



Feedback on Credentialing and Defining Scope of Clinical Practice - Guide for Managers and Clinicians

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to comment on the ACSQHC draft: *Credentialing and Defining Scope of Clinical Practice - Guide for Managers and Clinicians*.

While the College will not be providing a full submission to the consultation, valuable feedback from individual members should be considered in revising the Guide.

- There is a need to clarify the purpose of the Guide (e.g. is it for information, compliance or quality improvement) and its scope of application to avoid confusion, duplication and unnecessary complexity in busy clinical environments, noting RACP trainees train in AMC-accredited settings with their own specialty-related clinical credentialing requirements and short-term rotations.
- The Guide should stress that credentialing processes and governance arrangements must be:
 - clear, well defined and streamlined
 - free of conflicts of interest, equitable and impartial
 - flexible
 - documented for transparent communication within and beyond the credentialing committee
 - regularly reviewed with independent oversight
 - open to appeal.
- The Guide should acknowledge that the intersection of credentialing and organisational bias can exacerbate discrimination or influence professional progression. It should frame whistleblower, appeal, grievance and complaint management processes as essential throughout the credentialing process. It should also recommend applicant recourse to seek alternate professional references in situations where conflicts of interest or power dynamics could influence outcomes.
- Governance frameworks must recognise and protect against institutional misuse of credentialing processes. This includes recognising that bullying, racism, sexism, and other forms of discrimination can be embedded in the culture and leadership of health services. Without explicit protections, these processes can be weaponised.
- To ensure procedural fairness and safety, the Guide should mandate:
 - The establishment of a national, confidential, independent process for reporting misuse of credentialing
 - Clear instructions within this document outlining how and where clinicians can report concerns, including whistleblower protections
 - Assurance that reporting misuse of governance or credentialing is a protected act in line with anti-retaliation laws and professional standards.
- Terms like “fair process” or “due process” are used throughout the draft without being clearly defined. This allows institutions to define these terms as they see fit.

Procedural fairness must be clearly articulated and meaningful, including transparent criteria, access to external referees and independent appeal mechanisms.

- Credentialing governance must include an appreciation of unique clinical skills and contributions of practitioners. A rigid focus on organisational need can obscure the broader mission of health care: to meet the needs of patients and communities. The credentialing process must account for population and public health priorities, not just institutional planning.
- All credentialing processes must be flexible enough for the inclusion and quality assessment of physicians
 - with varied scopes of practice
 - in hybrid leadership, policy, education and research roles
 - parental leave returnees
 - practitioners with illness or disability.
- The Guide should recommend assessment principles that move beyond direct patient contact criteria and align with the conditions of the medical workforce, including duties such as:
 - Participation in clinical governance
 - CPD and peer review
 - Leadership, education and mentoring roles
 - Ongoing engagement with standards, policy, and service improvement.
- Frequency of credentialing requirements needs to balance quality and safety requirements and practitioner wellbeing.
- Credentialing must be portable within health services and recognise mutual agreements. Requirements should support easy scope change for generalist practice, recognising potential for rapid change in the conditions physicians may be required to work. The Guide should align with current AMC generalism directions in physician practice to avoid creating and entrenching clinical siloes.
- The Guide should include streamlined easy-read resources to support its effective application on busy worksites. Self-assessment tools designed to detect burnout could also support efficient credentialing while promoting practitioner wellbeing.

The RACP welcomes further involvement in this important work. Please contact Peter Lalli, Senior Policy and Advocacy Officer on policy@racp.edu.au for further engagement or follow up.