

OFFICIAL

SA Health

# Policy

## Credentialing and Defining the Scope of Clinical Practice for Medical and Dental Practitioners

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Government  
of South Australia

SA Health

## 1. Name of Policy

Credentialing and Defining the Scope of Clinical Practice for Medical and Dental Practitioners

## 2. Policy statement

The policy provides the mandatory requirements to ensure that Medical and Dental Practitioners (Practitioners) working in public health care facilities are appropriately trained, qualified and skilled for the care they provide. This policy supports Practitioners in practicing safely within their scope of experience, knowledge and skills, in accordance with [Health Care Regulations 2023 \(regulation 35\)](#).

## 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).

This policy applies in relation to all registered Medical and Dental Practitioners who practice in or provide services to SA Health.

## 4. Policy principles

SA Health's approach to Credentialing and Defining the Scope of Clinical Practice for Medical and Dental Practitioners is underpinned by the following principles:

- > We will ensure all Practitioners are appropriately trained, qualified and skilled to undertake the work required of them.
- > We will ensure that credentialing and defining the scope of clinical practice is incorporated into clinical governance systems to maintain and improve the safety and quality of health care services.
- > We will ensure systems for credentialing and defining the scope of clinical practice are timely, fair, equitable, transparent, and free from bias.
- > We will ensure credentialing complements professional registration requirements and professional standards set by medical and dental colleges, associations, and societies.
- > We will ensure that scope of clinical practice aligns to the facility needs and capability as outlined in the [SA Health Clinical Services Capability Framework](#) .

## 5. Policy requirements

### Credentialing and Defining Scope of Clinical Practice

Credentialing and defining the scope of clinical practice is the formal process which must be used to verify the qualification, experience, competence, and professional suitability for Practitioners to provide safe, high quality health services within SA Health.

- > DHW Chief Executive, LHN Governing Boards and Chief Executive Officers, Statewide Clinical Support Services and SAAS Chief Executive Officers must:
  - o Ensure that all Practitioners employed or engaged to provide services within their organisation are appropriately credentialled with an approved scope of clinical practice.
  - o Have a committee that oversees the credentialing process of all applicable Practitioners engaged to provide services.
  - o Allocate roles and responsibilities, with consideration of conflicts of interest, ensuring adequate resourcing to support the Credentialing Committee and maintain credentialing and scope of clinical practice processes.

- Ensure appropriate procedures are in place to define, verify, approve, and communicate the scope of clinical practice for all applicable Practitioners.
- Ensure that scope of clinical practice aligns with the Practitioner's credentials and agreed employment or engagement, as well as SA Health clinical procedures, technologies, treatments and Clinical Services Capability Framework.
- Ensure recruitment of applicable Practitioners for employment or engagement includes credentialing, scope of practice and professional indemnity requirements.
- Ensure that formal records of the Practitioner's agreed employment or engagement, credentials and scope of practice are maintained, stored and accessed in accordance with the [Corporate Records Management Policy](#) and [Privacy Policy](#).
- Ensure that all Practitioners credentialing details and outcomes are documented on the SA Health credentialing and scope of clinical practice system.
- Maintain local processes to monitor compliance with credentialing and scope of clinical practice.
- Provide appropriate orientation, induction, training and information relevant to the practitioner's employment or engagement.
- Ensure that contracts for external agencies to provide services on behalf of SA Health include requirements for appropriate credentialing and defining scope of clinical practice to be undertaken by the external agency and are monitored through contract management processes.
- > Credentialing Committees must:
  - Comply with the [National Standards for credentialing and defining the scope of clinical practice](#) to ensure fairness, consistency and equity in decision making.
  - Determine the period of approved credentials up to a maximum of three years, along with any special conditions.
  - Ensure Practitioners undergo a formal recredentialing process at a minimum of every three years.
  - Ensure record keeping is in accordance with [Corporate Records Management Policy](#) and that formal Committee records include documentation of recommendations and decisions.
  - Recognise credentials approved by another SA Health Committee, where relevant, ensuring that documentation to support the local scope of clinical practice process is confirmed.
  - Notify other SA Health Committees, Authorising Officers and if required, CEO with mutually recognised credentials immediately of any changes to a Practitioner's credentials and/or scope of clinical practice.
- > Practitioners must:
  - Maintain appropriate credentials and adhere to local processes relating to credentialing, scope of clinical practice and employment or engagement.
  - Provide all necessary information in a timely manner to enable an informed decision to be made about the appropriateness of their credentials and requested scope of clinical practice.
  - Comply with their approved scope of clinical practice and employment or engagement requirements, aligned to credentials.
  - Not provide clinical services within SA Health outside of their approved scope of clinical practice.
  - For the purpose of disclosure as well as enabling the provision of support and advice to the Practitioner, immediately notify their line manager and/or senior staff member and Executive Director Medical Services (EDMS) in the event of:
    - Any changes, restrictions or conditions being placed on their professional registration status,

- Commencement of any investigation initiated by a regulatory body in SA, interstate, or internationally, for example Australian Health Practitioner Regulation Agency (AHPRA), Professional Board, Health and Community Services Complaints Commissioner (HCSCC), etc and at the conclusion of the investigation
- Any changes in professional indemnity and insurance that can impact or limit their clinical practice
- Any civil or criminal actions where there was a finding of liability or guilt with respect to clinical practice, or
- Any physical or mental condition or substance abuse problem that could affect their ability to undertake clinical practice or that would require special assistance to enable them to practice safely and competently.

## 6. Mandatory related documents

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

- > [Corporate Records Management Policy](#)
- > [Declaration and Management of Interests Policy](#)
- > [National Standards for credentialing and defining the scope of clinical practice](#)
- > [Privacy Policy](#)
- > [SA Health Clinical Services Capability Framework](#)

## 7. Supporting information

- > SA Health Salaried Medical Officers Enterprise Agreement 2022

## 8. Definitions

- > **Appointment:** means the employment or engagement of a Practitioner to provide services within an organisation according to conditions defined by general law and supplemented by contract or agreement.
- > **Authorising Officer:** Executive Director Medical Services (EDMS), assigned delegate/s, or equivalent senior executive that has local responsibility assigned by the CEO to authorise a Practitioner's scope of clinical practice and urgent appointments.
- > **Committee:** means the Credentialing Committee established or engaged by an SA Health organisation.
- > **Competency:** means the ability to provide health care services at an expected level of safety and equality.
- > **Conflict of Interest:** means when the personal or financial interests of a public officer, or their family, friends, or associates come into conflict, or could be perceived as coming into conflict, with their duties and responsibilities as a public officer. A conflict of interest may be an actual conflict, a potential conflict or a perceived conflict.
- > **Credentials:** means the formal qualifications, professional training, clinical experience, continuing professional development, training and experience that contribute to a Practitioner's competence, performance and professional suitability to provide safe, high quality health care services. For the purposes of this policy, a Practitioner's history of, and current status with respect to, professional registration, disciplinary actions, professional indemnity insurance, identity and criminal record are also regarded as relevant to their credentials.

- > **Credentialing:** means the formal process used to verify the qualifications, experience, and professional standing of Practitioners for the purpose of forming a view about their professional suitability to provide safe, high quality health care services within specific organisational environments.
- > **Criminal History Report (police check):** means a document issued by the South Australian Police or another recognised body that includes screening for criminal convictions of an individual for offences under the law of South Australia, the Commonwealth, another state or territory, and/or another country.
- > **Credentialing and scope of clinical practice system:** means the web accessible SA Health mandated database used to record evidence of credentials and scope of clinical practice for the purpose of verifying practitioners' qualifications, skills and competencies.
- > **Defining the scope of clinical practice:** means the process of delineating and articulating the extent of an individual Practitioner's clinical practice within a particular health care facility based on the individual's credentials, competence, performance and professional suitability, together with the needs and capabilities of the health care facility.
- > **Dental practitioner:** means a person who is registered under the Health Practitioner Regulation National Law to practise in the dental profession, including as appropriate a dental specialist, dentist, dental therapist, dental hygienist, dental prosthetist or oral health therapist, but not including a student. Dental Board of Australia register includes Practitioners who have limitations placed upon their registration by the Dental Board.
- > **Employment:** means a legal agreement that establishes an employment relationship between SA Health and a Practitioner.
- > **Engagement:** means a legal agreement between SA Health and a Practitioner to provide medical or dental services defining the terms, conditions, rights, and obligations of each party.
- > **Health Networks and Services:** means all SA Health services operating under the Health Care Act 2008. This includes hospitals, mental health facilities, aged care facilities, general practices, outpatient and community health services within the Local Health Networks, Women's and Children's Health Network, SA Ambulance Service, SA Dental Services and State-wide Clinical Support Services.
- > **Medical practitioner:** means any registered Medical Officer, including:
  - Medical interns and trainee medical officers (TMOs),
  - Medical practitioners in post-graduate training,
  - Career medical officers and medical officers in non-accredited positions or not aligned with a college, who are not pre-vocational TMOs,
  - Consultants and specialists,
  - Senior Medical Practitioners
  - Clinical academics,
  - Locum medical practitioners,
  - Overseas trained medical practitioners,
  - Research clinicians, whereby credentialing is appropriate to ensure scope to review patients, patient information, case discussions in accordance with their research, and
  - Unpaid medical practitioners who through their role are considered to be undertaking a clinical service in a public health care facility in South Australia.
- > **Unpaid practitioner:** means a Practitioner appointed to provide medical or dental services in a public health care facility, who is not an employee of that facility, such as Practitioners on sabbatical, honorary Practitioners, or research Practitioners who are also considered to be undertaking a clinical service in an SA Health facility or non-SA Health-employed, private Specialists who provide services on an as needed basis.

## 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 Policy 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 Policy Domain Custodians for the Clinical Governance Safety and Quality Domain and 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 the Scope of Clinical Practice for Medical and Dental Practitioners

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## 11. Document history

Version	Date approved	Approved by	Amendment notes
1.0	01/04/2009	Portfolio Executive	Original Portfolio Executive approved version
1.1	01/06/2010	Portfolio Executive	Minor amendments
1.2	01/07/2011	Portfolio Executive	Minor amendments
1.3	01/09/2012	Portfolio Executive	Formally reviewed in line with 1–5-year scheduled timeline for review
1.4	01/02/2015	Portfolio Executive	Formally reviewed in line with 1–5-year scheduled timeline for review
2.0	10/06/2018	SA Health Policy Committee	Formally reviewed in line with 1–5-year scheduled timeline for review
3.0	18/06/2024	Chief Executive, DHW	Formally reviewed in line with scheduled timeline and new policy framework

## 12. Appendices

Appendix 1: Credentialing and Defining the Scope of Clinical Practice Steps Mandatory Instruction

1. Initial Credentialing
2. Re-Credentialing
3. Defining the Scope of Clinical Practice
4. Urgent and Emergency Appointments
5. Disaster or Emergency Situations
6. Unplanned Review of Credentialing and/or Scope of Clinical Practice
7. Reduction, Suspension or Termination of Credentialing and/or Scope of Clinical Practice
8. Appeal Process
9. Legal Liability and Indemnity of Committee Members and Each Health Care Facility

## Appendix 1: Mandatory Instruction – Credentialing and Defining the Scope of Clinical Practice Steps

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

### 1. Initial Credentialing

Following the establishment of a position or required service and consideration of the proposed scope of clinical practice, the process for verification of credentials for individual Practitioners must include:

- > Providing the Practitioner with information about the process, appropriate application forms and a request for consent to seek information from external organisations,
- > Verifying the practitioner's qualifications, skills, experience, and competencies using the agreed criteria and evidence, prior to commencement of employment or engagement,
- > Entering the credentialing application and outcome on the SA Health credentialing and scope of clinical practice system, and
- > Communicating the outcome of the credentialing application to the Practitioner and the relevant SA Health Network or Service to determine and approve their scope of clinical practice.

The Credentialing Committee must review the information and evidence to make an independent decision regarding completeness and verification of relevant qualifications, skills, and experience.

SA Health Credentialing Committees can mutually recognise current credentials approved by other Committees but must confirm relevant documents to support the local process to define scope of clinical practice.

Practitioners who are employed by Statewide Clinical Support Services (SA Pathology, SA Pharmacy, SA Medical Imaging, SA Dental Service), SA Ambulance Service, MedSTAR, and Department for Health and Wellbeing (Occupational Medicine) to provide services across more than one LHN must be considered for endorsement by LHNs following request by the initiating Credentialing Committee.

In these instances, whilst a Scope of Clinical Practice will be proposed by each statewide Credentialing and Scope of Clinical Practice Committee, this initiating committee must seek endorsement and/or modification of the Scope of Clinical Practice for the practitioner from all relevant health services/LHNs where the practitioner will be working. This is because each health service/LHN must be able to support the proposed Scope of Clinical Practice in terms of support staff, equipment, and facilities, and depending on the situation, Practitioners may have the same or different Scope of Clinical Practice in each health care facility and in each LHNs.

### 2. Re-credentialing

Practitioners must be provided with adequate notice prior to the expiry of their period of credentialing to avoid any lapse in credentials. If a lapse in credentials occurs, the Practitioner must not provide clinical services until their credentials are re-instated. The credentialing officer must notify the practitioner of the requirements for re-credentialing and inform their line manager, or equivalent, of the pending expiry.

Where mutual credentials are in place, the primary Committee must be determined to perform the re-credentialing process relevant to the Practitioners contract of employment or engagement, with the credentialing officer notifying other relevant Committees of the outcome.

### 3. Defining the Scope of Clinical Practice

Local responsibility must be assigned to manage the scope of clinical practice process, with authorisation to be undertaken by the Executive Director Medical Services (EDMS), assigned delegate/s, or equivalent senior executive (Authorising Officer).

In defining the scope of clinical practice, the authorising officer must ensure the Practitioner's scope of clinical practice aligns with their AHPRA registration status, SA Health approved credentials, organisation requirements and the SA Health Clinical Capability Framework.

Scope of clinical practice must not exceed the approved credential period and must be reviewed at re-credentialing, if the organisation's needs or capabilities change, or if there are concerns with compliance of credentials and/or scope of clinical practice.

Probation periods or special conditions must be included in the authorisation of scope of clinical practice as required, particularly with the introduction of new technologies, procedures and treatments that are outside the Practitioner's current scope of clinical practice.

Where the scope of clinical practice is to be changed or varied in a manner different to that requested by the Practitioner, the Practitioner must be provided with an opportunity to respond prior to a final recommendation being made and must be made aware of their rights to appeal.

Specific criteria for defining the scope of clinical practice must be defined to ensure consistency and equity in decision making.

#### **4. Urgent and Emergency Appointments**

The authorising officer must verify credentials and define a temporary scope of clinical practice where a practitioner is required to undertake clinical practice urgently (such as a locum/short term relief). A temporary scope of clinical practice must only be awarded for up to three months.

The documentation involved must be the same as that required for the normal credentialing process outlined in the policy.

Applications must be reviewed by the Credentialing Committee at its next meeting, or within a period of three months of temporary appointment, providing a formal determination of the Practitioner's credentials. The authorising officer must then review the scope of clinical practice to align with this recommendation.

#### **5. Disaster or Emergency Situations**

If urgent credentialing of Practitioners is required to respond to a disaster or major emergency, the urgent and emergency appointment steps for temporary credentialing provided above must be followed.

In an emergency situation, if no other Practitioner with suitable scope of clinical practice is available, immediate patient care must take precedence over the availability of a Practitioner with the relevant scope of clinical practice.

#### **6. Unplanned Review of Credentialing and/or Scope of Clinical Practice**

An unplanned review of a Practitioner's Credentials and Scope of Clinical Practice must be undertaken at the request of the Credentialing Committee, authorising delegate, Human Resources representative or the Practitioner to whom the Scope of Clinical Practice applies.

When other staff members have concerns about a Practitioner's credentials, scope of clinical practice, or performance this must be escalated to the relevant Committee Chair by the Authorising Officer or CEO to consider the need for an unplanned review.

An unplanned review of the credentials and scope of clinical practice must be undertaken when:

- > The Practitioner wishes to deliver a health service outside of their existing scope of clinical practice,
- > The Practitioner is introducing an established technique or clinical intervention into the health care facility for the first time,
- > The Practitioner acquires or demonstrates enhanced skills outside of their scope of clinical practice,



- > The clinical requirements or minimal level of clinical competency changes for a particular situation or procedure this is outside of their scope of clinical practice,
- > The health care facility needs, capabilities and/or available clinical support changes or are redefined:
  - o If the scope of clinical practice is redefined because of changes in health care facility services and/or clinical support availability, this must clearly be recorded as an organisation change, not as a reduction in scope of clinical practice so that there is no negative implication regarding the Practitioner's clinical performance,
- > There is reason to believe that the Practitioner's clinical performance is impaired or there are doubts as to the Practitioner's clinical competence to perform a particular clinical service, procedure, or intervention:
  - o altering a Practitioner's scope of clinical practice must not be used as a mechanism for managing disciplinary or other administrative matters,
- > The outcome of an investigation following a complaint to the HCSCC, AHPRA, the Medical Board or Dental Board, indicates a review is appropriate, or the State Coroner recommends a review of medical/dental practice.

On completion of an unplanned review, the CEO or delegated authorising officer may place restrictions on the time period or scope of clinical practice granted, and/or require the Practitioner to be supervised or to attend further training or suspend their scope of clinical practice in accordance with the review outcome. The outcome must be provided to the relevant Credentialling Committee to consider any change or suspension of credentials and communicated to other SA Health Networks and Services where mutually recognised credentialling occurs.

## **7. Reduction, Suspension or Termination of Credentialling and/or Scope of Clinical Practice**

If credentials or scope of clinical practice is to be changed on completion of an unplanned review, with a negative outcome for the Practitioner, the Practitioner must be provided with an opportunity to respond prior to a final recommendation being made. The Practitioner must be made aware of their right to appeal the recommendation (refer to Section 8).

A Practitioner who has had their scope of clinical practice reduced or suspended must be provided with relevant support by SA Health, with advice sought from Workforce Services as required.

When reducing, suspending, or terminating a Practitioner's credentialling and/or scope of clinical practice, the Committee Chair and/or authorised officer must:

- > Notify the Practitioner of the proposed reduction, suspension or termination of credentials and/or scope of clinical practice in writing, informing the Practitioner of the reasons being contemplated.
- > Provide the Practitioner with an opportunity to respond in writing within 21 days through the nominated management delegate and appeals process, unless the proposed change relates to organisation need or capability.
- > Liaise with Human Resources and Legal Services to provide the relevant SA Health Chief Executive Officer (CEO) with a recommendation of reduction of scope of clinical practice, suspension or termination; and
- > Immediately notify other SA Health Committees with mutually recognised credentials of the decision.

If a Practitioner has had their credentials reduced, suspended, or terminated, the Practitioner (and/or their legal representative) must only communicate in writing with the relevant SA Health CEO or their delegate. Practitioners must not communicate in any form with the Committee Chair, Executive Officer or members of the Committee. The Practitioner must be advised in writing of this requirement.

The CEO must communicate the outcome in writing to the Governing Board, DHW CE, authorised delegate, and staff relevant to the Practitioner's scope of clinical practice (e.g. Head of Unit/Department).

If the nature of the matter results in the suspension or termination of the Practitioner, the CEO or their nominated delegate must report this outcome to AHPRA, Medical Board, Dental Board or any responsible tribunal under the Health Practitioner Regulation National Law in any jurisdiction or other similar bodies.

## 8. Appeal Process

The appeals process must allow for reconsideration of a decision and for new information to be presented. Appeals must be lodged in writing to the relevant SA Health CEO within fourteen days of receipt of the committee's decision.

At the written request of the CEO, the DHW Chief Executive (CE) must appoint a panel independent from the Committee composed of:

- > DHW CE or their nominee (e.g. Chief Medical Officer) as Chair,
- > Two senior Practitioners from the same clinical discipline not associated with the Practitioner. Where this cannot be accommodated within SA Health, the senior Practitioners should be engaged from interstate,
- > A Practitioner nominated by the relevant medical/dental college, and
- > Senior workforce services officer.

Membership must be appointed, as deemed appropriate by the Chair, within five working days of receiving notification of an appeal where possible. The panel membership must be free from any conflict of interest, in accordance with SA Health policy. If any potential or real conflicts of interest arise, panel members must immediately disclose to the Chair in writing and withdraw from the Panel.

All members must be present for deliberation and decision making, with no provisions for proxies. The Panel must conduct itself at all times in good faith, according to the rules of natural justice, without conflicts of interest or bias, and in a manner which does not breach relevant legislation. The Panel must fully document and keep confidential all Panel proceedings unless directed otherwise by the Chair of the Panel, this Policy, or by law.

A Secretary must be appointed by the DHW Workforce Services Officer and must issue agendas and supporting material at least five working days in advance of each meeting. The Secretary must prepare minutes of each meeting, to be formally adopted at the subsequent meeting of the Panel. The Panel in reviewing an appeal request must have access to:

- > All information considered, including the reason by the committee on both the original application and review,
- > All additional submissions provided by the Practitioner.

The Panel in reviewing an appeal request must:

- > Review, verify and compare the credentials and scope of clinical practice required for the position with that of the Practitioner,
- > Review the clinical services being requested with regard to the role delineation, along with the needs, capability and supervision capability of the health service,

- > Where attendance has been requested, allow the Practitioner a support person, who can be a legal practitioner, to support them personally but not participate in the process,
- > Make decisions by the majority vote with the Chair to have the casting vote, and
- > Notify the relevant SA Health CEO of the Panel's decision.

The CEO must advise the Practitioner in writing of the outcome within seven days of the final decision.

## **9. Legal Liability and Indemnity of Committee Members and Each Health Care Facility**

Under the Department's self-insured program, indemnity extends to members of all committees and personnel involved in any process associated with this policy. The indemnity is for any civil liability associated with any bona fide act or omission in the performance or discharge (or purported performance or discharge) in connection with the committee or personnel concerned.

Any claims lodged against personnel in association with the credentialing and/or scope of clinical practice process must be notified to DHW Governance Advisory Services.

Incompetent, malicious or any other deliberately improper acts or omissions are not covered by this indemnity.