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Credentialling and Defining the Scope of Clinical Practice for Medical and Dental Practitioners Policy Directive

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Government of South Australia

SA Health

Contents

Credentialling and Defining the Scope of Clinical Practice for Medical and Dental Practitioners Policy Directive

1. Policy Statement

1.1 Purpose

The purpose of this Policy is to define the process for Credentialling and Defining the Scope of Clinical Practice for Medical Practitioners and Dental Practitioners (collectively referred to as 'Practitioners') working in a South Australian public Health Care Facility. This Policy is established under regulation 29 of the Health Care Regulations 2008.

This Policy does not seek to:

> limit appropriate professional initiatives designed to improve standards of practice

> restrict innovation in introducing new clinical procedures or interventions

> restrict actions that need to be taken in an emergency situation

> control the clinical decisions of a Practitioner with respect to admissions, treatment, transfer or discharge of a patient

> allow Practitioners to work in isolation without appropriate supervision and support systems

> impose practices on a Practitioner where the facilities, supervision and support are inadequate or unavailable.

This Policy is designed to provide overarching guidance to all Paid Practitioners, Un-paid Practitioners and Practitioner - Other, who are or planning to undertake clinical practice in a public Health Care Facility with respect to the implementation of Credentialling and defining their Scope of Clinical Practice.

The SA Health Credentialling and Defining the Scope of Clinical Practice for Medical and Dental Practitioners Policy Directive makes explicit what is required for defining and reviewing the credentials and scope of clinical practice for medical and dental practitioners working in SA Health facilities. It is a fundamental part of ensuring high quality health care services and to protect the community from harm.

1.2 Principles

Credentialling and Defining the Scope of Clinical Practice:

> are tools of clinical governance aimed at maintaining and improving the safety and quality of health care services

> are Health Care Facility and Practitioner responsibilities completed prior to appointment and continuing through the term of employment/engagement

> complement professional registration requirements and professional standards set by medical/dental colleges, associations and societies

> are completed for all Practitioners

> are profession-specific processes

- are organisation-specific processes undertaken in the context of the needs and capabilities of the particular Health Care Facility
- are to be equitable, transparent, and free from bias, patronage or discrimination with respect to a person's race, age, sex, disability, marital status, religion, family responsibilities or other factors unrelated to job performance, and
- are informed by national standards and guidelines.

1.3 Outcome

Compliance with this policy is mandatory. This means that all Practitioners are to have undergone Credentialling and have a defined Scope of Clinical Practice prior to undertaking clinical practice in a public Health Care Facility. If a Practitioner refuses to comply with this policy then that Practitioner is in breach of this policy and should be managed according to the 'managing poor performance' process as described in the SA Health (Health Care Act) Human Resources (HR) Manual if they are employed by SA Health. If not employed by SA Health they will be unable to undertake clinical practice in a public Health Care Facility under any circumstance until Credentialling and Defining Scope of Clinical Practice has been undertaken.

2. Roles and Responsibilities

2.1 Scope

This Policy applies to all Practitioners who are undertaking or planning to undertake clinical practice in a public Health Care Facility in South Australia, including:

- medical interns
- all doctors and dental practitioners in post graduate training
- career medical officers and medical officers in non-accredited positions
- consultants and specialists
- clinical academics
- general practitioners
- locum tenens
- dental practitioners
- pathologists
- overseas trained doctors and dental practitioners
- un-paid medical or dental practitioners (see Glossary) who through their role are considered to be undertaking clinical practice in a public Health Care Facility in South Australia, and
- any other medically or dentally qualified practitioners (including 'Practitioner - Other') wishing to undertake clinical practice in a public Health Care Facility in South Australia.

2.2 LHNs and Statewide Services

SA Health's commitment to our workforce is aimed at retaining the people who work in SA Health and attracting the best-qualified people.

Each LHN will ensure that the recruitment process and the Contract of Employment or Contract for Service or Agreement for Admitting Privileges at Public Health Services with each Practitioner incorporates:

- The Practitioner's agreement to comply with this Policy
- The Practitioner's agreement to advise the organisation immediately if any of the following occurs during the term of employment or engagement:
    - any change in their authorised Scope of Clinical Practice, or denial, suspension, termination or withdrawal of the right to Clinical Practice, in any other organisation or other LHN, or
    - any change in their professional registration status including any limitations, or
    - any notifications to, or action taken by, AHPRA, the Medical Board or the Dental Board with respect to the Practitioner

- any change in their professional indemnity and insurance, or
- any criminal investigation or conviction, or
- the occurrence of any physical or mental condition or substance abuse problem that could affect their ability to undertake Clinical Practice or that would require any special assistance to enable them to practise safely and competently

> the Practitioner's consent to the Department (which includes LHN's) retaining comprehensive information about the processes of Credentialling and defining their Scope of Clinical Practice, and disseminating information about their authorised Scope of Clinical Practice according to the Department's policy, and

> the LHN's commitment to providing appropriate mentoring, professional support and support for the Practitioner's Clinical Practice.

Credentialling and Defining the Scope of Clinical Practice must occur as part of the employment/engagement processes for all Practitioners who provide health services within SA Health's facilities. Figure 1 (page 13) summarises the steps of the employment/engagement processes and the relationship with the initial Credentialling process.

Credentialling and Defining the Scope of Clinical Practice is the responsibility of each LHN. However, a statewide service may establish its own committee separate from the LHN Committees. Each LHN, and each statewide service, is responsible for adopting this Policy and ensuring that every Health Care Facility in its LHN has appropriate supporting policies and procedures in place for Credentialling and Defining the Scope of Clinical Practice of Practitioners.

Each LHN will:

> properly constitute the Committee. The Committee may be specific to a particular Health Care Facility or serve more than one Health Care Facility within a LHN. Generic Terms of Reference for the Committee are provided in the Credentialling and Defining the Scope of Clinical Practice for Medical and Dental Practitioners Policy Guideline – Clause 3.1.

> appoint members to the Committee. As a minimum, the Committee is to consist of:

- the Chair, who is the appointee of the relevant CEO or equivalent
- the LHN Executive Director of Medical Services or equivalent
- at least three Practitioners, appointed by the CEO or equivalent, reflecting the mix of clinical services provided
- appropriate administrative support
- a senior Human Resources officer
- and may include:
  - at least one Practitioner from the medical or dental specialty of the applicant under consideration, and
  - other relevant experts as deemed appropriate, for example, a nominee of the relevant medical/dental college, and/or other nominees of the Health Care Facility.

- implement this Policy for credentialing and Defining the Scope of Clinical Practice, including for:
    - Initial Credentialling and Defining Scope of Clinical Practice (including existing employees) (refer Clauses 3.3 and 3.4)
    - Re-credentialling and Review of Scope of Clinical Practice (Refer Clause 3.5)
    - Unplanned Re-credentialling and Unplanned Review of Scope of Clinical Practice (Refer Clause 3.5)
    - Temporary Credentialling and Defining the Scope of Clinical Practice for urgent (temporary) appointments and in emergency situations or in a disaster (Refer Clause 3.6)
    - Introduction of new clinical procedures, technologies and treatments (Refer Clauses 3.4.2 & 3.5.2)
    - Introduction of new or amended clinical requirements or minimal level of clinical competency (as informed by relevant SA Health clinical practice guidelines/standards) for a particular situation or procedure (Refer Clauses 3.4.3 & 3.5.2)
    - Following notifications to or action taken by AHPRA or the Medical Board or the Dental Board or any responsible tribunal under the *Health Practitioner Regulation National Law* in any jurisdiction or other similar bodies in any jurisdiction (Refer Clauses 3.5.2 & 3.9)
- disseminate relevant information to Practitioners and relevant health service staff/clinical areas
- ensure that this Policy and all procedures for Credentialling and Defining the Scope of Clinical Practice are readily available to Practitioners
- maintain comprehensive documentation that relates to any decision regarding Credentialling and Scope of Clinical Practice for Practitioners
- provide members of the Committee with training specific to their roles and responsibilities
- ensure the Credentialling and Scope of Clinical Practice system (CSCPS) maintains a register of Practitioners' Credentials and their Scope of Clinical Practice, which includes the data items specified in the Credentialling and Defining the Scope of Clinical Practice for Medical and Dental Practitioners Policy Guideline – Clause 3.2.
- establish access to an independent appeals mechanism
- establish a process to regularly monitor the performance of the Committee
- report annually on the status of Credentialling and Defining the Scope of Clinical Practice as part of the relevant clinical governance systems.

Clause 4 provides a description of the responsibilities and deliverables required and provides examples of how compliance with these may be demonstrated.

To achieve the above responsibilities, audits should be undertaken to ensure the Credentialling and Scope of Clinical Practice arrangements comply with this Policy.

2.3 Medical and Dental Practitioners

Medical Practitioners and Dental Practitioners are responsible for:

> providing the necessary information to the Committee to enable the Committee to make an informed decision about the appropriateness of the Practitioner's Credentials and potential Scope of Clinical Practice

> participating in clinical governance activities, which may include assisting in the Credentialling and Defining the Scope of Clinical Practice of other Practitioners, and

> complying with the defined Scope of Clinical Practice, taking into consideration Clauses 3.4, 3.5, 3.6 and 3.9 of this Policy.

Professional indemnity may not apply to a specific claim where it can be shown that the defined Scope of Clinical Practice granted to a Practitioner was contravened, or where an engaged Practitioner acted in breach of their employment contract with respect to the services provided in relation to that claim.

2.4 Credentialling and Scope of Clinical Practice Committee

Each Committee will:

> develop and implement a procedure for the implementation of this Policy and, when available, use the SA Health credentialing system for processing applications and recording outcomes

> review and verify all Credentials of all Practitioners who provide clinical services relevant to that Committee (refer Clause 3.3)

> define and document the Scope of Clinical Practice for all Practitioners with regard to the Practitioner's Credentials, the particular Health Care Facility's role, needs and capability, and availability of any required supervision and have this agreed in writing with the individual and his/her supervisor (refer Clause 3.4)

> review and amend, if necessary, the Scope of Clinical Practice of all appointed Practitioners before the date of the current Scope of Clinical Practice lapses or at the request of the CEO or relevant statewide service equivalent, or at the request of the relevant Human Resource representative, or at the request of the Practitioner to whom the Credentials and Scope of Clinical Practice apply, or as otherwise specified in Clause 3.5.2 or Clause 3.9

> ensure that a practitioner's Credentialling and Scope of Clinical Practice information is entered into the CSCPS in a timely fashion to allow documentation of the process and allow other LHNs to access this information if required

> ensure the Practitioner understands and consents to the retention of information gathered as part of the Credentialling and Scope of Clinical Practice processes

> document all Committee proceedings

> keep all committee discussions confidential unless directed otherwise by the relevant CEO or statewide service equivalent or the law, and

> conduct itself in good faith, according to the rules of natural justice, without conflicts of interest or bias, and in a manner that does not breach relevant legislation.

2.4.1 Multiple Facilities under one Committee

There should be separate consideration of Scope of Clinical Practice within each particular clinical setting. The Committee must only make recommendations of Scope of

Clinical Practice with respect to clinical staff practising within facilities for which the Committee has jurisdiction.

2.4.2 Mutual Recognition of Credentials

Where a practitioner applies for credentialling or re-credentialling, one Committee will recognise the Credentialling process and Re-credentialling process of another Committee. As the initiating site is therefore undertaking the Credentialling process and Re-credentialling process for all Committees, all risk related to this process resides within the initiating Committee undertaking the process. This means that if a Practitioner has had his/her Credentials verified or reviewed by one Committee, another Committee will accept this verification or review. Relevant documentation will be provided from the initiating credentialling or re-credentialling committee as required.

Where a Practitioner has a 'mutual recognition' of Credentials, the review date will be no later than the same date as the review date for the Credentials upon which the initiating application is based.

2.5 Professional Registration

Professional registration is a legal process that bestows recognition of a minimum standard of training in a particular field.

Once fully registered, there is currently no ongoing assessment of a Practitioner's competency undertaken by the Medical Board or Dental Board. Medical and dental registration, therefore, is to be considered one component of a range of factors to be used in Credentialling and Defining the Scope of Clinical Practice for a Practitioner (refer Clause 3.3 of this Policy Directive and the Credentialling and Defining the Scope of Clinical Practice for Medical and Dental Practitioners Policy Guideline – Clause 3.4 for more details).

2.5.1 Medical Practitioners

Registration of Medical Practitioners in South Australia is the responsibility of the Medical Board of Australia. Medical Practitioners are not permitted to practise medicine without being registered with the Medical Board.

2.5.2 Dental Practitioners

Registration of Dental Practitioners in South Australia is the responsibility of the Dental Board of Australia and Dental Practitioners are not permitted to practise dentistry without being registered with the Dental Board.

2.6 Medical/Dental College Accreditation or Endorsement

Following qualification from university, Practitioners enter postgraduate training. Relevant medical/dental colleges have a central role in the training of medical/dental specialists. Although the role differs slightly between specialties, many:

> have standards for the purpose of accrediting or endorsing Practitioners to provide specific clinical services, procedures or other interventions

> have programs to monitor the maintenance of professional standards

> provide continuous medical and dental education, and

> in the case of Medical Practitioners, assess overseas-trained doctors who are seeking recognition as specialists and/or who are seeking to fill an Area of Need position.

Just as graduation from a university indicates attainment of a minimum standard of qualification, attainment of professional/vocational accreditation or endorsement from a medical/dental college provides evidence that a Practitioner has completed a minimum standard of training in a particular speciality. Medical/dental college accreditation/endorsement is considered in the process of Credentialling and Defining the Scope of Clinical Practice for a Practitioner, together with other training, experience, professional references and any other factors deemed relevant to assist the accreditation process (refer Clause 3.3.1).

3. Policy Requirements

3.1 Overview of Credentialling and Defining Scope of Clinical Practice

There are three distinct steps in Credentialling and Defining the Scope of Clinical Practice for Practitioners.

Initial Credentialling and Definition of Scope of Clinical Practice

Step 1:

Verification of Credentials: initial review and verification of a Practitioner's qualifications, skills, experience and competencies (refer Clause 3.3).

Step 2:

Defining the Scope of Clinical Practice (previously known as delineation of clinical privileges or delineation of admitting rights): delineation of the Scope of Clinical Practice for a Practitioner within a specific Health Care Facility (refer Clause 3.4).

Re-credentialling and Review of Scope of Clinical Practice

Step 3:

Formal review of Credentials and the Scope of Clinical Practice to confirm the Practitioner has maintained his/her qualifications, skills and competencies, and that the particular Health Care Facility still requires and is able to support the defined Scope of Clinical Practice (refer Clause 3.5).

Steps 1 and 2 are completed prior to Appointment/Engagement and are referred to as 'Initial Credentialling'. Step 3 is completed on a regular and ongoing basis (after no more than three years). Clauses 3.3, 3.4 and 3.5 discuss these three steps in more detail.

Establishment of Position	
Employment/Engagement: > Determine need for position > Determine duties of the position > Establish position	Credentialling and Scope of Clinical Practice: > Determine the Credentials to be required (this will vary based on skills and competency required and seniority of position) > Determine criteria and the Scope of Clinical Practice required

Assessment of Suitability	
Employment/Engagement: > Shortlist > Interview	Credentialling and Scope of Clinical Practice: > Examine Credentials > Define potential Scope of Clinical Practice

Selection of Applicant	
Employment/Engagement: > Recommend applicant most suitable and available	Credentialling and Scope of Clinical Practice: > Recommend Scope of Clinical Practice

Appointment/Engagement	
Employment/Engagement: > Prepare relevant documentation and ensure appointment/engagement is made conditional upon final Credentialling occurring and being approved	Credentialling and Scope of Clinical Practice: > Grant recommended Scope of Clinical Practice > Document Scope of Clinical Practice in the CSCPS

Figure 1.0: Relationship between the employment/Engagement process and initial Credentialling and Scope of Clinical Practice

3.2 Credentialling and Scope of Clinical Practice Committees

A Committee must be established at each LHN to be responsible for the Credentialling of ALL Practitioners. Where a subcommittee is established at an individual Health Care Facility, the terms of reference of the subcommittee must be amended to reflect the broader scope of application and be compatible with the Committee's terms of reference.

Statewide services such as SA Pathology, SA Pharmacy, SA Medical Imaging, SA Ambulance Service (MedSTAR) and SA Dental Service may individually establish a separate Credentialling and Scope of Clinical Practice Committee to manage the process for practitioners employed by them.

In these instances, whilst a Scope of Clinical Practice will be proposed by each statewide Credentialling 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 (refer Clause 3.4.2). 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.

3.3 Initial Credentialling

3.3.1 Verification of Credentials

Following the establishment of the position and of the likely Scope of Clinical Practice as required by the organisation (refer Clause 2.2) the process of verification of Credentials for individual Practitioners occurs and involves the following steps:

Step 1:

Provide each new Practitioner applicant comprehensive information about the process, including an appropriate application form. (Refer to the Credentialling and Defining the Scope of Clinical Practice for Medical and Dental Practitioners Policy Guideline – Clause 3.3).

Step 2:

Obtain the Practitioner's consent to seek information from external organisations (including AHPRA or the Medical Board or Dental Board or any responsible tribunal under the *Health Practitioner Regulation National Law* in any jurisdiction or other similar bodies in any jurisdiction) or referees about his or her past performance, past and current Scope of Clinical Practice, or Credentials being reviewed. The requirement to provide consent should be included in the application/information package.

Step 3:

Review and verify the Practitioner's qualifications, skills, experience and competencies using the agreed criteria and evidence. This step must be completed prior to an offer of employment or engagement. (Refer to the Credentialling and Defining the Scope of Clinical Practice for Medical and Dental Practitioners Policy Guideline – Clause 3.4).

An external organisation or officer can collate the evidence necessary for verifying Credentials. However, the SA Health Committee must review the information and evidence and make an independent decision regarding comprehensiveness and verification of relevant qualifications, skills, experience and competencies.

3.4 Defining the Scope of Clinical Practice

Specific criteria for Defining the Scope of Clinical Practice must be developed by the Committee to ensure consistency and equity in decision-making. The National Standard suggests the following approaches for Defining the Scope of Clinical Practice:

- Checklist: an exhaustive checklist of possible clinical services, procedures or other interventions that may be requested. For example, this might be based on the Medical Benefits Schedule or the Australian Schedule of Dental Services
- Categorisation: well-defined categories or levels of Scope of Clinical Practice that can be sufficiently detailed and used by each applicant
- Descriptive: the health service and/or Practitioner describes the requested Scope of Clinical Practice in narrative format, or
- Combination

Whatever method is used it must be clear what services are within scope. This is to the benefit of the Practitioner, Health Care Facility and patients. The Scope of Clinical Practice must align with AHPRA registration status.

Defining the Scope of Clinical Practice involves the following steps:

Step 1:

Review the Scope of Clinical Practice required by the Health Care Facility and/or requested by the Practitioner, using one of the above approaches.

Step 2:

Determine the issues to be considered in making a recommendation (refer to the Credentialling and Defining the Scope of Clinical Practice for Medical and Dental Practitioners Policy Guideline – Clause 3.5).

Step 3:

Recommend the Scope of Clinical Practice for the applicant relevant to the particular Health Care Facility.

If the Committee remains in doubt about the competence of the Practitioner to perform a particular clinical service, procedure or intervention, the Committee may:

- request a specific evaluation of the Practitioner's performance by an external or internal peer
- 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.

There is no obligation to grant the Scope of Clinical Practice originally requested. However, where the Scope of Clinical Practice is to be changed or varied in a manner that is likely to be different to that desired by the Practitioner, the Practitioner must be provided with an opportunity to respond prior to a final recommendation being made and be made aware of his or her appeal rights.

3.4.1 Duration of Scope of Clinical Practice

The Scope of Clinical Practice shall be defined for a period commensurate with the term of the Practitioner's employment/engagement, but can only be up to a maximum of three years.

3.4.2 Scope of Clinical Practice for Practitioners either employed by Statewide Services or who provide the same services across LHNs

The Scope of Clinical Practice granted to a Practitioner is Health Care Facility specific. However, there are a number of specialties where practitioners provide clinical services across more than one LHN and also work in many health care facilities. For example:

1. Practitioners employed by statewide services: SA Pathology, SA Pharmacy, SA Medical Imaging, SA Ambulance Service (MedSTAR), SA Dental Service and Department for Health and Wellbeing (Occupational Medicine).

2. Practitioners who are employed by more than one LHN and provide the same service in each LHN: this could include interns.

3. Practitioners who are employed by one LHN but who have a regular requirement to provide clinical services in other LHNs: for example Intensive Care Physicians who undertake retrieval services (including invasive procedures) in other LHNs and consultants (particularly subspecialists) who provide outreach services to other LHNs (eg to country areas).

To facilitate and streamline the process for providing an appropriate Scope of Clinical Practice for these Practitioners, the initiating Credentialling and Scope of Clinical Practice Committee (which may represent a statewide service or an individual LHN) will make initial recommendations regarding the Scope of Clinical Practice. This will be sent by the initiating Committee to all other relevant Credentialling and Scope of Clinical Practice Committees for either endorsement or local modification, depending on the requirements of individual health care facilities. In most instances, endorsement of the proposed Scope of Clinical Practice by the relevant Head of Unit of these additional health care facilities will also be required. Depending on the situation, Practitioners may have the same or different Scope of Clinical Practice in each different health care facility and in different LHNs.

3.4.3 New Clinical Procedures, Technologies and Treatments

As new procedures and treatment modalities are developed or introduced to a Health Care Facility, Practitioners need to have their Scope of Clinical Practice amended to provide these interventions. In addition, clinical requirements or minimal level of clinical competency (as informed by relevant SA Health clinical practice guidelines/standards) may change for particular situations or procedures. This may also result in Practitioners needing to have their Scope of Clinical Practice amended or a probationary period, training or supervisory requirements defined.

Factors that the Committee needs to consider in making a decision include:

- that the new clinical service, procedure or intervention is approved according to the particular Health Care Facility's policy

- the minimum Credentials required to enable the Committee to make an informed decision

- that the particular Health Care Facility has determined that the necessary resources to support the safe provision of the new clinical service, procedure or intervention are available.

Probation periods can be recommended with the introduction of new technologies, procedures and treatments that are currently outside the Practitioner's agreed Scope of Clinical Practice. The Committee must define the purpose and duration of the probationary period, any training or supervisory requirements and the method of evaluation.

3.5 Re-credentialling and Reviewing the Scope of Clinical Practice

3.5.1 Planned Re-credentialling and Reviewing the Scope of Clinical Practice

Planned Re-credentialling and Reviewing the Scope of Clinical Practice must occur as a part of an organisational strategy to ensure Practitioners' Credentials remain current and relevant and that the Practitioner remains competent to provide the defined Scope of Clinical Practice. The Credentialling and Defining the Scope of Clinical Practice for Medical and Dental Practitioners Policy Guideline – Clause 3.6 contains a checklist of documentation/evidence that can be reviewed by the Committee prior to making a recommendation on a Practitioner's ongoing Scope of Clinical Practice. If a Practitioner transfers employment to another service within SA Health it becomes the responsibility of that service to continue the re-credentialling and review of scope of clinical practice process for that Practitioner.

There is no obligation on the particular Health Care Facility to maintain the Scope of Clinical Practice previously granted. However, where the Scope of Clinical Practice is to be changed in a manner that is likely to be detrimental to the Practitioner, the Practitioner must be provided with an opportunity to respond prior to a final recommendation being made. The Practitioner shall be made aware of his/her appeal rights, including making an appeal within 14 days after receipt of notice of the determination appeal using the LHN's appeals mechanism.

Re-credentialling, or re-defining the Scope of Clinical Practice, is not a mechanism for dealing with performance management, disciplinary or other administrative matters. Such matters are to be dealt with in accordance with the relevant Health Care Facility's policy and procedures for performance management and disciplinary matters. However, a practitioner who has their Scope of Clinical Practice reduced or revised will be informed by Human Resource processes (see below) if they are employed by SA Health.

3.5.2 Unplanned Re-credentialling and Unplanned Review of Scope of Clinical Practice

Each Health Care Facility has a duty of care to patients and must be able to review Practitioners' Credentials and their defined Scope of Clinical Practices when required. An unplanned review of a Practitioner's Credentials and Scope of Clinical Practice must occur when:

- the Practitioner wishes to deliver a health service outside of his or her existing Scope of Clinical Practice
- the Practitioner is introducing an established technique or clinical intervention into the particular Health Care Facility for the first time (refer Clause 3.4.3)
- the Practitioner acquires or demonstrates enhanced skills
- the clinical requirements or minimal level of clinical competency changes (as informed by relevant SA Health clinical practice guidelines/standards) for a particular situation or procedure (refer Clause 3.4.3)
- the Scope of Clinical Practice performed by the Health Care Facility is redefined through change in facilities and/or clinical support available
- performance review and the performance management process indicate the Practitioner's lack of competence. This may also be indicated by higher than expected adverse outcomes on referral from the relevant clinical governance committee
- the outcome of an investigation following a complaint to the Health and Community Services Complaints Commissioner, AHPRA or the Medical Board or Dental Board,

indicates a review is appropriate, or the Coroner recommends in Findings a review of medical/dental practice, if reduction, suspension or termination of a Practitioner's Credentialling status and/or Scope of Clinical Practice as documented in Clause 3.9 has not already occurred.

An unplanned review of the Credentials and Scope of Clinical Practice can be undertaken at the request of the Chair of the Committee or the Practitioner to whom the Scope of Clinical Practice apply or at the request of the relevant Human Resource representative. Other staff members who have concerns about a Practitioner's Scope of Clinical Practice are to be referred to the Chair of the Committee in the first instance. As noted in Clause 3.5.1, reducing a Scope of Clinical Practice is not a mechanism for dealing with performance management, disciplinary or other administrative matters, and these processes must be led by the respective Division/Service with support from Human Resources and follow the relevant Health Care Facility's policy, procedures and industrial instruments for performance management and disciplinary matters. In addition, a Practitioner who has had their Scope of Clinical Practice reduced should be supported where possible by their respective Division/Service if SA Health employs them, with advice sought from Human Resources. If the Scope of Clinical Practice is redefined because of changes in Health Care Facility services and/or clinical support availability, this should clearly be recorded as redefined or adjusted, not as a reduction in Scope of Clinical Practice so that there is no negative implication regarding the Practitioner's performance.

3.6 Urgent and Emergency Appointments

3.6.1 Urgent Appointments (Temporary)

Where a Practitioner is required at short notice (including locums/short-term relief) the Chair of the Committee can verify Credentials and define a temporary Scope of Clinical Practice without involvement of the entire Committee but with support of the credentialling officer. The documentation involved must be the same as that required for other SA Health practitioners (refer to the Credentialling and Defining the Scope of Clinical Practice for Medical and Dental Practitioners Policy Guideline – Clauses 3.4 & 3.5), including:

- verification of the Credentials of the individual
- verification of professional registration and whether there are any conditions attached to the individual's registration which would limit his/her ability to fulfil the requirements of the position
- a review of employment history
- relevant Criminal History Reports, and
- at least one referee report, preferably from the Practitioner's current or most recent employer or equivalent.

In the case of temporary Credentialling and Scope of Clinical Practice, because of the short time frames, 'Working With Children Checks' (equivalent of Department of Human Services [DHS] Child Check) from other jurisdictions can be used in the first instance to allow practitioners to be Credentialled and have a temporary Scope of Clinical Practice defined. Application to DHS must be made for other relevant checks at the time of employment or engagement as per the SA Health Criminal & Relevant History Screening Policy Directive Feb 2017.

A temporary Scope of Clinical Practice may be awarded for a period of up to a maximum of six months. Extensions will not be permitted. The Committee must ratify this decision at its next meeting, or within a period of three months of Appointment/Engagement, and a

formal recommendation provided. The Practitioner and the Head of Unit/Department shall be advised in writing of the final decision.

At no time, other than as provided under Clause 3.6.2, is the Practitioner, even when required on short notice, to provide clinical services without having a defined Scope of Clinical Practice. Practitioners with a temporary Scope of Clinical Practice are not to be appointed to the positions of Head of Unit/Department or Divisional Director or equivalent.

3.6.2 Scope of Clinical Practice in a Disaster or Emergency Situation

3.6.2.1 Disaster

Practitioners engaged by the Department for Health and Wellbeing as a result of a disaster will be provided with a temporary Scope of Clinical Practice at the request of the Department's State Controller or authorised delegate. They will also require credentials to be verified. The committee responsible for this will be the Department for Health and Wellbeing Credentialling and Scope of Clinical Practice Committee.

3.6.2.2 Emergency Situation

A Practitioner in an emergency situation, if no other Practitioner with suitable Scope of Clinical Practice is available, is entitled to perform whatever acts or procedures are deemed necessary to preserve the health and life of a person within an SA Health facility regardless of whether the Practitioner has a defined Scope of Clinical Practice for that health facility.

However, such Practitioners will have Credentials verified by an SA Health Credentialling and Scope of Clinical Practice Committee as part of standard credentialling processes which are mutually recognised.

3.7 Committee Practices

3.7.1 Recommendations

The Committee shall specify in its recommendations:

> the Scope of Clinical Practice

> any conditions and reasons for denying or limiting the Scope of Clinical Practice.

These will be acknowledged by the Practitioner and the Head of Unit/Department, and a copy held on the Human Resources personnel file of the Practitioner of the relevant Health Care Facility.

3.7.2 Notification of Decisions

When the Practitioner is notified of the Committee's decision with respect to the defined Scope of Clinical Practice, he or she is also to be advised of any modifications, restrictions or denials, and the reasons for these decisions being made. The Practitioner is to be given a reasonable opportunity to comment with respect to any issues of concern using the review process described in Clause 3.10.1. The Practitioner shall be advised of the appeal process once the review decision has been made.

The agreed final Scope of Clinical Practice of the Practitioner will be made available to the relevant area(s) (eg theatre, emergency department, wards, etc).

3.7.3 Information Management

The formal records of the Committee will include sufficient detail to allow a review of its recommendations and/or decisions. The Credentialling and Defining the Scope of Clinical Practice for Medical and Dental Practitioners Policy Guideline – Clause 3.7 provides a checklist of documentation and/or information that the Committee must retain as part of its formal records.

3.7.4 Retention of Information

Practitioners need to have a clear understanding of how information that relates to Credentialling and Defining the Scope of Clinical Practice is managed, including what information is kept, who has access and for what purpose, including storage of information in the credentialling system being used by SA Health.

3.8 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 Credentialling and/or Scope of Clinical Practice process should be notified to the Department's Legal and Legislative Policy Unit.

Incompetent, malicious or any other deliberately improper acts or omissions are not covered by this indemnity and could lead to personal liability for legal action.

3.9 Reduction, Suspension or Termination of Credentialling and/or Scope of Clinical Practice

In addition to the reasons provided in Clause 3.5.2, a Practitioner's Credentialling status and/or Scope of Clinical Practice can be reduced, suspended or terminated at any time if their employment or engagement contract or agreement is reduced, suspended or terminated by the Health Care Facility. This may occur if the Practitioner:

- ceases to be registered with the Medical Board or Dental Board
- is restricted in practice or suspended or other action is taken by AHPRA or the Medical Board or Dental Board, or any responsible tribunal under the *Health Practitioner Regulation National Law* in any jurisdiction or other similar bodies in any jurisdiction
- ceases to have appropriate and adequate professional indemnity and insurance
- is found to have made a false declaration through omission or false information which justifies such action
- engages in serious misconduct
- presents a risk to the safety and well-being of patients and/or staff
- otherwise departs from generally accepted standards of Clinical Practice in his/her conduct
- is subject to criminal investigation or has been convicted of a serious crime which could affect his or her ability to provide the defined clinical scope safely and competently.

Where any of the above or similar concerns relate to Practitioners employed by SA Health, the responsibility to investigate and respond to these matters in a timely manner lies with the relevant Division/Service Delegate. Where such matters arise, advice must be sought from the LHN Human Resource Unit and instruction sought from the respective Delegate to determine whether to immediately reduce, suspend or terminate a Practitioner's employment contract (in accordance with the relevant industrial instrument and Human Resources Delegations). The Practitioner's manager (or nominated senior clinician), representing the respective Division/Service is responsible for leading the investigation, in conjunction with advice/support from Human Resources, of the Practitioner's performance and providing any necessary personal or professional support. In addition, to ensure patient safety during such investigations, Practitioners employed by SA Health may be given alternative duties or be given leave or suspended with pay (depending on the seriousness of the allegations) during this period of time. The decision to reduce, suspend or terminate a Practitioner's employment contract must be communicated to the relevant Credentialling and Scope of Clinical Practice Committee.

On the basis of the information received, the Committee may contemplate the reduction, suspension or termination of a Practitioner's Credentialling or Scope of Clinical Practice and must notify the Practitioner in writing of this. Such notification must inform the Practitioner of the reasons for any such proposed reduction, suspension or termination being contemplated and provide the Practitioner with an opportunity to respond in writing within 21 days through the nominated management delegate. The right to recommend reduction, suspension or termination of the Credentialling status and/or Scope of Clinical Practice of a Practitioner to the Entity's Chief Executive Officer will be held by the Chair of the Committee after deliberation by the Committee. The Practitioner will also be advised of the Appeals Process (refer Clause 3.10).

Once an SA Health employed Practitioner has had their employment contract reduced, suspended or terminated by the LHN Delegate, the Practitioner (and/or their legal representative) may only communicate in writing with the LHN Chief Executive Officer (or CEO equivalent) or his or her nominate delegate (who may be the Executive Director of Medical Services) and must not communicate either in writing or verbally with the Chair, Executive Officer or members of the Credentialling and Scope of Clinical Practice Committee.

For Practitioners not employed by SA Health (see 'Un-paid Practitioner' and 'Practitioner - Other', Clause 6 - definitions), whose clinical practice has come under review because of any of the above or similar concerns, the Chief Executive Officer (or CEO equivalent) or his or her nominated delegate may seek advice from legal and from the relevant industrial association as to the restrictions, reductions or termination of the Practitioner's ability to undertake clinical practice in the public Health Care Facility. The Chief Executive Officer (or CEO equivalent) or his or her nominated delegate will be responsible for making the decision to reduce, suspend or terminate the Practitioner's clinical practice within the public Health Care Facility over which they have justification, whether this is by reference to any Agreement held between the Practitioner and the Health Care Facility or otherwise. The Chief Executive Officer (or CEO equivalent) or his or her nominated delegate must inform the Credentialling and Scope of Clinical Practice Committee of this decision.

The Credentialling and Scope of Clinical Practice Committee will follow the process of notifying the Practitioner of the proposed reduction, suspension or termination being contemplated, and provide the Practitioner with an opportunity to respond in writing within 21 days through the Chief Executive Officer (or CEO equivalent) or his or her nominated delegate. The Credentialling and Scope of Clinical Practice Committee will review this additional information as described in Clause 3.10.1. If the decision is again a reduction, suspension or termination of Credentialling and Scope of Clinical Practice, the Practitioner may wish to lodge an appeal (Refer Clause 3.10.2). During these processes, the Practitioner (and/or their legal representative) may only communicate in writing with

the Chief Executive Officer (or CEO equivalent) or his or her nominated delegate (who may be the Executive Director of Medical Services) and must not communicate either in writing or verbally with the Chair, Executive Officer or members of the Credentialling and Scope of Clinical Practice Committee.

The Chief Executive Officer (or CEO equivalent) or his or her nominated delegate (who may be the Executive Director of Medical Services) will communicate the outcome of such a decision in writing, within a timely manner, to the relevant Head of Unit/Department and other Heads of Unit/Department or other section of the service relevant to the Practitioner's Scope of Clinical Practice (eg operating theatre management).

3.9.1 Suspension or Termination of Employment/Engagement

If the nature of the matter results in the suspension or termination of the Practitioner the CEO/CEO equivalent is mandated to report this outcome to AHPRA or the Medical Board or Dental Board or any responsible tribunal under the Health Practitioner Regulation National Law in any jurisdiction or other similar bodies in any jurisdiction.

3.10 Review and Appeal Processes

3.10.1 Initial Review of Recommendations of the Committee

The Practitioner who has had his or her application for Credentialling or requested Scope of Clinical Practice denied, withheld or varied from the original request, has a right to request a review of the decision by writing to the Chair of the Committee within 14 days of the decision. The Practitioner will be given the opportunity to provide further information that was not previously submitted for consideration by the Committee which may be relevant to the decision. Following a Review, the Committee's decision will be managed as with other decisions by the Committee.

The Committee shall review its own recommendations if so requested by the Chair of the Committee, the relevant CEO/CEO equivalent, or the Health Care Facility's General Manager/Chief Operating Officer, or Divisional Director or equivalent.

3.10.2 Appeal Process

A Credentialling and Scope of Clinical Practice appeals process must be available and managed independently of the Committee. The appeals process will allow for reconsideration of any decision and for new information to be presented.

The Practitioner who has had his or her application for Credentialling or requested Scope of Clinical Practice denied, withheld or varied from the original request and in any subsequent review as described in Clause 3.9.1, has a right to appeal the decision to the relevant CEO/CEO equivalent.

Appeals must be lodged in writing to the CEO/CEO equivalent within fourteen days of receipt of the Committee's review decision.

At the written request of the LHN CEO/CEO equivalent, the Department for Health and Wellbeing Chief Executive shall appoint a panel whose membership will be entirely independent from that of the Committee. The Appeal Panel will be composed of:

> the Department for Health and Wellbeing Chief Executive (or Chief Medical Officer) or their nominee as its Chair

> two senior Practitioners from the same clinical discipline as the Practitioner from LHNs not serviced by the Practitioner

- a Practitioner nominated by the relevant medical/dental college

- a senior Human Resources Officer from the Department/LHN if the Practitioner concerned is an employee of the LHN or is engaged under a contract for service.

Membership shall be appointed, as deemed appropriate by the Chair, within five working days of receiving notification for an appeal. Appointments to the appeals panel will be on an ad hoc basis to consider particular appeals and will not involve persons previously concerned with the subject of the appeal. No nominated member of the Panel shall have duties or interests in conflict with his or her duties or interests on the Panel, whether direct, indirect, financial, material or otherwise. If during the process a Panel member recognises a potential or real conflict of interest, they must withdraw from the Panel. A new member will be appointed and the process will be re-scheduled.

The Panel will meet as soon as practicable after the appeal has been lodged. All members must be present; there is no provision for proxies. The Panel will 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 will fully document and keep confidential all Panel proceedings unless directed otherwise by the Chair of the Panel, this Policy, or by law. The Chair shall be the authorised channel of communication of all decisions of the Panel.

A Secretary shall be appointed by the Department's Human Resource Officer, and shall issue agendas and supporting material at least five working days in advance of each meeting. The Secretary shall prepare minutes of each meeting, to be formally adopted at the subsequent meeting of the Panel. The Secretary's files are the property of the Department for Health and Wellbeing and must be preserved in accordance with the *State Records Act 1997*. A copy of the Panel's recommendation will be placed in the Practitioner's personnel file in the relevant LHN (if the Practitioner concerned is an employee of the LHN or is engaged under a contract for service).

The Panel:

- will ensure it has received all relevant information from the LHN from which the appeal is generated, including all information and submissions considered by the Committee when it considered the Practitioner's application, and any additional information or submissions considered by the Committee when it considered the request for review by the Practitioner or any additional information the LHN or Committee considers may be relevant in the appeal. The Appeal Panel should also be provided with the reasons for decision by the Committee on both the original application and the Review

- will ensure it receives and reviews any additional information or submissions that the Practitioner wishes to provide that were not previously submitted for consideration that the Practitioner considers are relevant in the Appeal

- will review and verify the Credentials and the Scope of Clinical Practice required for the relevant position and compare them to Credentials and skills of the Practitioner concerned

- will review the clinical services being requested with regard to the role delineation, needs and capability of the health service, and the degree of available supervision at the Health Care Facility where the Practitioner is to deliver health services

- may request the Practitioner to appear personally before the Panel in support of their appeal. The Practitioner may be assisted before the Panel by a support person, who can be a legal practitioner

- will make decisions by the majority vote with the Chair having the casting vote

- will recommend whether the Practitioner is to be Credentialled and/or an appropriate Scope of Clinical Practice for the Practitioner concerned

- will notify the CEO/CEO equivalent of the LHN of the Panel's decision concerning the Practitioner's application for Credentialling or Scope of Clinical Practice of the Practitioner concerned, specify the Scope of Clinical Practice recommended, any conditions attached thereto, and the reasons for any limitations on the duration or Scope of Clinical Practice for the LHN's CEO to act on.

The Practitioner shall be advised by the CEO/CEO equivalent within seven days of the final decision, which must include reasons for the decision. The decision by the CEO/CEO equivalent is final.

4. Implementation & Monitoring

Performance against this Policy will be measured as a part of the Clinical Governance reporting. The following target is to be reported:

Performance Measure	Annually
The SA Health Safety and Quality Unit undertakes annual reporting of compliance using data stored in the credentialing system. This will include the percentage of Practitioners who are currently Credentialled.	100%

Responsibilities and Deliverables of each LHN in Credentialling and Defining the Scope of Clinical Practice for Medical and Dental Practitioners

- Formally constitute a Committee for all Practitioners, demonstrated by;
  - > Terms of Reference
  - > Delegations manual defines lines of responsibility within the LHN
  - > Minutes and recommendations of the Committee
- Appoint Committee Members, demonstrated by;
  - > List of Committee members
- Standard policy and processes are in place and available to health service staff for Credentialling and Defining the Scope of Clinical Practice, including for:
    - o Initial Credentialling and Defining the Scope of Clinical Practice
    - o Re-credentialling and review of Scope of Clinical Practice
    - o The introduction of new clinical procedures, technologies and treatments
    - o Temporary Credentialling and Defining the Scope of Clinical Practice
    - o Unplanned review of Credentials and/or Scope of Clinical Practice
    - o Suspension or Termination of a Practitioner's Credentialling or reduction of Scope of Clinical Practice
    - o Dissemination of information to the Practitioner and relevant health service staff

  Demonstrated by;
  - > Policy and procedures manual
  - > Credentialling and Scope of Clinical Practice application form
  - > Pro-forma for seeking referee feedback
  - > Letters notifying Practitioner of outcomes/recommendations
  - > Minutes and recommendations of the Committee
  - > Audit to verify consistency of application of agreed and documented processes.

- Policy and procedures for Credentialling and Defining the Scope of Clinical Practice are readily available to Practitioners, demonstrated by;
    - > Policy and procedures manual
    - > Information available on staff notice board
    - > Information raised in hospital newsletters, flyers or bulletins
    - > Information available on the Health Care Facility intranet.
- Maintenance of comprehensive documentation, demonstrated by;
    - > Copies of documentation
    - > Procedure for retaining relevant documentation
- Education and training mechanism in place to support Committee members to meet their responsibilities, demonstrated by.
    - > Education and training program materials
    - > Attendance record at education sessions
    - > Information provided to Committee members to ensure awareness of responsibilities and issues associated with Credentialling and Defining the Scope of Clinical Practice.
- Maintenance of the CSCPS, demonstrated by;
    - > Register
    - > Audit of register to verify currency of information.
- Standard process for monitoring Practitioner compliance against Scope of Clinical Practice granted, demonstrated by.
    - > Performance management mechanism confirms Practitioner complying with Scope of Clinical Practice granted.
- Appeals mechanism in place, demonstrate by;
    - > Policy and procedures manual detailing the appeals mechanism
    - > Evidence of the appeals mechanism being used.
- Process for regularly monitoring and reviewing the performance of the Committee, demonstrated by;
    - > Review report produced
    - > Evidence of implementation of recommendations arising from review.
- Report on status of Credentialling and Defining the Scope of Clinical Practice within every Health Care Facility to the SA Council for Safety & Quality in Health Care demonstrated by;
    - > Credentialling and Defining the Scope of Clinical Practice is an initiative identified in each of the LHN's Clinical Governance Frameworks

- > Status of Credentialling and Defining the Scope of Clinical Practice initiatives are reported to the Department for Health and Wellbeing as a part of its regular Clinical Governance report.

- Consider mechanisms for providing relevant information to patients and the community, demonstrated by

  - > Policy and procedures manual

  - > Committee meeting records.

5. National Safety and Quality Health Service Standards

The Standards provide a nationally consistent and uniform set of measures of safety and quality for application across a wide variety of health care services. They propose evidence-based improvement strategies to deal with gaps between current and best practice outcomes that affect a large number of patients.

This policy directive contributes to the following standards until 31 December 2018:

 National Standard 1 Governance for Safety and Quality in Health Care	 National Standard 2 Partnering with Consumers	 National Standard 3 Preventing & Controlling Healthcare associated infections	 National Standard 4 Medication Safety	 National Standard 5 Patient Identification & Procedure Matching	 National Standard 6 Clinical Handover	 National Standard 7 Blood and Blood Products	 National Standard 8 Preventing & Managing Pressure Injuries	 National Standard 9 Recognising & Responding to Clinical Deterioration	 National Standard 10 Preventing Falls & Harm from Falls
☒	☐	☐	☐	☐	☐	☐	☐	☐	☐

This policy directive contributes to the following standards from the 1 January 2019:

 National Standard 1 Clinical Governance	 National Standard 2 Partnering with Consumers	 National Standard 3 Preventing & Controlling Healthcare-Associated Infection	 National Standard 4 Medication Safety	 National Standard 5 Comprehensive Care	 National Standard 6 Communicating for Safety	 National Standard 7 Blood Management	 National Standard 8 Recognising & Responding to Acute Deterioration
☒	☐	☐	☐	☐	☐	☐	☐

6. Definitions

In the context of this document:

- '**appointment**' means: the finite employment or engagement of a Practitioner to provide services within an organisation according to conditions defined by general law and supplemented by contract.
- '**Appointing Officer**' means: an officer of a Health Care Facility with delegated authority to make the final decision regarding the appointment/engagement of a Practitioner.
- '**AHPRA**' means: the Australian Health Practitioner Regulation Agency.
- '**CEO**' means: the Chief Executive Officer of a particular Local Health Network (LHN).
- '**clinical practice**' means: the professional activity undertaken by Practitioners for the purposes of investigating patient symptoms and preventing and/or managing illness and injury, together with associated professional activities related to patient care. For the specialty of Public Health Medicine, clinical practice refers to the investigation and management of health problems that occur at a population level.
- '**committee**' means: the Credentialling and Scope of Clinical Practice Committee in each LHN.
- '**competency**' means: the demonstrated ability to provide health care services at an expected level of safety and equality.
- '**contract of employment**' means: a legal agreement that establishes an employment/engagement relationship between the Health Care Facility, LHN, or Department and a Practitioner.
- '**contract for service**' means: a legal agreement between the Health Care Facility, LHN or Department and a Practitioner or a practice company under which the Practitioner is appointed as a visiting Practitioner to provide medical or dental services. It defines the rights and obligations of each party.
- '**credentials**' means: the formal qualifications, professional training, clinical experience, continuing professional development and training and experience in leadership, research, education, communication and teamwork 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 and criminal record are also regarded as relevant to their credentials.
- '**credentialling**' means: the formal process used to verify the qualifications, experience, and professional standing of Practitioners for the purpose of forming a view about their competence, performance and professional suitability to provide safe, high quality health care services within specific organisational environments.
- '**Criminal Record History Report (police check)**' means: a document issued by the South Australian Police or another recognised body or agency (eg Department of Human Services [DHS]) that sets out the criminal convictions of an individual for offences under the law of South Australia, the Commonwealth, another state or territory, or another overseas country. Refer to SA Health Criminal and Relevant History Screening Policy Directive Feb 2017.

- '**CSCPS**' means: the Credentialling and Scope of Clinical Practice System. A web accessible central 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 the Scope of Clinical Practice of an individual.

- '**Dental Board**' means: the Dental Board of Australia.

- '**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.

- '**department**' means: the administrative unit under the Minister responsible for the administration of the *Health Care Act 2008*, currently referred to as the South Australian Department for Health and Wellbeing.

- '**engagement**' means: the process by which the Health Care Facility appoints an un-paid Practitioner to provide services in accordance with the terms and conditions set out in an Agreement or a Contract for Service.

- '**Head of Unit/Department**' means: the person who is the supervisor of a unit or department within a Health Care Facility within a particular LHN.

- '**health care facility**' means: a generic term used to include all public health services in which a Practitioner may seek practising rights, including, but not limited to, hospitals, mental health facilities and community health services.

- '**Local Health Network (LHN)**' means: a term used to describe an incorporated hospital under the *Health Care Act 2008*. Currently, the incorporated hospitals under this Act are Central Adelaide Local Health Network, Southern Adelaide Local Health Network, Northern Adelaide Local Health Network, Women's and Children's Network and Country Health SA Local Health Network. These also include statewide services such as SA Pathology, SA Pharmacy, SA Dental Service, SA Medical Imaging and SAAS MedSTAR within their corporate structures.

- '**Medical Board**' means: the Medical Board of Australia.

- '**medical practitioner**' means: a person who is registered to practice medicine with the Medical Board of Australia.

- '**practitioner**' means: a Medical Practitioner and/or Dental Practitioner.

- '**paid practitioner**' means: a Medical Practitioner or Dental Practitioner appointed as an employee of a Health Care Facility including visiting Practitioners, fee for service Practitioners, contracted Practitioners and clinical academics.

- '**practitioner - other**' means: Practitioners who are permitted to undertake clinical practice in an SA Health facility where there is no employment arrangement but where there may be a contractual agreement in place.

- '**re-credentialling**' means: the formal process used to re-confirm the qualifications, experience and professional standing (including history of and current status with respect to professional registration, disciplinary actions, professional indemnity and insurance and criminal record) of Practitioners for the purpose of forming a view about their ongoing competence, performance and professional suitability to provide safe, high quality health care services within specific organisational environments.

- '**scope of clinical practice**' means: the extent of an individual Practitioner's Clinical Practice within a particular organisation (health care service or LHN) based on the individual's credentials, competence, performance and professional suitability, and the needs and the capability of the organisation to support the Practitioner's scope of clinical practice.

- '**un-paid practitioner**' means: a Practitioner appointed to provide medical or dental services in a public Health Care Facility, who is not an employee of the Health Care Facility, such as Practitioners on sabbatical, honorary Practitioners, research Practitioners or Practitioners who, through their role as examiners of specialist exams, are also considered to be undertaking clinical practice in an SA Health public Health Care Facility in South Australia.

- '**verification**' means: the Medical Board or Dental Board of Australia and LHNs sighting, reviewing, inspecting, authenticating documents supplied by a Practitioner to establish and record that the Practitioner's registration documents, undergraduate and postgraduate qualifications and references meet the regulatory, standard, or specification requirements.

6.1 Construction

Subject to any inconsistency or context, the following rules of construction will be used to interpret this Policy:

> any word imputing the plural includes the singular and vice versa

> where reference is made to an LHN Credentialling and Scope of Clinical Practice Committee that reference will also apply to statewide service Credentialling and Scope of Clinical Practice Committees

> the captions, headings, section numbers and clause numbers appearing in this Policy are inserted only as a matter of convenience and in no way affect the construction of this Policy; and

> a reference to a statute shall include all statutes amending, consolidating or replacing that statute.

7. Associated Policy Directives / Policy Guidelines and Resources

7.1 Associated Policy Directives / Policy Guidelines

7.1.1 The Credentialling and Defining the Scope of Clinical Practice for Medical and Dental Practitioners Policy Guideline

The associated Policy Guideline provides checklists to assist SA Health Credentialling Committees undertake credentialling and scope of clinical practice processes.

7.1.2 SA Health Performance Review and Development Policy Directive

Performance Review is a process which aims to provide a regular opportunity for two-way feedback between the supervisor or line manager and Practitioner to discuss:

> job performance requirements

> past performance, including Clinical Practice, clinical governance activities and professional development, and

> future opportunities, including professional development opportunities, potential for increased responsibility, and Health Care Facility support to assist the Practitioner to maintain and improve performance.

The Department's Performance Review and Development Policy is applicable to all persons employed/engaged by the Department.

An individual's performance information gathered as part of a performance review provides a basis for objective self-assessment by the individual, in consultation with the supervisor/line manager, and can be used to inform decisions that relate to the re-credentialling/reviewing Scope of Clinical Practice process undertaken by the individual.

7.1.3 SA Health Criminal & Relevant History Screening Policy Directive Feb 2017.

7.2 Resources

1. Australian Council for Safety and Quality in Health Care. Standard for Credentialling and Defining the Scope of Clinical Practice. A national Standard for Credentialling and Defining the Scope of Clinical Practice of Medical Practitioners, for use in Public and Private Hospitals (2004) https://www.safetyandquality.gov.au/wp-content/uploads/2012/01/credentl1.pdf

2. Australian Council for Safety and Quality in Health Care. Credentialling and Defining the Scope of Clinical Practice Handbook (2005). https://www.safetyandquality.gov.au/wp-content/uploads/2012/01/credentlhbk05.pdf

3. National Safety and Quality Health Service (NSQHS) Standards. (2nd ed 2017) https://www.safetyandquality.gov.au/wp-content/uploads/2017/11/National-Safety-and-Quality-Health-Service-Standards-second-edition.pdf

4. Australian Commission on Safety and Quality in Health Care. Credentialling health Practitioners and defining their scope of clinical practice: A guide for managers and Practitioners. Sydney: ACSQHC, 2015. https://www.safetyandquality.gov.au/wp-content/uploads/2016/02/Credentialing-health-practitioners-and-defining-their-scope-of-clinical-practice-A-guide-for-managers-and-practitioners-December-2015.pdf

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