

OFFICIAL

SA Health

Policy

Credentialing and Defining Scope of Clinical Practice for Nursing Roles

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Government
of South Australia

SA Health

1. Name of policy

Credentialing and Defining Scope of Clinical Practice for Nursing Roles

2. Policy statement

This policy sets out the mandatory requirements for the credentialing and authorisation of registered nurses who work beyond what is deemed as the core scope of practice of a registered nurse to a specific scope of clinical practice.

This policy supports the delivery of quality health care and safe nursing practices through ensuring appropriate governance for registered nurses working in advanced and extended scope of practice roles with a specific scope of clinical practice and aligns with the current [SA Health Nursing and Midwifery Strategic Directions 2023-2026](#).

3. Applicability

This policy applies to all employees and contracted staff of SA Health; that is all employees and contracted staff of the Department for Health and Wellbeing (DHW), Local Health Networks (LHNs) including state-wide services aligned with those Networks and SA Ambulance Service (SAAS) involved in the process of credentialing and defining the scope of clinical practice for nursing roles.

4. Policy principles

SA Health's approach to credentialing and defining scope of clinical practice for nursing roles is underpinned by the following principles:

- > We provide quality, safe, culturally respectful, evidence-based, and person-centred best practice care.
- > We ensure the qualifications, experience, competence, and professional suitability of staff to provide high quality health care within each particular health care facility or site.
- > We maintain robust and contemporary clinical governance processes for credentialing and defining scope of practice.
- > We support transparency and accountability.
- > We act in the public interest.

5. Policy requirements

Governance

- > DHW, LHNs and SAAS must establish effective mechanisms to facilitate the regular and timely exchange of information required to ensure that the process of credentialing and defining the scope of clinical practice supports and enables productive, work ready and agile nursing workforce.
- > The credentialing and defining the scope of clinical practice process must include three distinct phases; initial credentialing; defining the initial scope of clinical practice; and review and renewal of scope of clinical practice.

Initial credentialing

- > LHNs must ensure that evidence of minimum credentials is collected in accordance with [Appendix 1: Credentialing and Defining Scope of Clinical Practice for Nursing Roles Mandatory Instruction](#) as part of the recruitment process and are considered when there is a change of circumstances or role for the nurse practitioner and registered nurse with a specific scope of practice.

- > Hiring managers must:
 - ensure that all requirements relating to education, qualification, formal training and requirements are collected and confirmed to enable the validation of the clinician's skills, experience, competence and capability, in accordance with local procedures.
 - comply with the requirements in [Appendix 1: Credentialing and Defining Scope of Clinical Practice for Nursing Roles Mandatory Instruction](#).

Defining the initial scope of clinical practice

- > When defining the initial scope of clinical practice LHNs must consider, describe and articulate the extent to which the individual nurse practitioner and registered nurse with a specific scope of clinical practice is able to practice within the context and capability of the health care facility, in accordance with [Appendix 1: Credentialing and Defining Scope of Clinical Practice for Nursing Roles Mandatory Instruction](#).
- > The relevant Nursing and Midwifery Credentialing Committee must develop and articulate specific criteria for defining the initial scope of clinical practice to ensure a contemporary, consistent and equitable approach in decision making.

Review and renewal of scope of clinical practice

- > Reviewing and renewing the scope of clinical practice must include assessing any changes to the credentials of the nurse practitioner and registered nurse with a specific scope of clinical practice and the ability to competently perform their role, in accordance with [Appendix 1: Credentialing and Defining Scope of Clinical Practice for Nursing Roles Mandatory Instruction](#).
- > The review and renewal of credentials and scope of clinical practice for nurse practitioners and registered nurses with a specific scope of clinical practice must occur at least every three years.

Review and renewal timeframes

- > Where appropriate, review of credentials and scope of clinical practice can occur more frequently than the three-year review and renewal cycle but the decision must be approved by the Executive Director of Nursing and Midwifery of the LHN.

Temporary (interim) scope of clinical practice and out of session applications

- > A temporary (interim) scope of clinical practice must be awarded before a nurse practitioner or registered nurse with a specific scope of clinical practice is engaged in a short-term contract or where the individual is commencing employment prior to the relevant 'Nursing and Midwifery Credentialing Committee' convening.
 - This process must be defined in the LHN/state-wide services local procedures and managed by an out of session process.
 - In these instances, credentials must be verified, and the scope of clinical practice confirmed before the clinician commences employment/engagement.
 - Risk management processes must consider stipulating parameters such as clinical oversight, supervision or practice review until the scope of clinical practice can be finalised as part of the formal credentialing and determining scope of clinical practice process.
 - The period of temporary credentialing and scope of clinical practice must not exceed 90 days.

Multi-facility scope of clinical practice

- > Where LHNs have multiple health care facilities with similar capabilities, a LHN must confirm the credentials of the nurse practitioner or registered nurse with a specific scope of clinical practice centrally. The scope of clinical practice, however, must be determined depending on the health care facilities capability and capacity to support the scope of clinical practice and may vary across sites.

Mutual recognition of credentials

- > Jurisdiction-wide credentialing processes must be implemented for services that operate across LHN borders.
- > Scope of clinical practice must be determined depending on the health care facility in which the nurse practitioner or registered nurse with a specific scope of clinical practice will be working.
 - Where nurse practitioners and registered nurses with a specific scope of clinical practice work across more than one LHN (such as state-wide services) the relevant 'Credentialing Committee' must determine that credentialing processes previously undertaken satisfies the requirements of the LHN's 'Credentialing Committee'.

Declared disaster or declared emergency situation

- > A nurse practitioner or a registered nurse's specific scope of clinical practice must only be altered in the event of an emergency or disaster if the situation satisfies the definition of a 'declared disaster' or 'declared emergency' found in the definitions section of this Policy.
- > Nurse practitioners and registered nurses with a specific scope of practice engaged by the DHW as a result of a disaster must be provided with a temporary scope of clinical practice at the request of the Department's State Controller or authorised delegate. The DHW 'Credentialing and Scope of Clinical Practice Committee' are responsible for determining and issuing the temporary scope of clinical practice.
- > A temporary scope of clinical practice in a declared disaster or declared emergency must only be approved for a prescribed period of time with a defined expiry date and must meet the requirements of [Appendix 1: Credentialing and Defining Scope of Clinical Practice for Nursing Roles Mandatory Instruction](#).

Credentialing appeals process

- > A nurse practitioner or registered nurse with a specific scope of clinical practice who has their requested scope of clinical practice denied, suspended or varied from their original request must be given the opportunity to appeal the decision to the LHN Chief Executive Officer.
- > All credentialing and scope of clinical practice appeals processes must be managed in accordance with 'Part 3- Grievances and Appeals' of the [SA Health \(Health Care Act\) Human Resources Manual](#).
- > Appeals must be lodged in writing to the Chief Executive Officer or equivalent within 14 days of receipt of the 'Credentialing Committee's' final determination.
- > The LHN Chief Executive Officer must oversee the formation of a 'Credentialing Appeal Panel'.

6. Mandatory related documents

The following documents must be complied with under this Policy to the extent that they are relevant:

- > [Clinical Governance for Advanced Practice and Extended Scope of Practice Roles Policy](#)
- > [Credentialing and Defining the Scope of Clinical Practice for Midwives Policy](#)
- > [Criminal and Relevant History Screening Policy](#)
- > [Controlled Substances Act 1984 \(SA\)](#)
- > [Enrolled nurse standards for practice](#)
- > [Emergency Management Act 2004 \(SA\)](#)
- > [Health Care Act 2008](#)
- > [Health Practitioner Regulation National Law \(South Australia\) Act 2010](#)
- > [Nursing and Midwifery Board of Australia, Endorsement as a nurse practitioner](#)
- > [Nursing and Midwifery Board of Australia, Registration standards](#)

- > [Nurse practitioner standards for practice](#)
- > [Performance Review & Development Policy](#)
- > [Registered nurse standards for practice](#)
- > [Return to Work Regulations 2015 \(SA\)](#)
- > [SA Health Human Resources Manual](#)

7. Supporting documents

- > [Australian Commission on Safety and Quality in Health Care. Credentialing health practitioners and defining their scope of clinical practice: A guide for managers and practitioners. Sydney: ACSQHC, 2015](#)
- > [Australian Commission on Safety and Quality in Health Care. National Model Clinical Governance Framework. Sydney. ACSQHC; 2017.](#)
- > [Australian Health Practitioners Regulation Agency, Glossary](#)
- > [SA Health Nursing and Midwifery Strategic Directions 2023-2026](#)
- > [World Health Organisation, Guide to Good Prescribing- a practice manual](#)

8. Definitions

- > **Competence:** means the combination of knowledge, skills, abilities and attributes required for a person to be successful in a role.
- > **Core scope of practice:** means aspects of clinical practice that can be undertaken by all clinicians holding a particular qualification and having completed the education and training leading to that qualification.
- > **Credentials:** means the practical experience, qualifications, professional awards and statements of competency issued by an authorised and recognised body that attest to a practitioner's education, training and competence and relevant practical experience.
- > **Credentialing:** means the formal process used to verify the qualifications, experience and other relevant professional attributes of health practitioners for the purpose of forming a view about their competence, performance and professional suitability to provide safe, high-quality health services within specific clinical environments.
- > **Credentialing committee:** means the formally constituted committee of clinicians and managers who collectively analyse and verify the information submitted by a health practitioner and determine the approved scope of clinical practice.
- > **Defining the scope of clinical practice:** means the process of determining the extent (scope) of an individual health practitioner's clinical practice within a particular organisation based on the individual's credentials, competence, performance and professional suitability. It includes determining the need of the organisation and its capability to support the health practitioner's scope of clinical practice.
- > **Declared disaster:** means that the Governor has declared an emergency to be a disaster as specified in the [South Australia Emergency Management Act 2004](#).
- > **Declared emergency:** means an emergency that has been declared as an identified major incident, major emergency or disaster by the State Coordinator or Governor as specified in the [South Australia Emergency Management Act 2004](#).
- > **Endorsement:** means the endorsement of registration which identifies registered nurses and midwives with additional qualifications and specific expertise who meet the requirements of the relevant registration standard.

- > **Health care facility:** means a facility or site where a nurse practitioner, endorsed registered nurse or registered nurse with a specific scope of practice undertakes clinical practice including but not limited to a hospital, mental health facility or community health service.
- > **Nurse practitioner:** a registered nurse endorsed as a nurse practitioner by the Nursing and Midwifery Board of Australia. The nurse practitioner practices at an advanced level, meets and complies with the Nursing and Midwifery Board of Australia, [Nurse Practitioner Standards for Practice](#). The nurse practitioner has direct clinical contact and practices within their scope under the legislatively protected title 'nurse practitioner' under the National Law.
- > **Specific scope of practice:** means procedures or areas of practice which require specific credentialing and are within the practice of that specialty but fall outside of 'core scope of practice' for registered nurses.
- > **Statewide services:** means Statewide Clinical Support Services, Prison Health, SA Dental Service, BreastScreen SA and any other state-wide services that fall under the governance of the Local Health Networks.

9. Compliance

This policy is binding on those to whom it applies or relates. Implementation at a local level may be subject to audit/assessment. The Domain Custodian must work towards the establishment of systems which demonstrate compliance with this policy, in accordance with the requirements of the [Risk Management, Integrated Compliance and Internal Audit Policy](#)

Any instance of non-compliance with this policy must be reported to the Domain Custodian for the Clinical Governance Safety & Quality Policy Domain and the Domain Custodian for the Risk, Compliance and Audit Policy Domain.

10. Document ownership

Policy owner: Domain Custodian for the Clinical Governance Safety and Quality Policy Domain

Title: Credentialing and Defining Scope of Clinical Practice for Nursing Roles Policy

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11. Document history

Version	Date approved	Approved by	Amendment notes
1.0	29 June 2022	Deputy Chief Executive, Corporate & System Support Services	Original
1.1	08 May 2024	Deputy Chief Executive, Clinical System Support and Improvement	Scheduled review with minor updates

12. Appendices

- 1: Credentialing and Defining Scope of Clinical Practice for Nursing Roles Mandatory Instruction
- 2: SA Health-wide Compliance Indicators Mandatory Instruction

Appendix 1: Credentialing and Defining Scope of Clinical Practice for Nursing Roles Mandatory Instruction

The following Instruction must be complied with to meet the requirements of this policy.

1. Initial credentialing

Evidence of minimum credentials must be collected as part of the recruitment process and be reconsidered when there is a change of circumstances or role for the nurse practitioner and registered nurse with a specific scope of clinical practice.

The hiring manager must work with the local Human Resource business unit to ensure that all requirements relating to education, qualification, formal training and requirements of the SA Health Human Resource Manual are collected and validated.

The process must include at a minimum the review and verification of the following credentials to validate skills, experience, competence and capability.

Education, qualifications and formal training:

- a. Formal qualifications accepted for initial registration by the Nursing and Midwifery Board of Australia (NMBA)
- b. Details of recognised post graduate awards, fellowships and certificates that demonstrate successful completion of training from a relevant college, association and training institution, and
- c. Details of higher degrees or diplomas and certificates from accredited training programs in specific clinical skills and/or practices.

Previous experience:

- d. Evidence of recency of practice and clinical experience from a recognised facility in a similar setting to which the scope of clinical practice is being sought
- e. Details of previous or current credentialing or service agreements held with other public or private health service providers, nationally or internationally, and
- f. International graduates with limited experience in the Australian health care system may be required to provide additional evidence of experience.

References and referee checks:

- g. At least two current references obtained and verified which relate to the clinician's current or recent practice, and
- h. Referees must have observed, first-hand experience of the applicants work and/or competence and performance and at least one referee must be a nursing departmental lead at the organisation in which the applicant has most recently practice.

Continuing Education:

Evidence of continuing education and practice development in the last three years must be documented, verifiable and include the following:

- i. Compliance with the NMBA Registration standard: Continuing professional development, including evidence related to requirements for endorsement (if held) which relates directly to the role and scope of clinical practice in which the nurse practitioner or registered nurse is seeking to practice
- j. Mandatory training specified by the LHN and/or health care facility in which the nurse practitioner or registered nurse is seeking to practice (for new appointments, specify timeframe for completion of training as mandated by the LHN), and
- k. Additional evidence relating to supervision and/or training to demonstrate safe practice (e.g. when a temporary scope of clinical practice must be awarded and/or for international applicants).

Registration:

Evidence of the following:

- l. Current registration with NMBA with no current conditions or undertakings related to professional performance issues, and
- m. Endorsement for nurse practitioners and endorsed registered nurses (if held).

Professional Indemnity Insurance:

Evidence of the following:

- n. Professional indemnity insurance which meets the minimum SA Health requirements (applicable for non-SA Health employees and contractors).

Other documents and pre-employment checks:

Evidence of the following:

- o. Current Curriculum Vitae
- p. Proof of identity (may have been completed as part of human resource appointment process)
- q. National Police Check and Working with Children Check (in accordance with the Criminal and Relevant History Screening Policy)
- r. Passport and copy of relevant visas (international applicants only)
- s. International police check (international applicants only)
- t. Medicare Benefit Schedule provider number and Pharmaceutical Benefits Scheme prescriber number (if relevant)
- u. Evidence of collaborative arrangement (privately practicing nurse practitioner)
- v. Current job and person specification reflecting scope of practice
- w. Declaration from the applicant authorising the 'Credentialing Committee' or representative to contact previous employers/colleagues, and
- x. Credentialing committees may seek further information relating to a clinician's capability and suitability to practice by conducting internet searches.

2. Defining the initial scope of clinical practice

LHNs must define and articulate the extent to which an individual nurse practitioner and registered nurse with a specific scope of clinical practice is able to practice within a particular health care facility based on the individuals' credentials, competence, performance and professional suitability considered in the context of the needs and capability of the health care facility.

The LHN's Nursing and Midwifery Credentialing Committee must develop and articulate the specific criteria for defining the initial scope of clinical practice to ensure a contemporary, consistent and equitable approach in decision making.

Where specific procedures or practices are to be considered in addition to the agreed core scope of clinical practice they must be considered and credentialed in order to ensure safe and effective performance.

When reviewing and documenting the initial scope of clinical practice, the following must be included:

- a. Evidence of specific knowledge and skills gained to successfully complete a recognised training program related to the initial scope of clinical practice (including evaluation)
- b. Identified generic clinical practice responsibilities related to the initial scope of clinical practice (reflected in the position description)
- c. Evidence of additional training, knowledge, skills and experience which support specific scope of clinical practice as required by the relevant body and/or SA Health policy

- d. Evidence of recency of practice and reasonable experience in an area relevant to the specific scope of clinical practice and any endorsement held with the NMBA
- e. Duration of the credentialing and scope of clinical practice (no more than three years), and
- f. Identified practice parameters including the following:
 - o Inclusion or exclusion criteria for a specific scope of clinical practice
 - o Wards, units or health care facilities where the scope of clinical practice is relevant (this includes specific scopes of clinical practice)
 - o Target patient/consumer groups
 - o Relevant assessment and diagnostic techniques
 - o Relevant interventions, treatments (including the prescription of medications), and
 - o Any special oversight mechanisms required, such as clinical oversight, supervision or routine review of performance data.

3. Review and renewal of scope of clinical practice

Reviewing and renewing the scope of clinical practice must involve assessing any changes in the credentials of the nurse practitioner and registered nurse with a specific scope of clinical practice.

The process of review and renewal of scope of clinical practice must include reviewing evidence of the following:

- a. Training and compliance with continuing professional development in line with the NMBA's Registration standard: Continuing professional development
- b. Ongoing competent clinical practice demonstrated by clinical audit (including but not limited to clinical practice and prescribing) and peer review (reference checks may be considered to confirm the applicant's ability to practice within the defined scope of practice including teamwork, communication skills and relevant consumer feedback)
- c. Demonstrated proficiency in performing specific practices or procedures which support a specific scope of clinical practice
- d. Participation in Performance Review and Development processes in line with the Performance Review & Development Policy
- e. Participation in clinical audit in which the practices and procedures which support a specific scope of clinical practice are reviewed (including but not limited to clinical practice and prescribing)
- f. Participation in organisational safety and quality activities which may include morbidity and mortality reviews, clinical audit and reviews and attendance at relevant meetings as required by the LHN/state- wide service
- g. Registration and endorsement (where applicable) by the NMBA with no current undertakings related to professional performance issues
- h. Additional professional indemnity insurance as required by the NMBA (nurse practitioners and endorsed registered nurses only)
- i. Compliance with the SA Health Criminal and Relevant History Screening Policy including a National Police Check and Working with Children Check, and
- j. Additional information required by the LHN particularly when there are concerns related to a clinician's practice, including complaints and compliments, peer review, performance reports and professional reference checks.

4. Scope of clinical practice in a declared disaster or declared emergency situation

At a minimum the nurse practitioner and registered nurse with a specific scope of practice who is seeking approval for a scope of clinical practice in a declared disaster or declared emergency situation must be approved for mutual recognition of credentials within SA Health. The DHW 'Credentialing and Scope of Clinical Practice Committee' must confirm the following:

- > Current registration with the NMBA

- > Verification of identity, and
- > Reference from senior manager who can verify clinical competence.

The process must be fully documented and followed by a formal review process as soon as practicable.

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Appendix 2: SA Health-wide Compliance Indicators Mandatory Instruction

The following SA Health-wide compliance indicators must be met across all SA Health services.

Indicator	Description
Credentials	<p>Evidence of minimum credentials and scope of clinical practice must be collected for all nurse practitioners and registered nurses working within SA Health in advanced and extended practice roles with a specific scope of clinical practice.</p> <p>These must be validated by all SA Health LHNs and documented in the SA Health credentialing database within stipulated time frames.</p>
Credentialing Committees	<p>Must have evidence that Executive Director of Nursing and Midwifery roles have oversight and administer the relevant credentialing committees where nursing roles are credentialed and have their scope of clinical practice defined.</p>