

Australian Nursing and Midwifery Federation response to the

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE CONSULTATION ON THE DRAFT CREDENTIALING AND DEFINING SCOPE OF CLINICAL PRACTICE: A GUIDE FOR MANAGERS AND CLINICIANS

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Australian
Nursing &
Midwifery
Federation



INTRODUCTION

The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of more than 300,000 nurses, midwives and carers across the country.

Our members work in the public and private health, aged care and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.

Our strong and growing membership and integrated role as both a professional and industrial organisation provide us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.

Through our work with members we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.

The ANMF welcomes the opportunity to provide feedback on the draft *Credentialing and Defining Scope of Clinical Practice: A guide for managers and clinicians* (the draft guide).

The ANMF does not support the use of the draft guide for nurses and midwives and has significant concerns with the foundations of the draft. These concerns include, but are not limited to:

- overall lack of clarity regarding the intent of the document, with components of multiple processes such as admitting rights, clinical privileging, continuous quality improvement, performance development review, and general human resource procedures grouped together under the terms 'credentialing' and 'scope of clinical practice';
- the exceptionally broad use of the term clinician to encompass all health care providers;
- inadequate evidence to support a need for the guide in addition to existing policies and requirements that address health practitioner's qualifications, regulation, and performance;
- the use of the term 'credentialing' to characterise the process outlined in the draft;
- a lack of evidence to support that credentialing, as described in the draft guide, or in any form beyond that required by registration overseen by the Australian Health Practitioner Regulation Agency (Ahpra), will increase safety and quality in health care generally, and the care provided by nurses and midwives in particular;



- the use of credentialling as a method for determining the scope of clinical practice for nurses and midwives; and,
- the overarching purpose of the draft for health service organisations to use as a tool to determine and manage a nurse or midwife’s scope of practice.

The draft guide inappropriately attempts to bundle together multiple processes targeted at all health care providers in one document. As a result, it is overly prescriptive, convoluted and serves no demonstrated benefit to improve safety and quality in health care. The definition of clinician is too broad and homogenises a health care workforce that is diverse and underpinned by differing standards and regulation for practice. As regulated health practitioners, nurses and midwives must be excluded from this definition and reference to them removed from the draft guide altogether.

Credentialling

Internationally, credentialling has been described as a central function of the regulatory system requiring “licensure, certification or authorisation by a national governmental agency”.¹ It is a term applied to “processes used to designate that an individual, program, institution or product have met established standards,” as set by a national body.² In the Australian context, this is achieved through statutory regulation in the form of profession-specific registration. Statutory regulation provides the public with the mechanism by which they can be assured of the registration status and thereby the right of an individual health practitioner to practice.

The method of credentialling described in the draft guide is misleading and inconsistent with internationally recognised definitions. What is described is essentially a human resource selection and appointment process. This process, whilst offering a comprehensive guide for employers and organisations to perform pre-employment selection and appointment checks, does not include the rigorous assessment and validation underpinning statutory regulation. Despite providing information that indicates a nurse or midwife’s experience and suitability to meet the requirements of their position description on paper, these processes do not provide the type of evidence that offers additional safety and quality assurances beyond statutory regulation and are therefore unnecessary and meaningless.

This process of ‘credentialing’ or additional information gathering outlined in the draft does, however, create excessive and repetitive burdens on nurses and midwives; restricts and limits nursing and midwifery scope of practice, and employment and promotion opportunities; and conveys a false sense of a nurse or midwife’s safety to practice. Under the National Law³, nurses and midwives, as regulated health practitioners are already subjected to rigorous pre-registration checks and are required to achieve agreed minimum education standards to apply for registration. They are also required to make annual declarations regarding their commitment to practicing within the frameworks outlined by the Nursing and Midwifery Board of Australia (NMBA) and to their ongoing learning, to maintain their registration and right to practice. These processes are sufficient, effective and provide public protection.

1. International Council of Nurses (2020). Guidelines on Advanced Practice Nursing 2020. Available at: https://www.icn.ch/system/files/documents/2020-04/ICN_APN%20Report_EN_WEB.pdf

2. American Nurses Credentialing Center (ANCC) (no year). Credentialing Definitions. Available at <https://www.nursingworld.org/education-events/faculty-resources/research-grants/styles-credentialing-research-grants/credentialing-definitions/>

3. Australian Health Practitioner Regulation Agency (2021). Legislation. Available at <https://www.ahpra.gov.au/About-Ahpra/What-We-Do/Legislation.aspx>



The guide describes utilisation of the credentialling process therein to review nurses and midwives' performance, and to safely introduce "*new services, procedures, technology or treatments to a health service organisation*" (p5). The ANMF has concerns with the use of credentialling as a performance development tool. We again argue that the term credentialling is being improperly applied to describe activities consistent with continuous quality improvement, performance development review and continuing professional development processes. These processes are intertwined and, when implemented effectively, provide a more comprehensive assessment of safety and quality than reviewing credentials alone. For nurses and midwives, the ANMF supports continuous quality improvement processes through employer-supported ongoing professional development (these being regulated components of practice), bolstered by organisational procedures and policies designed to monitor the performance of all health care providers, for example, incident reporting, consumer complaints handling processes, morbidity and mortality data case review systems, and infection control reports.

Scope of Clinical Practice

The definition of 'scope of clinical practice' provided in the draft guide (p40) is inconsistent with the NMBA's definition of 'scope of practice' described in the *Decision Making Framework for nursing and midwifery*⁴. The use of an almost identical term with a different intent is ambiguous. Nurses and midwives have a regulatory responsibility to practice following the NMBA's frameworks. To require nurses and midwives to undertake additional processes to delineate scope of clinical practice as defined by the draft guide is burdensome, unnecessary and confusing.

Tethering scope of practice to the credentialling process described in the draft guide, or in any form, is inherently flawed and has not been shown to improve safety and quality in health care. According to the NMBA's *Registered nurse standards for practice*, "*scope of practice is that in which nurses are educated, competent to perform and permitted by law*"⁵ (p6). First and foremost, nurses and midwives have a responsibility to determine, and practice within, their own scope as required by the national health practitioner regulator under the National Law. It is not the role of health service organisations to act as quasi regulators and determine a nurse or midwife's scope of clinical practice, as is proposed in the draft guide. The *Decision Making Framework for nursing and midwifery* recognises a health service organisation may have policies that require a nurse or midwife to demonstrate their competence before they are authorised to perform certain skills for that service provider, but this authorisation does not determine their scope of practice alone.

As is the section on credentialling, the language in the guide is misleading. The process described is authorisation. It is not a tool for determining a regulated health practitioner's scope of practice and should not be identified as such.

To summarise, the ANMF supports statutory regulation of nurses and midwives under the National Regulation and Accreditation Scheme governed by the National Law, as well as the use of effective employment processes in both the selection and appointment of nurses and midwives, and in the management of their performance.

4. Nursing and Midwifery Board of Australia (2020). *Decision-making framework for nursing and midwifery*. Available at <https://www.nursingmidwiferyboard.gov.au/codes-guidelines-statements/frameworks.aspx>

5. Nursing and Midwifery Board of Australia (2016). *Registered nurse standards for practice*. Available at <https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards/registered-nurse-standards-for-practice.aspx>



The ANMF strongly opposes credentialling by organisations and employers and rejects the premise that credentialling leads to determination of a nurse or midwife's scope of practice. Consequently, we do not support the use of the draft guide for nurses and midwives. The ANMF recommends the draft guide be revised to more accurately reflect the purpose and content therein and if unable to revise, or remove references that include nurses and midwives, then the draft guide must be withdrawn.

Language

As identified in the general feedback, the use of the terms 'credentialing' and 'scope of clinical practice' in the draft guide are inappropriate and misleading.

The credentialling section of the draft guide and accompanying checklist provide a comprehensive overview of employment selection and appointment checks and should be identified as such.

The language of the guide around scope of clinical practice frequently refers to health service organisations determining scope of clinical practice for clinicians, for example "*the health service organisation should have in place a process for defining the scope of clinical practice of the clinician*" (p14). This language is inaccurate and undermines the health practitioner's professional obligation to determine their own scope of practice. The process described in the scope of practice section should already be detailed in organisational performance management and continuous quality improvement policies. As such they are not linked with the credentialling process described in the first section of the draft.

Revising the language and title of the draft guide would provide clarification of the purpose, intent and target audience. To reflect this, the ANMF recommends the draft guide be renamed "A policy guide for health practitioner selection, appointment and review for health service organisations," and the terms 'credentialing' and 'scope of clinical practice' be removed from the document. These terms should be replaced with language that is consistent with existing, recognised processes and policies involved in employment, annual performance development review, performance management, and continuous quality improvement.

Usability

In its current form, the draft guide is a convoluted, overly prescriptive document. To implement the guide would be onerous and unwieldy for managers and health service organisations, with no evidence provided to demonstrate that current processes are inadequate, or that use of the guide would improve quality or safety for the public.

The usability of the document is also limited by the intent to apply to all clinicians as defined on page 39 of the draft guide. If the document is to be applied to all health care workers and health practitioners as defined under the term "clinician" the processes within need to be more clearly delineated, and the circumstances in which, and the health care workers or health practitioners to whom they apply, identified. For example, employment checks specific to admitting rights and clinical privileging for clinicians not employed by the organisation would apply to very few nurses or midwives, yet these processes are not clearly identified as such in the document due to the overarching misuse of the terms 'credentialing' and 'scope of clinical practice' to describe the numerous processes within.



As previously recommended, the document's functionality and therefore usability would be greatly improved if the terms 'credentialing' and 'scope of clinical practice' were removed. The document would be more useful if it was more generally aligned with existing, recognised processes and policies involved in employment (including admitting rights and clinical privileging), annual performance development review, performance management, and continuous quality improvement. Subheadings using these terms would clearly identify the processes that are involved in systematically recording health practitioners' skills, experience, and education from the outset of their employment with that health service organisation.

Clarification

As identified in the language section, the ANMF recommend 'credentialing' and 'scope of clinical practice' be removed as the descriptors for the processes within the guide. Key sections should be titled using recognised terms around human resource management such as pre-employment check, performance management, continuous quality improvement, and performance development review. Guidance on policy development for organisations under each of these subheadings would streamline the document. This would assist policy makers to locate the information they require, create policy consistency across health service organisations, remove ambiguity of where one process ends and another begins, and decrease the existing amount of repetition across the document.

Gaps

The draft guide recommends an onerous process with limited rationale provided. Additional evidence is required to demonstrate a need for this guide and to support its implementation.

Checklist

The checklist is a comprehensive overview of the credentialing section of the document. However, as previously identified, the use of the terms 'credentialing' and 'scope of clinical practice' have been inappropriately applied and their use diminishes the functionality of the checklist.

The ANMF recommends renaming the checklist to accurately reflect the processes therein which are essentially pre-employment and appointment checks and performance development review.

CONCLUSION

Thank you for this opportunity to provide feedback on the draft *Credentialing and Defining Scope of Clinical Practice: A guide for managers and clinicians* on behalf of our members.

The ANMF has significant concerns with the draft guide and does not support its use for nurses and midwives in its current form. We have provided recommendations to support the necessary changes to the document to make it acceptable for nurses and midwives, however, we reiterate our concern that there is no evidence that demonstrates a need for this guide, or that its use will result in improved safety and quality in health care.