancer pain in community and inpatient settings, in consultation with various medical specialities, general practitioners and allied health practitioners.

The use of a biopsychosocial approach to pain management is an essential aspect of practice. Pain Medicine Physicians consult in inpatient and outpatient settings, apply a multidisciplinary approach and occasionally use or prescribe procedures for diagnosis and treatment of pain. With chronic pain, treatment aims are to optimise function even where pain persists, and for patients to develop effective management of persistent pain.

Examples of common problems include:
- Complex chronic conditions for example pain after amputation, post surgical neuropathic pain, burns pain, pain after multi-trauma
- Cancer pain and chronic pain in cancer survivors
- Occupational injuries
- Chronic non malignant pain conditions including back pain, post herpetic neuralgia, cancer and burns, soft tissue injuries, arthritis pain

There are three levels of Scope of Practice in Pain Medicine:

A. **Multidisciplinary clinic practice only**

This scope of practice includes participation in multidisciplinary pain clinics only and includes assessment of new referrals, initiation and ongoing management of medication, liaison with and referral to other members of the multidisciplinary team. The specific tasks undertaken reflect the primary qualification and specialty knowledge of Pain Medicine.

B. **Pain medicine physician**

The scope of practice includes participation in multidisciplinary pain clinics, consultation to inpatients of other Ballarat Health Service units, admitting rights & teaching & research.

The spectrum of care provided by a pain medicine physician includes prescribing medication, coordinating rehabilitation services, performing pain relieving procedures, counselling patients and families, directing a multidisciplinary team, cooperating with other health care professionals and liaising with public and private agencies.
Credentialing and Defining Scope of Practice for Senior Medical/Dental Staff

Specific capabilities include an awareness of the indications for, contraindications to, outcomes, side-effects, evidence for effectiveness, and ongoing management of:

- physical & psychological modalities of therapy;
- medications
- local anaesthetic, radiofrequency and neurolytic blocks
- Implantable Spinal therapies (augmentative) approaches (e.g. intrathecal drug delivery systems, spinal cord stimulation, peripheral nerve stimulation);
- Anatomical, augmentative and ablative surgical approaches (e.g. cordotomy).

C. Pain medicine physician Advanced SoP in pain medicine procedures

Scope of practice as for category B with additional procedures including, but not limited to:

- Peripheral nerve blocks
- Spinal nerve blocks
- Facet joint blocks
- Radiofrequency denervation and neurolytic blocks

Credentials required for initial determination of Core SoP in Pain Medicine:

A. Multidisciplinary clinic practice only

1. Fellowship of a relevant College e.g. FRACP, FRANZCP, FRACGP, FAFRM, FRACS, FANZCA
2. Evidence of relevant clinical activity and experience
3. Membership of relevant national/international Society(s) is highly desirable

B. Pain medicine physician

The core competencies in Pain Medicine are recognised by the successful completion of the FPMANZCA (Faculty of Pain Medicine, Australian and New Zealand College of Anaesthetists) fellowship training program or equivalent.

The Fellowship in Pain Medicine is an ‘add-on’ specialist degree. Thus, those wishing to enter the field usually will either have or be trained toward a specialist qualification in one of the participating specialties, namely anaesthesia, medicine, surgery, psychiatry or rehabilitation medicine (from website). Recently, entry into Pain Medicine training has been broadened to include Fellows of the Royal Australian College of General Practitioners or Royal New Zealand College of General Practitioners or a Faculty or Chapter of a participating College.
Credentialing and Defining Scope of Practice for Senior Medical/Dental Staff

1. FFPMANZCA
2. Evidence of relevant clinical activity and experience
3. Membership of relevant national/international Society(s) is highly desirable

C. Pain medicine physician with Advanced SoP in pain medicine procedures

1. FFPMANZCA
2. FANZCA or other primary qualification with appropriate procedural training
3. Evidence of relevant clinical activity and experience
4. Membership of relevant national/international Society(s) is highly desirable

Proceduralists are also required to have completed training in resuscitation.

Credentials required for maintenance of Core SoP in Pain Medicine (levels):

1. Current certification and active participation in CPD program of either primary specialty college and/or the ANZCA MOPS Program.
2. Evidence of ongoing relevant clinical activity
3. Evidence of participation in internal audit activities and performance review
4. Regular attendance at Pain service clinical meetings (or a relevant associated field)
Credentialing and Defining Scope of Practice for Senior Medical/Dental Staff

PALLIATIVE MEDICINE

Core SoP in Palliative Medicine is the management of patients with active, progressive, far advanced disease for which the prognosis is limited and the focus of care is the quality of life. It involves comprehensive symptom management and support of individuals with life limiting illness and their families by a palliative care team. The management of pain, of other symptoms and of psychosocial, social and spiritual problems is paramount. Palliative Medicine includes bereavement and family support.

A Palliative Care Physician has expert knowledge of the pathophysiology, symptom management, psychosocial and spiritual issues related to life-limiting illness and imminent death.

Core competencies laid out by the RACP Chapter of Palliative Medicine include:

- Pain and symptom management
- Understanding of the experience of disease from the perspective of the patient and the meaning and consequences of illness to the patient and their family
- Making and guiding appropriate clinical decisions to provide medical care that is structured around the patients’ and families’ needs, their understanding and priorities, with the aim of maximising quality of life, relieving suffering, supporting the family and normalising their experiences
- Particular expertise in the management of patients within the home, as well as the hospital and hospice
- Understanding the natural history and role of disease-specific treatments in the management of advanced cancer and other progressive life-limiting illnesses
- Practicing culturally responsible medicine with understanding of the personal, historical, contextual, legal, cultural and social influences on both health workers and patients and families
- Establishing therapeutic and supportive relationships with patients and their families based on understanding, trust, empathy and confidentiality
- Expertise in discussing end of life issues with patients and their families
- Ability to sensitively explore the patients’ concerns across physical, psychological, social, cultural and spiritual domains
- Communicating effectively with patients, their families and other health professionals involved in the patients’ care

In addition, practitioners should be informed of current major advances in Palliative Medicine, participate in professional review activities at the Departmental, Divisional and Medical Staff levels as required, and be aware of and involved in, if appropriate, new developments in the relevant field of medical endeavour.
Credentialing and Defining Scope of Practice for Senior Medical/Dental Staff

At an administrative level, Practitioners should be familiar with and comply with relevant clinical and administrative policies affecting patient care and other related matters, participate in the development and review of policies and procedures relevant to the provision of patient care as requested, and participate in the administrative procedures as they relate to the resolution of incidents, complaints and errors.
These core competencies are recognised by the successful completion of the RACP advanced training program in palliative medicine or its equivalent

**Credentials required for initial determination of Core SoP in Palliative Medicine**

1. FRACP Palliative Medicine, which is awarded after advanced training in palliative medicine - for trainees who have completed basic physician training or paediatric training, or
2. FACHPM which is awarded after advanced training in palliative medicine – for fellows of another clinical College or subspecialty field of the RACP
3. Equivalent certification from a recognised overseas body of successful completion of advanced training in Palliative Medicine
4. Evidence of relevant clinical activity and experience
5. Membership of the Australian and New Zealand Society of Palliative Medicine (ANZSPM) www.anzpm.org.au or other equivalent national/international Society(s) is highly desirable

**Credentials required for maintenance of Core SoP in Palliative Medicine**

1. Current certification and active participation in College or relevant specialist society CPD programs
2. Evidence of ongoing relevant clinical activity
3. Evidence of participation in internal audit activities and performance review
4. Regular attendance at multidisciplinary and Palliative Care clinical meetings.
Core SoP in Plastic and Reconstructive Surgery includes reconstructive surgery which aims to improve or correct areas of the body damaged by congenital defects, developmental abnormalities, major trauma or injury, infection, tumours or disease. It is generally performed to improve function, but may be done to help restore a normal appearance and includes breast reconstruction/reduction, hand surgery, scar revision, skin cancer and tissue expansion.

Plastic surgery encompasses surgery of facial soft tissues, hand and upper limb microsurgery, lower limb and foot, head and neck, skin and integument, trunk perineum and breast and craniomaxillofacial. Surgeons are also involved in complex wound management, management of necrotising fasciitis and management involving hyperbaric medicine.

These core competencies are recognised by the successful completion of the FRACS in Plastic and Reconstructive Surgery.

**Credentials required for initial determination of Core SoP in Plastic and Reconstructive Surgery:**

1. FRACS with Specialist Board certification of successful completion of advanced training in Plastic and Reconstructive Surgery or
2. Equivalent certification by a recognised overseas body of successful completion of advanced training in Plastic and Reconstructive Surgery and Australian Fellowship
3. Evidence of relevant clinical activity and experience
4. Membership of relevant national/international Society(s) is highly desirable eg Australian Society of Plastic Surgeons

**Credentials required for maintenance of Core SoP in Plastic and Reconstructive Surgery:**

1. Current certification and active participation in College or relevant Specialist Society CPD programs
2. Evidence of ongoing relevant clinical activity
3. Evidence of participation in internal audit activities and performance review
4. Regular attendance at Plastic and Reconstructive Surgery clinical meetings
Core SoP of a Consultant Psychiatrist is the psychiatric management of patients admitted to the inpatient unit, or allocated to a community mental health team.

A Consultant Psychiatrist at Ballarat Health Services may also be asked to provide consultation services for patients referred by primary or secondary health service providers in the community or by other units within Ballarat Health Services.

**Core SoP includes**
- The diagnosis, risk assessment, treatment, and prevention of psychiatric illness, including substance abuse and dependence.
- Statutory responsibilities under the Mental Health Act
- A major contribution to the quality of care provided to his/her patients and the facilitation of improvements in service delivery.
- The supervision of trainee psychiatrists and/or HMOs attached to his/her clinical team.
- The facilitation of research and the teaching of medical students within the clinical environment.
- The facilitation of collaborative relationships with primary health, disability support and social services in the best interest of patients.
- The delivery of patient-centred care and the consideration of the needs of families and carers.

These core competencies are recognised by successful completion of the FRANZCP [www.ranzcp.org](http://www.ranzcp.org).

**Credentials required for initial determination of Core SoP in Psychiatry:**

1. FRANZCP with certification of successful completion of advanced training in Psychiatry or
2. Equivalent certification by a recognised overseas body of successful completion of advanced training in Psychiatry as recognised by RANZCP
3. Evidence of relevant clinical activity and experience

**Credentials required for maintenance of Core SoP in Psychiatry:**

1. Current certification and active participation in College or relevant Specialist Society CPD programs
2. Evidence of ongoing relevant clinical activity
3. Regular attendance at Psychiatry clinical meetings
4. Evidence of participation in internal audit activities and performance review
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**Advanced SoP Requiring Specific Credentialing**
Additional training and experience is required within the specialty fields of child and adolescent psychiatry, psychiatry of old age, forensic psychiatry, consultant liaison psychiatry, psychoanalysis and psychotherapy. Certification of successful completion of advanced training in these areas is desirable if they are part of one’s practice.

The following procedures also require specific credentialing:
- Electroconvulsive Therapy, through a certificate course accredited by the Mental Health Branch of the Department of Human Services.
- Trans Magnetic Stimulation

**Credentials required for determining Advanced SoP in Psychiatry:**
1. As for Psychiatry Core SoP plus
2. Fellowship/ training in the appropriate psychiatric sub-specialty
3. Evidence of relevant current clinical activity
4. Membership of appropriate subspecialty societies/groups is highly desirable
5. References from two certified psychiatrists with direct knowledge of the applicant’s clinical capabilities in the SoP to be credentialed

**Credentials required for maintenance of Advanced SoP in Psychiatry:**
1. As for maintenance of Psychiatry Core SoP plus
2. Evidence of current relevant clinical activity in specific SoP
3. Evidence of participation in internal audit activities of specific SoP
4. Evidence of ongoing CPD in specific SoP e.g. attendance at relevant courses, workshops, conferences
5. Membership of subspecialty societies/groups relevant to specific SoP
A Radiation Oncologist is a medical specialist who has specific postgraduate training in management of patients with cancer, in particular, involving the use of radiation therapy (also called radiotherapy) as one aspect of their cancer treatment (www.ranzcr.edu.au/faculty/index.cfm). Radiation oncologists also have expertise in the treatment of non-malignant conditions with radiation therapy. Radiation oncologists work closely with other medical specialists, especially surgeons, medical oncologists and palliative care physicians, as part of a multidisciplinary team caring for patients with cancer.

Core SoP in Radiation Oncology involves the assessment and management of a comprehensive range of cancers and related diseases in adult patients, using megavoltage photon, gamma, or electron external beam radiation to all anatomic sites. This includes tumour delineation, dosimetry review, on treatment review, and appropriate imaging review and patient follow-up.

Subspecialty practices require additional training and experience and specific credentialing.

Radiation Oncologists should:

- Demonstrate experience and knowledge in all aspects of Radiation Oncology
- Work towards the provision of best practice to all patients in the context of current professional knowledge and within the constraints of organisational resources
- Ensure the maintenance of adequate medical records
- Ensure prompt communication with other relevant clinicians, other health care providers, patients and their family,

In addition, practitioners should be informed of current major advances in Radiation Oncology, and participate in professional review activities in their department and at Senior Medical Staff meetings as required. They should be aware of and involved in, new developments in the field.

At an administrative level, practitioners should be familiar and comply with relevant clinical and administrative policies affecting patient care and other relevant matters, participate in the development and review of policies and procedures relevant to the provision of patient care as requested, and participate in the administrative procedures as they relate to resolution of incidents, complaints and errors.
Credentials required for initial determination of Core SoP in Radiation Oncology:

1. FRANZCR in Radiation Oncology indicating successful completion of advanced training in radiation oncology OR
2. Equivalent certification by a recognised overseas body of successful completion of advanced training in radiation oncology
3. Evidence of relevant clinical activity and experience
4. Evidence of appropriate private medical indemnity insurance
5. References from two certified Radiation Oncologists with knowledge of the applicant's clinical practice in Radiation Oncology

Credentials required for maintenance of Core SoP in Radiation Oncology:

1. Current certification in College or relevant specialist society CPD programs (www.ranzcr.edu.au/cpd/index.cfm)
2. Evidence of ongoing relevant clinical activity
3. Evidence of appropriate private medical indemnity insurance

Advanced SoP requiring specific credentialing:

Brachytherapy
Brachytherapy requires expertise with an interventional and invasive skill set very different to External Beam Radiation Therapy. All interstitial, intracavity and unsealed isotope brachytherapy will be practiced only by specifically credentialed individuals.

Credentials required for determining Advanced SoP in Brachytherapy:

1. As for Core SoP in Radiation Oncology, plus
2. Specialist training or a specific fellowship. 1 year or greater training or specific fellowship at an acknowledged academic centre with significant brachytherapy expertise. There should be direct involvement in greater than 30 cases over 1-2 years. Each of these 30 cases should relate to one specific tumour site area of expertise e.g.: prostate or gynaecology. Prostate HDR and LDR are interchangeable.
3. Significant accumulated total experience in the field. If a practitioner has treated greater than 50 tumour sites specific cases more than 5 years ago, he/she would be accredited for brachytherapy provided an acceptable national or international hands on training conference is attended and verified. Local, national or international protocol and
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R&D collaboration on an ongoing basis (as above) must also be demonstrated.

4. Recent experience (adequate number of cases per year in previous years). Practitioners must have been directly involved with greater than 50 cases within the previous 5 years. Local, national or international protocol and R&D collaboration must be demonstrated.

5. Satisfactory completion of an acceptable outside organisations credentialing requirements. Attendance and verification at a national or international hands-on brachytherapy training course will substitute for a small reduction in the quoted numbers for points 2 and 4.

6. Two references from Radiation Oncologists with knowledge of the applicant's clinical practice in brachytherapy.

Credentials required for maintenance of advanced SoP in Brachytherapy:

1. As for maintenance of core SoP in Radiation Oncology plus
2. Evidence of current relevant clinical activity (eg log book)
3. Evidence of ongoing CPD activities eg attendance at relevant courses, workshops or conferences
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RADIOLOGY

Core SoP includes the interpretation of plain radiographs, CT, ultrasound and MR images, the provision of a comprehensive range of diagnostic imaging and Tier A interventional radiological services www.irsa.com.au. Tier A interventional radiology includes basic diagnostic angiography and interventional techniques – angiography, nephrostomy, abscess drainage and biopsy.

Participation in CPD activity shall be maintained by all medical practitioners providing diagnostic imaging services in order that they may keep abreast of rapidly changing practice in this area of medicine.

CPD Points Requirements:
- The CPD program operates on a calendar year – i.e. from 1 January to 31 December of each year
- Participants should accumulate a minimum of 180 points in the 2007-2009 triennium
- Participants should accumulate a minimum of 30 points per CPD year, while no more than 90 points will be credited to any one year
- Participants should also aim to acquire their points across a range of categories

There are specific CPD requirements for practice in certain modalities (MR, Mammography, Interventional Radiology)

Each component of the diagnostic imaging service shall be carried out under the professional supervision of a qualified medical practitioner. Certain tasks may be delegated under specified conditions to team members with the required professional expertise to undertake these tasks independently but under the medical practitioner’s professional supervision.

Diagnostic imaging services are provided in multi-disciplinary teams comprised of members with the required expertise drawn from various professional groups (e.g. medical practitioners, radiographers, sonographers and medical physicists). The individual professional responsibilities of team members are interdependent, and collectively enable the effective delivery of this service.

Credentials required for initial determination of Core SoP in Radiology:

1. FRANZCR certification of successful completion of advanced training in Radiology
2. Equivalent certification by a recognised overseas body of successful completion of advanced training in Radiology
3. Evidence of relevant clinical activity and experience
4. Evidence of compliance with radiation regulatory requirements
5. Membership of relevant national/international Society(s) is highly desirable
Credentials required for maintenance of Core SoP in Radiology:

1. Current certification and active participation in College or relevant Specialist Society CPD programs
2. Evidence of ongoing relevant clinical activity
3. Evidence of participation in internal audit activities and performance review
4. Regular attendance at Radiology clinical meetings
5. Evidence of compliance with radiation regulatory requirements

Mammography Specific Requirements (RANZCR Accreditation Standards Diagnostic Mammography 6.2 2004)

For the 2007-2009 triennium, radiologists involved in single read mammography are required to accumulate a total of 15 CPD points in mammography; or closely related topics which include mammography as an indispensable part of the topic (e.g. applications of breast MR with MR-mammographic correlation). The mammography specific points are a part of the total 180 points required, and not additional. BreastScreen based reader audit has a specific status, and if satisfactorily completed, contributes 30 points towards audit.

MRI Specific Requirements (RANZCR Accreditation Standards MRI 6.2 2004)

MRI supervising radiologists are required to accumulate a total of 60 CPD points in MRI each triennium. Each Radiologist interpreting MR images must accumulate 30 MRI specific CPD points each triennium. The MRI specific points are a part of the total 180 points required, and not additional.

Interventional Radiology Specific Requirements (www.IRSA.com.au)

Radiologists who have completed FRANZCR training have Tier A Interventional status and DDU equivalent training.

Tier B and intracranial neurointerventional radiology requires proof of additional fellowship training (or equivalent) and current activity established by the IRSA personal LogBook.

Tier B Interventional Radiology

All vascular interventional procedures other than basic diagnostic angiography, i.e. stents (including carotid stenting), angioplasty, thrombolysis, thrombectomy, atherectomy, embolisation, retrieval of foreign bodies and laser and mechanical
Core SoP in rehabilitation Medicine at Ballarat Health Services is consistent with the AFRM Position Statement on the Role of a Rehabilitation Physician. Rehabilitation Physicians diagnose and assess a person’s function associated with injury, illness or chronic conditions to maximise their independence and improve quality of life. The core SoP includes adult and geriatric rehabilitation for:

- Neurological disorders (including stroke, cerebral palsy, spinal injury, brain injury, spasticity and multiple sclerosis)
- Musculoskeletal and orthopaedic conditions (including fractures, joint replacements, arthritis, osteoporosis, and sporting injuries)
- Acute and chronic pain
- Amputations
- Occupational injuries
- Cardiorespiratory disorders
- Other complex or chronic conditions including cancer and burns

The core competencies in rehabilitation medicine are recognised by the successful completion of the AFRM (RACP) fellowship training program or equivalent

**Credentials required for initial determination of Core SoP in Rehabilitation Medicine:**

1. AFRM (RACP) with certification of successful completion of advanced training in Rehabilitation Medicine
2. Equivalent certification by a recognised overseas body of successful completion of advanced training in Rehabilitation Medicine and Australian Fellowship
3. Evidence of relevant clinical activity and experience
4. Membership of relevant national/international Society(s) is highly desirable

**Credentials required for maintenance of Core SoP in Rehabilitation Medicine:**

1. Current certification and active participation in College or relevant Specialist Society CPD programs
2. Evidence of ongoing relevant clinical activity
3. Evidence of participation in internal audit activities and performance review
4. Regular attendance at Rehabilitation Medicine clinical meetings

**Procedures requiring specific credentialing include:**

- Botulinum toxin injections
RENAL MEDICINE

Core scope of practice (SoP) in Renal Medicine (nephrology) includes the assessment and management of a comprehensive range of urinary tract disorders. This includes the assessment and management of glomerular, tubulointerstitial, and renovascular disease, urinary tract infection, acute and chronic renal failure and endstage renal disease (dialysis and renal transplantation).

These core competencies are recognised by the successful completion of the RACP advanced training program in renal medicine or its equivalent.

**Credentials required for initial determination of Core SoP in Renal Medicine:**

1. FRACP with Sac certification of successful completion of advanced training in Renal Medicine
2. Equivalent certification by a recognised overseas body of successful completion of advanced training in Renal Medicine and RACP fellowship.
3. Evidence of relevant clinical activity and experience
4. Membership of relevant national/international Society(s) is highly desirable

**Credentials required for maintenance of Core SoP in Renal Medicine:**

1. Current certification and active participation in College or relevant Specialist Society CPD programs
2. Evidence of ongoing relevant clinical activity
3. Evidence of participation in internal audit activities and performance review
4. Regular attendance at Renal Medicine clinical meetings

**Advanced SoP Requiring Specific Credentialing:**

Renal Biopsy

Training and competency in renal biopsy should at least match the requirements of the advanced training program in Renal Medicine of the RACP

**Credentials required for determining Advanced SoP in Renal Medicine:**

1. As for Renal Medicine Core SoP plus
2. Evidence of training and experience in specific SoP
3. Evidence of relevant current activity in specific SoP
Credentials required for maintenance of Advanced SoP in Renal Medicine:

1. As for Renal Medicine Core SoP plus
2. Evidence of ongoing CPD activities in specific SoP e.g. Attendance at relevant courses, workshops and conferences
3. Evidence of current activity in specific SoP
4. Evidence of participation in internal audit of Specific SoP
RESPIRATORY & SLEEP MEDICINE

Core SoP in Respiratory & Sleep Medicine includes the assessment and management of respiratory, diseases and disorders, including sleep apnoea.

**Credentials required for initial determination of Core SoP in Respiratory & Sleep Medicine:**

1. FRACP and Accreditation with the Thoracic Society of Australia and New Zealand with certification of successful completion of advanced training in Respiratory Medicine, and/or
2. FRACP and Accreditation with The Australian Sleep Association with certification of successful completion of advanced training in Sleep Medicine
3. Equivalent certification by a recognized overseas body upon successful completion of advanced training if training is recognized by the Respiratory and Sleep Specialist Advisory Committee of Australasia
4. For Respiratory Medicine, Membership of the Thoracic Society of Australia and New Zealand
5. For Sleep Medicine, Membership of Australian Sleep Association
6. Evidence of relevant clinical activity and experience
7. Membership of relevant national/international Society(s) is highly desirable

**Credentials required for maintenance of Core SoP in Respiratory & Sleep Medicine:**

1. Current certification and active participation in college or relevant Specialist Society CPD programs
2. Evidence of ongoing relevant clinical activity
3. Regular attendance at clinical meetings
4. Evidence of participation in internal audit activities
5. Evidence of relevant current activity in Advanced Interventional Thoracic procedures (Thoracic ultrasound – at least 20 per annum)
RHEUMATOLOGY

Rheumatology is the branch of internal medical dealing with the diagnosis and management of rheumatic and musculoskeletal disorders, including all forms of arthritis; connective tissue disease; spinal and soft tissue disorders; chronic musculoskeletal pain syndromes; and certain metabolic bone disorders, particularly osteoporosis. Core SoP includes the assessment and management of a comprehensive range of musculoskeletal and inflammatory connective tissue disorders in adult patients and competency in intra-articular injections.

These core competencies are recognised by the successful completion of the RACP SAC approved advanced training program in rheumatology or its equivalent.

Credentials required for initial determination of Core SoP in Rheumatology:

1. FRACP with SAC Rheumatology certification of successful completion of advanced training in Rheumatology
2. Equivalent certification by a recognised overseas body of successful completion of advanced training in Rheumatology and Australian Fellowship
3. Evidence of relevant clinical activity and experience
4. Evidence of current AHPRA Medical Registration without restriction
5. Evidence of appropriate private medical indemnity insurance
6. Membership of the Australian Rheumatology Association
   www.rheumatology.org.au or New Zealand Rheumatology Association
   www.rheumatology.org.nz
7. Other information as requested by Ballarat Health Services

Credentials required for maintenance of Core SoP in Rheumatology:

1. Current certification and active participation in College or relevant Specialist Society CPD programs
2. Evidence of ongoing relevant clinical activity
3. Evidence of participation in internal audit activities and performance review
4. Regular attendance at Rheumatology clinical meetings
5. Evidence of current AHPRA Medical Registration without restriction
6. Evidence of appropriate private medical indemnity insurance
7. Other information as requested by Ballarat Health Services

Advanced SoP Procedures requiring specific credentialing

Epidural injections: these are now uncommonly performed by rheumatologists. There is no formal credentialing available for this procedure through the Rheumatology SAC of the RACP. This procedure should generally be referred to other units within Ballarat Health Services who are credentialed in this specific SoP.
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**UROLOGY**

Core SoP includes all commonly performed open, laparoscopic and/or endoscopic surgical procedures involving the kidney, bladder, prostate and male reproductive organs in the treatment of cancer, stones, diseases of the prostate, infections, incontinence, sexual dysfunction, trauma and pelvic floor problems.

These core competencies are recognised by the successful completion of the FRACS in Urology

**Credentials required for initial determination of Core SoP in Urology:**

1. FRACS with Board certification of successful completion of advanced training in Urology
2. Equivalent certification (acceptable to the RACS) by a recognised overseas body of successful completion of advanced training in Urology and Australian Fellowship
3. Evidence of relevant clinical activity and experience
4. Membership of relevant national/international Society(s) is highly desirable- Urological Society of Australia & New Zealand www.uanz.org.au

**Credentials required for maintenance of Core SoP in urology**

1. Current certification and active participation in College or relevant Specialist Society CPD programs
2. Evidence of ongoing relevant clinical activity
3. Evidence of participation in internal audit activities and performance review
4. Regular attendance at Urology clinical meetings

**Advanced SoP Requiring Specific Credentialing:**

Subspecialty areas requiring specific credentialing include

- Advanced oncological surgery
- Laparoscopic surgery
- Female pelvic incontinence surgery
- Male lower urinary tract reconstruction and prosthesis surgery
- Advance male urethral sling for urinary incontinence – requirements of Clinical Innovations Committee to be met
- Photoselective vaporization of the prostate for benign prostate hyperplasia
credentialing and defining scope of practice for senior medical/dental staff

urological surgeons wishing to perform these procedures should demonstrate specific training or expertise in the procedures requiring specific credentialing.

**credentials required for determining advanced sop in urology:**

1. As for urology core sop plus
2. Evidence of training and experience in specific subspecialty area. e.g. completion of a relevant fellowship/training program
3. Evidence of recent relevant clinical activity (log book)
4. Membership of subspecialty societies/groups relevant to specific subspecialty area

**credentials required for maintenance of advanced sop in urology:**

1. As for maintenance of core sop plus
2. Evidence of relevant current activity in specific subspecialty area (log book)
3. Evidence of participation in internal audit of specific subspecialty area
4. Evidence of ongoing cpd activities in specific subspecialty area eg. attendance at relevant courses, workshops and conferences
5. Membership of subspecialty societies/groups relevant to specific sop
Credentialing and Defining Scope of Practice for Senior Medical/Dental Staff

VASCULAR SURGERY

Core SoP in Vascular Surgery includes the assessment and management of a comprehensive range of non-emergent and emergent disorders of the vascular system, diagnostic vascular ultrasonography and the performance of a range of open, endovascular and endoscopic surgical procedures involving all non cardiac and non intracranial arteries and veins as outlined by the minimum training experience required by the SET program of the RACS and the ANZSVS.

Ultrasound – carotid duplex, venous mapping, lower limb arterial duplex, treadmill test, bypass graft surveillance, DVT scan, abdominal aorta scan for AAA

These core competencies are recognised by the successful completion of the FRACS in Vascular Surgery

Credentials required for initial determination of Core SoP in Vascular Surgery:

1. FRACS with certification of successful completion of advanced training in Vascular Surgery or
2. Equivalent certification (acceptable to the RACS) by a recognised overseas body of successful completion of advanced training in Vascular Surgery and Australian Fellowship
3. Evidence of relevant clinical activity and experience
4. Membership of relevant national/international Society(s) including the ANZSVS and the Melbourne Vascular Surgery Association (MVSA) is highly desirable

Credentials required for Maintenance of Core SoP in Vascular Surgery:

1. Current certification and active participation in College or relevant Specialist Society CPD programs
2. Evidence of ongoing relevant clinical activity (log book)
3. Evidence of participation in internal audit activities and performance review
4. Regular attendance at Vascular Surgery clinical meetings

Advanced SoP Procedures requiring specific credentialing:

1. Endovascular surgery and peripheral vascular intervention – consistent with accreditation by CCoPET (Conjoint Committee for Peripheral Endovascular Therapy) – see conjoint.surgeons.org
2. Procedures which are new or beyond the minimum requirements defined by the SET program of the RACS and ANZSVS in Vascular Surgery require additional training, experience and specific
credentialing. Training and competency in specific procedures should at least match the requirements as set out by the ANZSVS.

Credentials required for determining Advanced SoP in Vascular Surgery:

1. As for Vascular Surgery Core SOP, plus
2. Evidence of training and experience in the specific SoP – e.g. proctorship by credentialed national/international vascular surgeons, completion of a fellowship or training program
3. Evidence of recent clinical activity (log book)
4. Membership of subspecialty societies/groups relevant to specific SoP