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SA Health

Policy

Credentialing and Defining Scope of Clinical Practice for Allied and Scientific Health Professionals

Version 4.1

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Government
of South Australia

SA Health

1. Name of Policy

Credentialing and Defining Scope of Clinical Practice for Allied and Scientific Health Professionals

2. Policy statement

This policy provides the mandatory requirements to credential and define the scope of practice of Allied and Scientific Health Professionals (ASHPs) employed by SA Health or accessing SA Health facilities, as established by the relevant regulations.

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 ASHPs with direct or indirect clinical contact as part of their role within a SA Health network or service.

Out of Scope:

The following are out of scope for this policy:

- > Medical Laboratory Scientists employed by SA Pathology who are exempt from the re-credentialing requirements detailed in this policy, unless changing roles or updating their scope of practice. Refer to [Appendix 2: Medical Laboratory Scientists Mandatory Instruction](#).
- > Dental Therapists which are credentialed under the [Credentialling and Defining the Scope of Clinical Practice for Medical and Dental Practitioners Policy](#) (or subsequent versions).

4. Policy principles

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

- > We are committed to delivering safe, high quality and effective care by trained and supported individuals with the appropriate skills, knowledge, and experience.
- > We recognise that an allied health professional workforce that is experienced, trained, and qualified to practice in a competent and ethical manner underpins the delivery of safe and effective care for SA Health patients.
- > We provide an open and transparent state-wide process of credentialing ASHPs to deliver consistency across the system.

5. Policy requirements

Credentialing Committee

- > SA Health Services and Networks must establish a committee to oversee, manage and maintain the credentialing of all applicable ASHPs engaged to provide services.

Initial credentialing

- > Prior to commencing employment, ASHPs must undertake the initial credentialing process and be granted credentialing approval and an identified scope of practice in line with [Mandatory Instruction 1.2](#).
- > At a minimum, unregulated ASHP must participate with the [Performance Review and Development Policy](#) requirements, routine clinical supervision, compliance with appropriate criminal history screening and relevant qualification upon employment, and adherence to the SA Code of Conduct for Certain Health Workers.

Re-credentialing

- > ASHPs (excluding SA Pathology Scientists as per Appendix 2: Mandatory Instruction) must undergo the re-credentialing process at least every three years in line with [Mandatory Instruction 1.2](#).
 - o SA Pathology Scientists are exempt from re-credentialing in line with [Appendix 2: Medical Laboratory Scientists Mandatory Instruction](#).

Advanced or Extended Scope of Clinical Practice

- > Health Services must ensure safe, quality and person-centred care delivery by ASHPs practicing with an extended scope or advanced level of practice within SA Health in accordance with the [Clinical Governance for Advanced Practice and Extended Scope of Practice Roles Policy](#)
- > WCHN audiologists who are required to undertake paediatric cochlear implant mapping must be appropriately credentialled as advanced scope of practice clinicians in accordance with [Clinical Governance for Advanced Practice and Extended Scope of Practice Roles Policy](#).

Advanced clinical practitioners

- > The LHN Credentialing Committee must review and endorse a practitioner functioning at advanced clinical practice level in a specific role in accordance with the requirements of the [Clinical Governance Framework Advanced Practice and Extended Scope of Practice Roles Policy](#), and the SA Health [Allied Health Advanced Clinical Practice Statewide Framework](#) for the relevant level of practice.
- > To support LHN credentialing committees with endorsing advanced clinical practitioners, a practitioner must submit a portfolio of supplementary information with the initial credentialing application to substantiate learning, development and performance (Appendices 4 and 5 of the Framework).
- > If advanced clinician status is endorsed, 'allied health advanced clinician' must be entered in the 'other' field of the CSCPS database. Should there be a change in function or capability to complete duties due to illness or injury, or noted during performance review, the clinician must be referred for re-credentialing. Re-credentialing must also occur where requested by the committee to review progress towards a practitioner's learning and development plan (such as if working towards achievement of capabilities).

Access appointments

- > Access appointments must be in place when an allied and scientific health related service is provided within an SA Health facility by an ASHP that is not an SA Health employee either on behalf of SA Health or providing independent/private services not on behalf of SA Health approved by that LHN or Statewide Service, including:
 - o Agency staff, service providers (government, non-government or private), locums, contractors, and sub-contractors.
 - o Student supervisors/clinical educators employed or contracted by an education provider.

- Persons undertaking allied health research involving SA Health patients or who may access clinical information of a patient.

Refer to [Mandatory Instruction 1.5](#).

External Allied Health Provider – Access Letters of Agreement

- > SA Health must ensure external provider access in accordance with letters of agreement which allow ASHPs from specific external organisations to access SA Health sites without individual access credentialing in line with [Mandatory Instruction 1.6](#).

6. Mandatory related documents

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

- > [Allied Health Advanced Clinical Practice Statewide Framework](#)
- > [Clinical Governance for Advanced Practice and Extended Scope of Practice Roles Policy](#)
- > [Corporate Records Management Policy](#)
- > [Criminal and Relevant History Screening Policy](#)
- > [Disability Inclusion Act 2018](#)
- > [Health Care Act 2008 \(esp. Section 100\(2\)\(j\)\)](#)
- > [Health Care Variation Regulations 2014](#)
- > [Performance Review & Development Policy](#)
- > [Privacy Policy](#)
- > [The National Safety and Quality Health Service \(NSQHS\) Standards 2017 \(2nd Ed\)](#)

7. Supporting information

- > [AHPs Initial Credentialing, Re-Credentialing and Mutual Recognition applications](#)
- > [Allied health registration, credentialing and professional associations](#)
- > [Application for an Access Appointment by a private, Non-Government Organisation or other Government Agency Allied Health Professional](#)
- > [Credentialing health practitioners and defining their scope of clinical practice: A guide for managers and practitioners \(December 2015\)](#)
- > [Credentialing toolkit](#)
- > [Governance Framework for Advanced Scope of Practice Roles and Extended Scope of Practice Roles in SA Health](#)
- > [Health and Community Services Complaints Commissioner: Code of Conduct for Certain Health Care Workers](#)
- > SA Health Allied Health Professional Supervision framework
- > [SA Health Credentialing and Scope of Clinical Practice System: Allied & Scientific Health Professionals User Guide](#)
- > [SA Health Credentialing and Scope of Clinical Practice System for Health Practitioners, User Guide: For AHPs.](#)
- > [South Australian Health and Wellbeing Framework 2017-2022](#)

- > [South Australian Commissioners Determination](#)

8. Definitions

The following definitions apply for the purpose of this policy:

- > **Access Appointees:** means allied and scientific health professionals not employed by SA Health including private, non-government, other Government or Education Providers.
- > **Advanced scope:** means a level of practice characterised by an increase in clinical skills, reasoning, critical thinking, knowledge and experience so that the practitioner is an expert working within the scope of established contemporary practice.
- > **Advanced clinical practice for allied health in SA Health:** means a level of practice in a clinically facing role across pillars of clinical practice, clinical leadership, education and research. Standards and expectations for this level of practice can be found in the [Allied Health Advanced Clinical Practice Statewide Framework](#). Advanced clinical practice is broader than scope of practice. Scope of practice is relevant to all ASHP roles at all levels, and therefore must remain a distinct component of credentialing. For advanced clinical practitioners, scope of practice is one component of the clinical practice pillar, and is dependent on the functions, responsibilities and requirements of a specific role. Note that it is not a requirement for advanced clinical practitioners to hold an advanced or extended scope of practice, as clinical practice can still operate at expert level within a standard scope.
- > **Allied and Scientific Health Professional (ASHP):** means registered and self-regulated allied and scientific health professions (see individual definitions).
- > **Competence:** means the demonstrated ability to provide health care services at an expected level of safety and quality.
- > **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 competence, performance and professional suitability to provide safe, high quality health care services within specific organisational environments. Credentialing is an essential component of good clinical governance, ensuring clinicians are appropriately qualified and skilled to provide safe patient care. All allied health professionals are credentialled as part of the recruitment process.
- > **Extended scope of practice:** means “the expertise beyond the currently recognised scope of practice of the health profession. An extended scope of practice requires endorsement by the relevant National Board” ([Clinical Governance for Advanced Practice and Extended Scope of Practice Roles Policy](#))
- > **Grandparent Clause:** means the process that applies in relation to individuals who do not hold a qualification listed for the AHP classification streams in the SA Health Workforce Operations Advice: Minimum Qualification Requirements for Non-executive SA Health Employee, 2012 may have been classified under this stream in the SA Modern Public Sector Enterprise Agreement: Salaried 2017, by virtue of an industrial agreement on a “present position, present incumbent” only basis, known as a grandparent clause.
- > **Health Networks and Services:** means all SA Health services operating under the Health Care Act 2008 (or other relevant legislation). This includes Department for Health and Wellbeing, ten Local Health Networks, Women’s and Children’s Health Network, SA Ambulance Service, SA Dental Services and Statewide Clinical Support Services.
- > **Indirect clinical contact:** means working in a role that requires accessing patient information, preparing or assisting other clinicians with patient related work, and providing clinical advice or professional supervision to other clinicians.
- > **In scope:** means discipline in scope for the credentialing, process a list of in scope disciplines can be located on the ASHO [website](#)

- > **Profession Manager:** means Discipline Managers and Profession Discipline Leads or their delegate (such as a senior ASHP). **Registered Professions:** means Registered professions that are legislated to meet the requirements of registration. This ensures recognition of a minimum standard of training in a particular field. Registration is through the relevant Professional Board of AHPRA. Registered professions are not permitted to practise in clinical or clinical supervisory roles without holding current registration with their respective board via AHPRA. Registered ASHPs employed by SA Health include Dental Therapists, Medical Radiation Professionals (including Diagnostic Radiography, Radiation Therapy and Nuclear Medicine), Occupational Therapists, Optometrists, Pharmacists, Physiotherapists, Podiatrists and Psychologists
- > **Scope of practice:** means the extent (scope) of an individual practitioner's clinical practice within a particular organisation, based on the individual's credentials, competence, performance, and professional suitability; and the needs of the organisation and its capability to support the practitioner's scope of clinical practice (ACSQHC, 2015).
- > **Self-Regulating Profession:** means there is no occupational licensing or registration law that requires members of a particular profession to be registered with a body that has statutory powers to regulate the profession, and includes Art Therapists, Audiologists, Cardiac Physiologists, Developmental Educators, Dietitians and Nutritionists, Epidemiologists, Exercise Physiologists, Genetic Counsellors, Music Therapists, Orthoptists, Orthotists and Prosthetists, Perfusionists, Social Workers, Sonographers and Speech Pathologists. Refer to the [Minimum Qualification Requirements for Non-Executives](#) for further SA Health employment requirements for AHPs.
 - All Paediatric Audiologists working at the Women's and Children's Health Network must be an accredited member of Audiology Australia or working towards accreditation.
 - Medical Scientists, Grant Funded Scientists and Medical Physicists with an AHP, MeS or MPH classification under the current SA Modern Public Sector Enterprise Agreement are considered self-regulated professions.
 - Diabetes Educators with an allied health qualification need to be credentialed against the appropriate registered or self-regulating requirements of their allied health profession and demonstrate eligibility for membership of the Australian Diabetes Educators Association (ADEA). The LHN or Statewide Service may require membership of ADEA and/or Credentialed Diabetes Educator status for some roles.
- > **Senior ASHP:** means an allied or scientific health professional who holds a more senior position than the ASHP being credentialed. The senior ASHP must be classified at no lower than AHP3 level (or equivalent).
- > **Scope of clinical practice:** delineates the extent (scope) of an individual practitioner's clinical practice within a particular organisation, based on the individual's credentials, competence, performance, and professional suitability; and the needs of the organisation and its capability to support the practitioner's scope of clinical practice (Australian Commission on Safety and Quality in Healthcare, 2015).
- > **Statewide services:** means Statewide Clinical Support Services (SA Dental Service, BreastScreen SA, SA Pathology, SA Medical Imaging, SA Pharmacy), Prison Health, Drug and Alcohol Service South Australia (DASSA) and any other state-wide services that fall under the governance of the Local Health Networks.
- > **Unregulated Professions:** means any allied or scientific health profession that is not registered or self-regulated who provide allied health-related clinical services to patients. These professions may be classified as an AHP (under a grandparent clause), Professional Officer (PO), Allied Health Assistant (AHA), Operational stream (OPS), Technical stream (TGO) or Administrative stream (ASO).

9. Compliance

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

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

10. Document ownership

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

Title: Credentialing and Defining Scope of Clinical Practice for Allied and Scientific Health Professionals Policy

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11. Document history

Version	Date approved	Approved by	Amendment notes
V4.1	2/09/2024	Domain Custodian	Minor amendment/correction.
V4.0	31/07/2024	DCE, Clinical System Support and Improvement	Updated in line with SA Health Policy Framework. Removal of non-existent link and updating policy information Amended requirements for Scientists employed by SA Pathology, endorsed by Chief Executive Updated requirements for WCHN Audiologists Addition of advanced clinical practice for ASHP's in SA Health Removal of unregulated from credentialing forms
V3.4	21/02/2020	Chief Allied and Scientific Health Officer, Allied and Scientific Health Office, System Leadership & Design	Inclusion of NSQHS standards, update of Access Appointment, Criminal History Check requirements and resource links
V3.3	23/05/2018	Chief Allied and Scientific Health Advisor, Allied and Scientific Health Office, System Performance	Addition of references to Dental Therapists and Allied Health Assistants, updates to multiple links/references
V3.2	29/03/2016	Chief Allied and Scientific Health Advisor, Allied and Scientific Health Office, System Performance	Removal of non-existent link and updating policy information

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V3.1	29/01/2015	Chief Allied and Scientific Health Advisor, Allied and Scientific Health Office, System Performance	Addition of Criminal History Checks and Enterprise Agreement 2014
V3	12/06/2014	Chief Allied and Scientific Health Advisor, Allied and Scientific Health Office, System Performance	Amended new directive template, endorsed by DCE
V2.4	22/04/2014	Chief Allied and Scientific Health Advisor, Allied and Scientific Health Office, System Performance	Amended new regulations
V2.3	31/05/2013	Chief Allied and Scientific Health Advisor, Allied and Scientific Health Office, System Performance	Amended feedback from PE and AH Executive
V2.3	30/01/2013	Chief Allied and Scientific Health Advisor, Allied and Scientific Health Office, System Performance	Addition of Access Appointments
V2.1	31/01/2011	Chief Allied and Scientific Health Advisor, Allied and Scientific Health Office, System Performance	Approved by PE
V2.0	29/05/2010	Chief Allied and Scientific Health Advisor, Allied and Scientific Health Office, System Performance	Amended comments from unions
V1.0	15/12/2009	Chief Allied and Scientific Health Advisor, Allied and Scientific Health Office, System Performance	Original draft

12. Appendices

1. Credentialing and Defining Scope of Clinical Practice for Allied and Scientific Health Professionals Mandatory Instruction
2. Re-Credentialing and Defining Scope of Clinical Practice for Medical Scientists in SA Pathology Mandatory Instruction

Appendix 1: Mandatory Instruction - Credentialing and Defining Scope of Clinical Practice for Allied and Scientific Health Professionals Mandatory Procedure

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

1.1. Credentialing and Defining Scope of Clinical Practice

The recruiting manager must:

- > Ensure all ASHP job and person specifications specify necessary credentials and required scope of practice prior to recruitment.
- > Ensure the contracts of engagement for contractors contain provision to ensure compliance with this policy.
- > Verify credentials of all new appointments (permanent, temporary, and casual contracts, as well as Access Appointments) and forward the authenticated paperwork to the designated ASHP credentialing officer for uploading into the SA Health Credentialing and Scope of Clinical Practice System (CSCPS) database.
- > Verify credentials of current ASHP employees (re-credentialing) and forward the authenticated paperwork to the designated ASHP credentialing officer for uploading into the CSCPS database.
- > Ensure details of initial authentication, regular re-authentication of credentials, mutual recognition, access appointments and any additional training/qualifications that enables the professional to undertake advanced or extended scope roles or be recognised as an allied health advanced clinical practitioner is recorded on the CSCPS database by the designated ASHP credentialing officer.
- > Action any evidence of a loss of expertise, concerns regarding competence or a breach of professional standards of practice, in accordance with Appendix 1: Credentialing and Defining Scope of Clinical Practice for Allied and Scientific Health Professionals Mandatory Instruction 1.8.
- > Ensure credentialing approvals are appropriately transferred or ceased on CSCP by the designated ASHP credentialing officer when a practitioner ceases working for a particular SA Health Networks or Service.
- > Ensure systems are in place for ASHPs to undertake sufficient practice to maintain their skills in their various areas of practice.
- > Credentialing Committees must:
 - Ensure clinicians (excluding SA Pathology Scientists) undergo the recredentialing process at least every three years.
 - Determine the period of approved credentials up to a maximum of three years, along with any special conditions, which will remain in place for the specified period for the purpose of mutually recognised credentials.
 - Recognise the credentialing of all other SA Health Credentialing Committees. If a health professional has had their credentials verified by one committee, another committee must accept this verification upon confirming the relevant documentation.
 - Ensure any SA Health services with mutually recognised credentials are notified of any changes to an ASHPs credentials and/or scope of clinical practice, immediately via the Chair of the Credentialing Committee to the Chief Executive Officer and/or Executive Director of Allied Health or delegate.
 - Ensure record keeping is in accordance with Corporate Records Management Policy and Privacy Policy, and that formal Committee records include documentation of recommendations and decisions.

- > ASHPs must:
 - Report any changes to information initially submitted for credentialing, including Board notification processes.
 - Maintain and comply with their relevant credentials and scope of clinical practice at all times, inclusive of participation in relevant continuing professional development.
 - Provide all necessary information to their Profession Manager in a timely manner to enable an informed decision to be made about the appropriateness of their credentials and requested scope of clinical practice.
 - Immediately notify their Profession Manager and/or Operational Manager in the event of:
 - Any changes, restrictions and/or conditions being placed on their professional registration status,
 - Commencement of any investigation initiated by a regulatory body in within Australia or internationally, and provide details of any outcome at the conclusion of the investigation,
 - Any changes in professional indemnity and insurance (if applicable),
 - Any civil or criminal charges or actions where there was a findings of liability or guilt with respect to clinical practice, and/or
 - Declare the presence of a medical 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.

1.2. Initial Credentialing

SA Health Services and Networks must ensure that ASHPs, prior to commencing clinical service provision, have undertaken the initial credentialing process and have been granted credentialing approval and an identified scope of practice.

The [Initial credentialing form](#) must be used for credentialing of prospective employees. Statewide Services staff must contact the Credentialing Officer to access the relevant forms for their role (see below for the credentialing of non-employees (Access Appointments)).

In situations where:

- > There is no ASHP manager or more senior ASHP of that profession for the LHN/Statewide Service, or
- > The credentialing and scope of clinical practice application involves a sole practitioner for the LHN/Service, or
- > The majority of an ASHP's role and scope of practice is within an interdisciplinary or multidisciplinary team.

Then, the following must be followed:

- > An appropriate senior ASHP of another profession (e.g., multidisciplinary Line Manager or Director of Allied Health) will need to credential the ASHP and define scope of practice to the applicant's primary profession, and where appropriate, consult with a representative of the applicant's profession from another LHN/Statewide Service.
- > Senior medical scientists not employed by SA Pathology, must be credentialed by their Head of Unit, including consultation with a representative of the applicant's profession from another LHN/Statewide Service if appropriate.
- > Where there are no senior ASHP's with the relevant advanced or extended scope of practice within the LHN to recognise an advanced / extended scope practitioner, the discipline professional line manager must seek appropriate external endorsement from an appropriately qualified clinician as per LHN/State-wide clinical governance and credentialing processes.

1.3. Re-Credentialing

SA Health employed allied and scientific health professionals requiring re-credentialing must complete the [AHP re-credentialing form](#).

For professions registered under AHPRA, confirmation of registration must be completed annually. Local processes to review this information at least every three years via Workforce / HR / local management must be in place within the LHN.

1.4. Mutual Recognition Between LHNs or Clinical Services

SA Health Services and Networks must:

- > Ensure that if AHSPs were previously accredited by a Health Network or Service within SA Health, and their credentialing status in CSCPS database is up to date, mutual recognition of their credentialing must be implemented.
- > Ensure scope of practice is adjusted where necessary according to the requirements and role within each LHN or statewide service, including additional supporting documentation (such as different criminal history clearances) if requirements vary between the roles being undertaken. If identified scope of clinical practice includes Advanced or Extended Scope of practice, additional documentation, evidence and monitoring of competency must be provided according to the specific scope and LHN procedures.
- > Ensure when credentialing approval is granted via mutual recognition, the credentialing review date set by the primary committee applies.
- > SA Health employed ASHPs requiring mutual recognition of their credentials must complete the [Mutual Recognition of Credentials Application Form](#).
- > When the mutual recognition process occurs, appropriate documentation and notifications relevant to each LHN or Statewide Service must be maintained by each LHN the ASHP is working in. The ASHP must undergo a review in each LHN in which they provide services. It must only be agreed (on a case-by-case basis) that the primary site conducts the credentialing and if the two roles are sufficiently similar then this information is utilised by the secondary site in lieu of a separate credentialing process. Once an ASHP terminates employment from their primary site, their credential status must be transferred to the secondary site.

1.5. Access Appointments

SA Health Services and Networks must:

- > Ensure *the* [Access Appointment Credentialing Application form](#) is used for the credentialing of non-employees.
- > Ensure non-employees have an appropriate contract or agreement in place with SA Health that details the engagement for service delivery.
- > The duration of an Access Appointment is based on service need and may be for a single visit (single patient) or multiple visits within a specified timeframe (single or multiple patients) up to but not greater than 12 months.
- > Following the expiry of the Access Appointment approval, ensure an applicant reapplies for a renewal of the Access Appointment to continue practising in the relevant LHN, Health Unit/clinical service. Renewal must occur on an annual basis.
- > Completed application forms for credentialing of Access Appointees must be submitted by the applicant to the senior ASHP or Manager, who must lodge the forms with the relevant Credentialing Officer or Credentialing Committee contact in the LHN/Statewide Service.

- > The applicant must be considered to hold credentialing approval from the date the ASHP Manager or Senior ASHP has signed the declaration on the application form. Entry of details into the CSCPS Database and ratification of approval by Credentialing Committee must be finalised after the credentialing approval date. The applicant must ensure credentialing requirements are maintained throughout the credentialing approval period.

1.6. External Allied Health Providers - Access Agreements

- > When an Access Agreement (or similar) is established with an external agency, the external agency must credential ASHP staff to the level required by SA Health. ASHPs from that external agency will not require individual access appointments.
- > Letters of Agreement must undergo annual review to ensure compliance with SA Health requirements.

1.7. Grandparent Clause

To be credentialed under a grandparent clause, staff must provide evidence of all the following:

- > Any relevant qualification or equivalency
- > Relevant work experience
- > Demonstrate eligibility for full membership of a professional association where available, and
- > Grandparent status.

1.8. Monitoring Clinicians' Practice

- > SA Health must monitor a clinician's practice to ensure they are operating within their designated scope of practice ([National Safety and Quality Health Service Standards, second edition- 2021](#)).

1.9. Modification or Termination of Credentials and/or Scope of Practice

Where clinical colleagues note evidence of loss of expertise or concerns regarding competence, these must be raised with the ASHP Manager or Senior ASHP and must be addressed through local processes.

The ASHP Manager or Senior ASHP must:

- > Respond to the outcome of complaints or claims made against any ASHP concerning treatment or care of patients within the health service
- > Bring to the attention of the LHN Executive Director Allied Health, or equivalent most senior allied health role any matter which may impact on an ASHP's continued ability to effectively and safely practice
- > Where investigations uphold complaints, update the CSCPS database under the ASHP's Scope of Practice and enter 'Restrictions to Practice' in the Limitations/Conditioned field and notify other LHNs involved via mutual recognition processes, and
- > Bring to the attention of the Registration Board/Professional Association, Health and Community Services Complaints Commissioner (HCSCC) (as relevant), and the LHN Executive Director of Allied Health (ED AH), any matter which may indicate that an ASHP's ability to effectively and safely practice is seriously compromised.

ASHPs who have been granted an access appointment must be contacted directly by the Senior / Manager / site contact to discuss concerns, or through the employing locum agency or education provider where relevant, unless otherwise stated in an Access Agreement with an external provider. Access appointments will be suspended for ASHPs not employed by SA Health, where a complaint has been made or whilst an investigation is underway.

Where it is believed an ASHP from a registered profession has breached their professional standards of practice in such a way that constitutes notifiable conduct, registered health practitioners, their employers and education providers are mandated by law and must report this to AHPRA (see: <https://www.ahpra.gov.au/notifications.aspx>).

Where it is believed an ASHP from a self-regulated profession or employed under a Grandparent clause has breached professional standards of practice, a complaint must be reported through the relevant professional association if the ASHP is a member or alternatively via HCSCC. The Code includes a requirement that all health practitioners with serious concerns about the treatment provided by another health practitioner must refer the matter to the HCSCC.

1.10. Evaluation

Each LHN must establish and maintain local processes to examine, record and review the credentials of allied and scientific health professionals. Regular audits must be utilised by the LHN or delegated committees to review compliance with the policy and any recommendations for improvement.

1.11. Appeals Process

In the event an SA Health employed ASHP is not satisfied with the outcome of a credentialing or re-credentialing application they must be able to seek an appeal of the decision by:

- > Following the standard appeals procedure that exists within the recruitment process (new applicant only) or
- > Requesting a review through an LHN Credentialing Committee to address such concerns, or
- > Following the review processes outlined in the Commissioner for Public Sector Employment when applicable.

1.12. Non-Compliance Escalation

If an individual refuses to comply with the credentialing procedure, the Profession Manager must advise the ED AH who must, if appropriate, escalate to the LHN CEO and the Chief Allied Health and Scientific Officer (CASHO) in writing. Advice must also be sought by the Manager from the relevant Human Resources department to confirm an appropriate escalation process in each case. The ED AH or nominated delegate must formally write to the ASHP requesting submission of an application and provide the individual fourteen days to respond. If the response is considered unsatisfactory, the ED AH or nominated delegate must consult with HR and restrict or suspend the scope of practice until the necessary documentation is provided. The ED AH or nominated delegate must inform the ASHP in writing of the determination and of the appeals process.

Appendix 2: Re-Credentialing & Defining Scope of Clinical Practice for Medical Scientists in SA Pathology Mandatory Instruction

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

1. Re-Credentialing and Defining Scope of Practice

Medical Laboratory Scientists within SA Pathology must:

- > Be re-credentialed:
 - If they change position number/role through a merit-based process; or
 - Their scope of practice changes due to completion of further study.
 - If they remain in the same role/position number, then no re-credentialing period is required as their scope of practice remains the same.
- > Comply with all associated policies and other clinical governance requirements including *Professional Supervision Framework* and [Performance Review and Development](#) Policy.