

Credentialing – Overview

What is credentialing?

Credentialing is the formal process of assessing the suitability of a clinician to provide safe, high-quality care within healthcare organisations. This requires that the clinician's qualifications, experience and professional performance within their specialty area are assessed and verified. Initial credentialing should be conducted before a clinician commences work.

Scope of practice in this context is the part of the credentialing process which is health care facility specific. It specifies the extent and boundaries of a clinician's approved clinical practice and identifies which services the clinician can provide within named facilities or settings based on:

- The clinician's credentials - their qualifications, experience and professional performance,
- The service needs of the facility that the clinician will be working in, and
- The capacity to provide safe and appropriate care within the specific facilities or settings where the clinician will be working.

A clinician who works in multiple facilities across an organisation may have different agreed scopes of practice in each facility, depending on the equipment, staffing, services and requirements at each facility.

Recredentialing is the process of reviewing the professional standing, clinical practice and patient outcomes of a currently credentialed clinician for the purposes of renewing their credentialing or changing their scope of practice aligned to the health service.

What outcome does credentialing and recredentialing aim to achieve?

Credentialing and recredentialing processes help minimise safety risks for patients. They aim to ensure that clinicians providing care are qualified, competent and performing at the professional standard required to deliver safe, appropriate care to patients. Delineation of scope of practice aims to ensure both the facilities in which specific types of care are provided have the systems and infrastructure needed for patient safety and that the care provided aligns with the requirements of the health service.

Which clinicians should be credentialed?

Some credentialing requirements are mandated by the jurisdiction in which a health service is based. However, it is the responsibility of the health service to determine whether there are additional groups of clinicians who should be credentialed and have their scope of practice defined. The key underlying principle that organisations should consider when determining which additional clinicians should be credentialed is the need to reduce risk of patient harm. In the past, most credentialed health professionals

have been medical and dental practitioners. However, the number and type of clinicians who should be credentialed and have a defined scope of practice for the facilities in which they work is growing because of changes to the range and complexity of care provided by various health professions.

Organisations need to regularly assess the risks and potential for patient harm associated with different types of care delivered within the organisation and, based on these and the requirements of their own state or territory, identify which clinicians should be credentialed.

This includes:

- Clinical staff who are working independently in an environment where there is no effective oversight or supervision from a senior colleague, and where the care provided could result in patient harm. In the past senior medical and dental staff, nurse practitioners, and paramedics have been the main categories of clinical staff who have been credentialed.
- Clinical staff who are performing specific high-risk procedures or interventions which extend beyond the skill sets covered in their basic training but for which they have had further specific specialty training – for example, nurses specialising in cardiac care may be credentialed to undertake specific procedures.

As the range of independent practice of other professions increases, health services will need to ensure their policies about which professional groups need to be credentialed reflect the assessed patient safety risks.

Who is responsible for credentialing, recredentialing and defining scope of practice?

The credentialing process is based on the ethical requirements for a mutual commitment by the health service and the clinician to patient safety. The organisation has responsibility to ensure that systems are in place to deliver safe patient care. Clinicians have responsibility to ensure that they can safely practice and comply with all organisational requirements.

Health service organisation responsibilities

Health service organisations are responsible for the system for credentialing and defining scope of practice. Health service organisations need to be able to demonstrate that their processes are transparent and fair and that they properly incorporate the expertise and information required to make decisions about credentialing and recredentialing. They should have a formal credentialing policy which specifies the relationship to other organisational policies and the requirements and processes needed for:

- Initial credentialing and defining scope of practice

- Monitoring adherence
- Review of credentialing and scope of practice
- Recredentialing
- Documenting decisions and key information required for effective management of credentialing, monitoring, review and recredentialing
- Obtaining information from other organisational systems required for credentialing
- Providing credentialed clinicians with clear terms of appointment
- Governance and organisational oversight of credentialing and recredentialing.

Clinician responsibilities

Clinicians are responsible for providing the information required for the credentialing process and for disclosing any relevant information about their personal circumstances that could affect patient safety. Once they are credentialed, they are responsible for maintaining their expertise and ability to deliver safe patient care and for meeting professional expectations and requirements. Clinicians should actively participate in the clinical governance systems of the organisation, comply with organisational policies and requirements and work within their agreed scope of practice.

When should credentialing be reviewed?

Review of credentialing and, if necessary, recredentialing should occur when there is an organisational need, or a clinician request, to change their scope of practice e.g. they would like to undertake a new procedure not included in their current scope of practice. It should also occur if concerns arise about aspects of a clinician's professional performance for example because of an incident or complaint, through organisational clinical review processes such as morbidity and mortality meetings, or through formal performance appraisal processes. **Formal recredentialing** should also occur regularly at an interval of 3-5 years as part of a review process to ensure that clinicians have maintained their skills and are participating in effective peer review and clinical audit activities.

Contents

Acknowledgement	7
1: Policy framework for credentialing and scope of clinical practice	8
2: Governance and processes	9
Establish a Credentialing Committee	9
Ensure effective administration processes	10
Review and appeal processes	11
Review and report performance.....	11
3: Credentialing applications.....	12
Qualifications and formal training	12
Professional Registration.....	12
Professional indemnity insurance.....	13
Participation in continuing professional development.....	13
Completion of declarations and proof of identity checks.....	13
Employment and criminal history checks	14
Clinical references, experience and performance	15
Participation in clinical performance review processes.....	15
4: Scope of clinical practice.....	17
Defining a scope of clinical practice.....	17
Understand the needs and capabilities of the organisation.....	17
Establish criteria for the scope of clinical practice.....	17
Consider the benefits and risks to the patient population.....	18
Define the scope of clinical practice for each applicant	18
Duration of, and caveats, on the scope of clinical practice.....	19
Other Committee responsibilities.....	20
Communicate to the applicant	20
Monitor compliance with the defined scope of clinical practice.....	20
Review the scope of clinical practice	20
Changes to a scope of clinical practice	21
Who can initiate change to a scope of clinical practice.....	21
Introduction of new clinical services, procedures and interventions.....	22
Changes or suspension of scope of clinical practice.....	23
5: Recredentialing	25

Recredentialing of clinicians in a specific area of clinical practice.....	26
6: Credentialing and scope of clinical practice for specific roles	27
Scope of clinical practice for clinical supervisors	27
Medical trainee scope of clinical practice.....	27
Third party arrangements	27
Shared care arrangements	28
7: Credentialing and scope of clinical practice in specific contexts	29
Credentialing for specific areas of practice.....	29
Temporary credentialing and scope of practice.....	30
Emergency credentialing and scope of practice	30
8: Monitoring changes and compliance.....	32
Monitoring compliance through routine governance processes and performance reviews	32
Monitoring compliance where circumstances change	33
9: Credentialing and scope of clinical practice across multiple sites.....	34
Credentialing.....	34
Scope of practice.....	34
Mutual recognition of credentials	34
Overview Table.....	36
Appendix 1: Checklist of required policies and procedures	37
Appendix 2: Template Terms of Reference for Credentialing Committee	40
Appendix 3: Documenting committee processes and outcomes	45
Appendix 4: Checklist for clinicians applying to be credentialed	47
Appendix 5: Advice on seeking clinical references	49
Appendix 6: Template for written clinical medical peer referee report	51
Appendix 7: Template for verbal reference for medical clinician	53
Appendix 8: Previous and recent clinical experience	56
Appendix 9: Checklist to determine the scope of clinical practice	58
Appendix 10: Example process for review of credentialing and scope of clinical practice related to clinical issues or investigations.....	59
Appendix 11: Required evidence for recredentialing	60
1. Current registration with National Board	60
2. Participation in quality improvement activities and clinical reviews.....	60
3. Participation in performance reviews.....	60

4. Demonstration of ongoing competent clinical practice.....61

5. Additional information the applicant must declare.....61

Appendix 12: Checklist for recredentialing of clinician.....62

Appendix 13: Critical actions in considering temporary scope of clinical practice.....64

Appendix 14: Mutual recognition – Example Letter of Good Standing67

Glossary.....68

 Key terms68

 General terms69

References.....74

DRAFT

Acknowledgement

DRAFT

1: Policy framework for credentialing and scope of clinical practice

Robust clinical governance requires that a health service organisation develop and put into practice a comprehensive set of policies and processes that are focused on patient safety and underpinned by a culture of clinical quality. Policies and processes for credentialing and defining the scope of clinical practice must be transparent to enable patients and the community to be confident that governance and professional responsibilities are being fulfilled.

The health service organisation's credentialing and scope of clinical practice policy should address:

- Organisational structures and authorised delegates to support the processes for credentialing and defining the scope of clinical practice
- Relationship of the policy to other key policies in the organisation
- Administrative processes that support credentialing, recredentialing and defining the scope of clinical practice
- The operations of a Credentialing Committee(s)
- The organisation's requirements and expectations of a credentialed clinician and the performance requirements for recredentialing
- Managing changes, including unplanned changes, in the scope of clinical practice
- Monitoring compliance with scope of clinical practice and managing non-compliance
- Defining the requirements of clinical supervision
- The circumstances or specific conditions in which recredentialing is required
- Reporting on the effectiveness of the policy and processes for credentialing
- Evaluating effectiveness and efficiency to inform improvements.

Appendix 1 provides a list of policies and procedures that may be required to support credentialing and defining scope of clinical practice.

2: Governance and processes

The health service organisation is responsible for ensuring there are effective structures and processes to credential clinicians and define their scope of clinical practice. These structures should be aligned with the health service organisation's clinical arrangements.

The organisation should:

- Establish a Credentialing Committee(s)
- Ensure effective and transparent processes are in place to support credentialing, recredentialing and defining the scope of clinical practice
- Establish effective review and appeals processes
- Review and report performance of the Credentialing Committee.

Establish a Credentialing Committee

There may be a single multi-professional Credentialing Committee or different profession-specific Credentialing Committees. Where there are multiple committees, there should be mechanisms to ensure effective communication and consistent processes between the committees.

Chair and members of Credentialing Committee

The membership of the Credentialing Committee should align with relevant state and territory requirements. The Chair of the Credentialing Committee should have experience and skills in credentialing and defining scope of clinical practice processes. Members of the committee must be able to reliably assess the credentials and consider the scope of clinical practice being requested and be free of conflicts of interest. The committee should have the power to co-opt additional members if required.

To meet these requirements membership of a Credentialing Committee would usually include:

- A clinician who practices in the clinical field relevant to the scope of clinical practice being assessed
- A senior manager or executive
- An experienced clinician from the relevant College, association, or professional body
- An experienced human resource professional. (If not a member, the committee should have access to a person with these skills)
- A consumer representative.

The orientation for members of a Credentialing Committee should include information on:

- The role and responsibilities of committee members
- Requirements and obligations regarding privacy, security, record keeping and conflict of interest

- Credentialing and recredentialing policies and processes and how these relate to other organisational systems
- The detailed requirements for assessing and verifying information in applications for credentialing and recredentialing, and
- Processes for determining a clinician's scope of practice, considering the needs and service capability of the organisation and the training and expertise of the clinician.

Training should also be provided to committee members when there are any substantial changes to organisational policies and procedures, or if the review of committee performance highlights a need for additional or ongoing training.

Role and responsibilities of Credentialing Committee

The terms of reference setting out how the Credentialing Committee operates, and its role and responsibilities should be established before the Credentialing Committee convenes and reviewed regularly for currency. A template for the terms of reference of a Credentialing Committee is provided at Appendix 2.

The role of the Credentialing Committee is to assess and confirm a clinician's current qualifications, practice and competence and recommend a defined scope of clinical practice, with patient safety as the foremost consideration. Committee decisions should be consistent with community expectations and sufficiently robust to withstand external oversight and review.

Ensure effective administration processes

Because of the large amount of information required by credentialing committees, and the need for ongoing oversight and monitoring, health service organisations should provide appropriate administration support and systems for the credentialing and scope of clinical practice processes to be managed efficiently and thoroughly.

At a minimum, an effective administrative system will:

- Process applications for credentialing, scope of clinical practice and recredentialing
- Audit progress of applications
- Access information from relevant external sources such as Ahpra and health care complaints authorities, and have a mechanism to monitor and ensure an individual's requirements for credentialing are current, including annual insurance renewals and any conditions or exemptions on insurance
- Record changes to a clinician's scope of clinical practice
- Record clinician-specific activity data
- Audit clinician compliance with their scope of clinical practice
- Collate and record information on clinical performance for consideration when recredentialing
- Routinely report on appointment, credentialing and scope of clinical practice matters to management and the governing body
- Meet confidentiality and privacy provisions as required by law
- Comply with jurisdictional requirements for document storage, security and disposal.

Clinicians who work in several institutions may need to make multiple credentialing applications and will also need data about their clinical activity and performance at each institution when they are recredentialled. An institution's credentialing system should be able to provide clinicians with copies of information held about them relevant to the credentialing process. They should also record and be able to supply the clinician with accurate records about clinical activity and clinical performance.

Communication

Current information on a clinician's scope of clinical practice should be known and understood by all members of the clinical teams in which the clinician works. The date at which credentialing expires and any restrictions on scope of practice that would be relevant to workforce rostering should be clearly communicated to the relevant part of the organisation.

Documenting committee processes and outcomes

A list of the minimum information that should be collected and securely stored by the health service for each applicant is at Appendix 3.

Review and appeal processes

Clinicians seeking credentialing and/or scope of clinical practice should be able to seek a review or appeal decisions of the Credentialing Committee. Organisations should have a documented process for timely review and appeal. A reasonable time frame for this would be within a maximum of 3 months. The effectiveness of review and appeal processes should be reviewed regularly by the organisation.

An appeal process can be instigated after a review and all possibilities of resolution have been exhausted. The appeal's decision maker(s) **must not** be the same decision maker(s) who made the original credentialing and/or scope of clinical practice decision that is being appealed.

Review and report performance

Reports containing data on the effectiveness and efficiency of the organisation's processes for credentialing, recredentialing and determining scope of practice should be regularly reviewed by the Chief Executive and the Board as part of their clinical governance responsibilities.

3: Credentialing applications

To assess credentialing applications the Credentialing Committee needs to verify and consider the following applicant information:

- Qualifications and formal training documentation
- Professional registration details
- Proof of annual professional indemnity insurance
- Participation in annual continuing professional development (CPD)
- Completion of declarations and proof of identity checks
- Employment and criminal history checks
- Clinical references and referee checks
- Previous and recent clinical experience and performance
- Active participation in clinical review processes.

Much of this evidence is collected routinely as part of the recruitment process.

Qualifications and formal training

Credentialing Committees must be assured that an applicant's qualifications and formal training are suitable for the work they will be undertaking. For newly qualified specialist clinicians this may involve review of the subjects completed, competencies and learning objectives of any training programs. For recognition of advanced clinical skills, additional evidence is required, such as higher degrees, diplomas or certificates from accredited training programs, as well as related practical experience.

Clinicians trained overseas

Clinicians who trained overseas and who are registered with a relevant National Board have already demonstrated equivalent qualifications or have been assessed as competent by an appropriate Australian body. However, for clinicians with limited experience of the Australian health system, the Credentialing Committee may require additional evidence of capacity to perform a specific role and may need to ensure there is support and supervision to aid in their effective transition to an Australian healthcare setting.

Professional Registration

Clinicians from health professions recognised under Ahpra's National Registration and Accreditation Scheme must have practising registration and be on the public register.

Registration with a National Board does not guarantee a clinician's current competency across all areas of specialised practice for which they were initially qualified. The health service organisation will need to seek evidence other than registration that demonstrates a clinician's competency and ability to fulfil a specific clinical role, for example, ongoing participation in a specialist college continuing professional development program.

Undertakings, conditions or notations may be imposed on a clinician's registration by the relevant National Board and should be considered when appointing and defining a clinician's scope of clinical practice. Organisations should check the public register of the Ahpra

website and require clinicians to declare (within a set time) any undertakings, conditions or restrictions placed on their practice by their registering National Board.

Health service organisations should use the [Practitioner Information Exchange](#) service established by Ahpra that can alert employers to changes in conditions of a clinician's registration.

Professional indemnity insurance

The National Law states that a registered health practitioner must not practice their profession without appropriate professional indemnity insurance. Ongoing registration with the relevant National Board indicates that the clinician has declared to the Board that they have appropriate professional indemnity insurance. However, organisations should always sight evidence of appropriate professional indemnity insurance.

A health service that has specific requirements for the amount and scope of coverage of professional insurance held by a clinician must document and inform the clinician of the extent and type of cover needed and the requirement to provide evidence of annual renewal coverage. Conditions or exclusions on a clinician's professional indemnity insurance should be declared and taken into consideration when defining scope of clinical practice.

Clinicians should be informed of any indemnity insurance coverage provided by the organisation, including its terms, conditions and limitations.

Participation in continuing professional development

National Boards, professional associations and colleges set standards for clinicians to undertake continuing professional development (CPD). Clinicians are required to actively participate in and keep evidence of CPD to meet these standards.

An organisation should set specific CPD requirements related to the role and scope of practice of its credentialed clinicians and should keep evidence of compliance with its CPD requirements.

Completion of declarations and proof of identity checks

The recruitment process for clinicians who will require credentialing should include:

- A current curriculum vitae that includes details of the most recent clinical roles held and information on any extended gaps (greater than 12 months) in service
- Separate corroborating information if there are unexplained gaps in service in the curriculum vitae
- An applicant's declaration covering matters such as:
 - Potential or actual conflicts of interest
 - The name and location of other facilities where the clinician is currently credentialed, and the hours or sessions worked
 - Affiliations with professional associations
 - Restrictions or conditions on registration, criminal history or criminal investigations underway, findings of professional misconduct or unsatisfactory professional conduct and substantial complaints (such as

- complaints assessed by a National Board as requiring investigation for possible action)
 - Restrictions on scope of clinical practice placed on the clinician in any other organisation where the applicant has worked or is working
 - Medical conditions or substance use that may prevent the clinician from fulfilling their scope of clinical practice
 - Conditions or exemptions on professional indemnity insurance which impact on the scope of clinical practice.
- An applicant's permission to:
 - Contact previous facilities or organisations where the clinician has worked, or is working
 - Access or share, within the bounds of relevant privacy legislation and regulation, details of the clinician's scope of clinical practice in this organisation and other organisations.
- Proof of identity using a 100-point identity check
- Web search for information relevant to professional role and history.

Employment and criminal history checks

Registered clinicians are subject to a domestic and, where relevant, international criminal history check when applying for registration with the relevant National Board. The National Law requires registered clinicians to declare any serious criminal offence that occurs after the initial check. A current criminal history check, including an international criminal history check may also be required by the state, territory, or a health service organisation.

Clinicians who have contact with children or young people are required by state or territory legislation to obtain a 'working with children check'.

Clinicians working in Aged Care who are employed or contracted by an approved provider of subsidised aged care services are required to undergo a national criminal history record check and hold a police certificate that does not preclude them from working in aged care and is not more than three years old. Clinicians who are employed or contracted by a NDIS registered provider must hold a valid NDIS Worker Screening Clearance.

Having a criminal record is not a reason for automatic exclusion. National Boards and state and territory policies consider the following factors when determining if a clinician's criminal history is relevant to practice:

- The nature and gravity of the offence and its relevance to health practice
- The period since the offence was committed
- Whether a finding of guilt or a conviction was recorded for the offence, or a charge is pending
- The sentence imposed for the offence
- The age of the clinician and of any victim at the time of the offence
- Whether the conduct that relates to the offence has been decriminalised since the offence
- The clinician's behaviour since the offence
- The risk to a patient from the clinician

- Any information given by the clinician.

If concerns arise from any of the material provided or searches conducted, the applicant should be informed and afforded procedural fairness. This includes disclosure of information under consideration and an opportunity to respond.

Appendix 4 is an example checklist for the documents required for credentialing.

The organisation should ensure that there is an administrative review of the application for accuracy, completeness and presentation before it is provided to the Credentialing Committee.

Clinical references, experience and performance

Clinical references

Reference checks on the applicant should be conducted by a person involved in the credentialing and scope of clinical practice processes who has relevant clinical experience and should include information on clinical performance and be able to be validated.

References should be obtained from people who have first-hand experience of the applicant's clinical practice or who have assessed clinical data relating to the competence of the applicant, ideally in the last 6 months.

The applicant should be informed that checking references includes asking for details of changes to scope of clinical practice including denial, suspension, termination or withdrawal of the right to practice.

Appendix 5 provides further guidance on seeking references and conducting referee checks.

Appendices 6 & 7 are adapted with permission from South Metropolitan Health Service, Western Australia and provide templates for written and verbal references for medical clinicians. These could be adapted for other health professionals. Both include seeking advice on:

- An applicant's scope and recency of practice
- The applicant's teamwork and communication skills
- Any patient feedback about the applicant
- Other issues that could affect the applicant's performance.

Clinical experience and performance

Advice on what evidence the Credentialing Committee should review in considering the relevant previous and recent clinical experience of the applicant is provided at Appendix 8.

Participation in clinical performance review processes

Clinicians have a professional responsibility to ensure their knowledge is up to date and their professional practice meets the standards required to provide safe high quality patient care. In addition to active participation in relevant CPD programs, clinicians should participate in activities which involve review of clinical performance including participating in morbidity and mortality meetings, review of data from administrative and clinical data sets, reports

from clinical quality registers or logbooks of practice. For recredentialing purposes a record should be kept for all credentialed clinicians of their participation in clinical performance review activities. For the initial application, this information may need to be obtained from the applicant and organisations where they have previously practiced.

DRAFT

4: Scope of clinical practice

The aim of defining a clinician's scope of clinical practice is to ensure patients receive safe, high-quality care from a competent clinician in a setting that can support the delivery of that level and specific type of care.

Defining the scope of clinical practice is the process of describing and detailing the extent of an individual clinician's clinical practice in a health service organisation based on the clinician's credentials, competence, performance and professional suitability, the service needs of the organisation and the capacity to provide safe and appropriate care within the specific facilities or settings where the clinician will be working.

The Credentialing Committee should:

- Understand the needs and capabilities of the organisation
- Establish criteria for the scope of clinical practice required by the organisation
- Consider the benefits and risks of the clinical practice to the patient population
- Define the scope of clinical practice for each applicant
- Determine the duration of the scope of clinical practice, notwithstanding changes that may arise which will require the scope of clinical practice to be reviewed
- Communicate to the applicant the outcomes of their application and their avenue for review of that outcome, if relevant
- Monitor compliance with the defined scope of clinical practice
- Review the scope of clinical practice as required
- Have clear processes for considering changes to the scope of clinical practice.

A clinician who works in multiple facilities across an organisation may have different agreed scopes of practice in each facility, depending on the equipment, staffing, services and requirements at each facility.

Defining a scope of clinical practice

Understand the needs and capabilities of the organisation

State and territory policy and/or regulation may determine a health service organisation's capability. Some organisations can determine their own capability with respect to the type, complexity and level of health care services provided. The workforce configuration will identify the positions within the organisation requiring a formal credentialing process and the required scope of clinical practice of clinicians.

Establish criteria for the scope of clinical practice

The health service organisation's Credentialing Committee must develop specific criteria for defining the scope of clinical practice to ensure consistency and equity in decision making across the organisation. A combination of the following approaches can be used to identify the criteria:

- **Checklist:** an exhaustive list of possible clinical services, procedures or other

interventions that may be requested. This is most helpful with surgical specialities.

- **Categorisation:** well-defined categories or levels of scope of clinical practice which identify major clinical services, procedures and interventions and classify them based on the degree of complexity. This approach can help delineate the scope of clinical practice in non-procedural specialities.
- **Descriptive:** the applicant is asked to describe the requested scope of clinical practice, in narrative format, detailing the areas in which they possess clinical competence and the purpose. This may also be helpful when introducing a new scope of practice for a new intervention.
- **Facility capacity:** A description of the level of care that can be safely provided at the relevant facility and any limitations on the types of care that should be undertaken.

Consider the benefits and risks to the patient population

The Credentialing Committee must consider the benefits and risks of the clinical services, procedures and/or interventions to the health service organisation's patient population that are being proposed as part of the scope of clinical practice.

Define the scope of clinical practice for each applicant

Credentialing Committee considerations

In defining a scope of clinical practice, for each applicant the Credentialing Committee will consider:

- Outcomes of the credentialing process, including referee reports and feedback from other or previous employers
- Roles and responsibilities of the position
- Standards, guidelines, policies and recommendations by the clinical college, society or association
- Benefits and risks of the service, procedure or intervention to patients
- Whether the service or intervention is new or new to the organisation and whether it has been approved by the appropriate authority or committee
- Skill mix of the organisation and the availability of support, facilities and equipment
- The clinician's particular expertise and experience and the recency of that experience
- The volume of clinical activity undertaken by the clinician over the past 12 months
- The role delineation and governance structure around the role as defined in jurisdictional or local policies
- Evidence-based information in credible publications regarding competence in, and performance of, the requested scope of clinical practice

- Continuing professional development requirements for the scope of clinical practice
- Any additional information presented by the clinician.

The Credentialing Committee must consult with the relevant Head of Speciality when considering a scope of clinical practice in that speciality. If a Head of Speciality is the applicant a relevant peer must be consulted.

Administrative and support roles and responsibilities

In addition to clinical roles, a clinician's scope of clinical practice may reasonably be expected to include other roles and responsibilities, including participating in:

- Mandatory organisational training activities
- Safety and quality improvement activities
- Clinical governance activities, including commenting on draft policies, plans and strategies in consultation with management, reviewing feedback, suggestions, and complaints, participating in Morbidity and Mortality meetings
- The submission of data to clinical quality registries.

A clinician may have other generic responsibilities specified in their role such as:

- Admitting patients
- On-call requirements
- Consulting for inpatient, outpatient and/or ambulatory care
- Conducting pre- and post-admission patient reviews
- Operating or undertaking investigatory and therapeutic procedures
- Participating in service reviews
- Supervising
- Teaching
- Research.

These additional responsibilities could be outlined in the clinician's employment (or service) contract or may be detailed in their scope of clinical practice. The inclusion (or exclusion) of the responsibilities of a position should be formally agreed, documented and monitored.

Appendix 9 is a checklist to assist in determining a scope of clinical practice.

Duration of, and caveats, on the scope of clinical practice

Duration of a scope of clinical practice

Each state and territory have specific timelines on when a clinician's scope of clinical practice must be reviewed. The Credentialing Committee may determine that a shorter duration of scope of clinical practice is appropriate, based on the evidence they consider. Scope of clinical practice may need to be reviewed at any time if there are relevant changes in the applicant's capacity to undertake work or the organisation's capacity to safely support necessary patient care.

Caveats on a scope of clinical practice

There may be instances where a Credentialing Committee has doubt about an applicant's ability to perform the clinical services, procedures or interventions requested for inclusion in the scope of clinical practice.

At these times, the Credentialing Committee should consider:

- Requesting a specific evaluation of the applicant's performance by an external or internal professional peer
- Placing restrictions on the duration of the scope of clinical practice
- Requiring the applicant to maintain a logbook of clinical practice
- Imposing conditions or limitations on the scope of clinical practice
- Requiring the applicant to be supervised or monitored while undertaking clinical practice
- Requiring the applicant to undertake additional training
- Introducing a targeted performance review process.

Credentialing Committee unable to make a determination

If a Credentialing Committee believes there is insufficient information or requires clarification on any aspect of an application, the application should be held over and a request seeking clarification or further information made in writing to the applicant. The Credentialing Committee may also request that an applicant attends a meeting to answer questions regarding their application.

Refusal of scope of clinical practice

If the Credentialing Committee finds that the credentials and assessed competence and performance of the applicant do not meet the threshold criteria established for the requested scope of clinical practice, the Credentialing Committee should refuse the requested scope of clinical practice and document the reasons for the refusal.

Other Committee responsibilities

Communicate to the applicant

The applicant must be provided with all the relevant information regarding the:

- Credentialing Committee's decision and the reasons for that decision
- Review processes available to the applicant
- Time limits within which a request for a review should be made, and to whom that request should be addressed.

Monitor compliance with the defined scope of clinical practice

The Credentialing Committee must ensure there are arrangements in place to monitor compliance with the defined scope of clinical practice.

Review the scope of clinical practice

A scope of clinical practice should be reviewed:

- In line with the standard review period stipulated in state or territory or local policy, or
- Whenever there is a change in the role and responsibilities associated with that clinician's position, or
- Whenever there is a change in the role of the organisation, or
- Whenever the organisation is aware of a risk to patient safety. For example, poor performance, changes in a practitioner's cognitive or physical functioning, decreased volume of clinical activity or receipt of a notification from Ahpra.

Changes to a scope of clinical practice

Changes to scope of clinical practice may occur at any time:

- Following an application from a clinician
- When the health service organisation identifies a change in circumstances related to the organisation or the clinician, including cessation of a clinical service, performance issues or outcome of adverse event or review, or the clinician move into another area of practice
- Whenever new clinical services or interventions are introduced
- Where suspension of a clinician's scope of clinical practice is required due to code of conduct, professional registration, insurance, legal or impairment issues.

Changes to a scope of clinical practice must align with the *Scope of practice registration standard* of the relevant National Board.

Who can initiate change to a scope of clinical practice

Application by a clinician to amend their scope of clinical practice

Clinicians have a responsibility to notify the health service organisation of any changes potentially limiting their scope of clinical practice.

Changes to the scope of clinical practice may be initiated by a clinician:

- As a result of the introduction of new services or interventions, once the service or intervention has been approved to be undertaken in a health service organisation
- When a clinician has attained additional skills and competencies through training or clinical practice and where this is within the organisation's capability and need
- When there is a change in the clinician's performance, circumstances, or there is a request to change their circumstances that may mean their scope of clinical practice is limited or reduced
- When the clinician's employment arrangement changes and requires a different scope of clinical practice, the phasing down of clinical practice towards retirement, where case volumes are insufficient to maintain skills, or there is a shift in practice emphasis or direction
- When the clinician's registration changes; for example, the removal or imposition of conditions, notations or undertakings imposed by a National Board

- When the clinician has met any conditions or supervision requirements on their scope of clinical practice.

Generally, a temporary change in circumstances, such that resulting from a short-term illness from which recovery is imminent, does not require a formal amendment to a clinician's scope of clinical practice.

A review of scope of clinical practice is required when an individual clinician seeks to practice outside the professional boundary traditionally associated with their professional group. This is increasingly common in organisations where specialties, usually recognised as non-procedural specialties, become more interventional.

Organisation review of a clinician's scope of clinical practice

A review of the scope of clinical practice of an individual clinician should be initiated by the health service organisation when there is:

- A change in organisational circumstances, such as the reduction of services or introduction of a new technology that reduces the service's need for clinicians to practice with superseded technologies or treatments
- A clinician's registration or professional association membership is cancelled or modified in a way that precludes them from practicing within their approved scope of clinical practice
- A clinician's employment or contract of engagement is terminated or changed in a way that precludes them from practicing
- The analysis of a serious adverse event, incident or complaint shows that a review is required
- A request from a manager who is concerned about compliance or capability of a clinician's scope of clinical practice
- An annual performance review of the clinician where performance issues, behaviours or changed circumstances are identified.
- Self-notification by a clinician
- An outcome or recommendation from an investigation or review.

Appendix 10 is an example of a process to review changes to a scope of clinical practice when related to clinical issues, clinical reviews and investigations.

Introduction of new clinical services, interventional procedures and clinical practice innovations

Decisions about the introduction of new interventional procedures and clinical practice innovations are the responsibility of the health service organisation management, not the Credentialing Committee. The process for introducing a new service, procedure or intervention should be addressed within the organisation's policies and processes and comply with the Commission's guidance for health service organisations on the [introduction of new interventional procedures and clinical practice innovations](#). Before the Credentialing

Committee considers expanding a clinician's scope of clinical practice, the health service organisation must confirm that it has the capability and the need for the clinician to expand their scope.

Clinicians should not be credentialed to undertake new clinical procedures or use new technologies until the health service organisation has approved their use.

Changes or suspension of scope of clinical practice

Changes or suspension of a clinician's scope of clinical practice may be necessary in certain circumstances, for example when:

- There is clinician impairment or poor or unacceptable performance
- There are breaches in the code of conduct affecting clinical performance or practice
- The clinician has been charged with an offence that is likely to have an impact on professional standing or clinical performance
- The clinician's indemnity insurance is reduced below the level required by the organisation
- The clinician is no longer registered with the relevant National Board.

Process for changing or suspending a scope of clinical practice

Changing or suspension of a clinician's right to practice within the organisation must comply with relevant legislation and follow the principles of procedural fairness and natural justice. The Credentialing Committee should liaise as necessary with the human resources section of the organisation and must ensure it has all relevant information to make an informed determination.

The decision to change or suspend a clinician's right to practice may be temporary or permanent, in part or in full.

Suspension or termination of a scope of clinical practice may trigger mandatory notification to Ahpra in line with requirements of the National Law. In certain situations, there may be other mandatory reporting associated with suspension or termination such as to the ombudsman or police.

Suspension in part, or in full, can be seriously detrimental to a clinician's practice and/or reputation. Any decision made, or the failure to decide, about a clinician's credentialing/scope of clinical practice may be subject to judicial review under state or territory legislation. To assist in responding to a judicial review, committees and decision makers should ensure that:

- Delegations are current
- Procedural fairness and natural justice are followed at all steps in the process
- Each step in the decision or recommendation is carefully documented and that file notes taken on the process do not contain irrelevant considerations
- Outgoing correspondence contains the name of the decision maker

- Correspondence produced about a decision and after a decision is made, does not vary or contradict the decision documented.

Relationship to credentialing

Whenever there is a change in scope of a clinician's clinical practice, the credentials of that clinician need to be reviewed to ensure consistency between the two requirements. If this review process finds that the existing credentialing of that clinician is valid for the new scope of clinician practice, then recredentialing is not required at that time.

If, however, the review process finds the existing credentialing of that clinician is different to the new scope of clinical practice, then a full recredentialing process must be undertaken before that clinician can practice.

DRAFT

5: Recredentialing

Recredentialing involves assessing the clinician's compliance with the responsibilities of their role and scope of clinical practice, considering any changes needed in the clinician's credentials and determining the clinician's future scope of clinical practice. The Credentialing Committee should have a policy document that specifies the organisations recredentialing requirements.

Applications for recredentialing require evidence that is collated by the clinician and the organisation and reviewed by the Credentialing Committee. This includes:

- Evidence of ongoing professional registration
- Participation in quality improvement activities and clinical reviews
- Participation in performance reviews
- Demonstration of ongoing competent clinical practice
- Demonstration of active participation in a continuing professional development (CPD) program
- Information on any change in circumstances such as qualifications, formal training, complaints or clinical incidents, restrictions on practice
- Evidence related to a specific area of clinical practice if applicable to the clinician's scope of clinical practice.

Appendix 11 provides further information about evidence required for recredentialing.

Frequency

The Credentialing Committee's policy should specify the frequency of routine recredentialing in line with relevant state or territory policy, as well as any specific circumstances requiring recredentialing. Recredentialing should occur whenever there is a reason for concern or possible increased risks to patient safety for example, poor performance, changes in a practitioners cognitive or physical functioning, decreased volume of clinical activity or receipt of a notification from Ahpra.

Special consideration may be necessary for specific groups of clinicians. For example, to ensure appropriate oversight a clinician may be required to seek recredentialing one year after the initial credentialing before entering a routine recredentialing cycle. Other examples for specific recredentialing requirements include annual recredentialing for clinicians greater than 70 years of age or if there has been a break in a clinician's clinical practice for greater than 12 months (the relevant health professional Board may provide specific advice regarding a clinician's return to practice).

The recredentialing process must be completed prior to the current credentialing period expiring.

Relationship to scope of clinical practice

Whenever there is a change in scope of a clinician's clinical practice, the credentials of that clinician should be reviewed to ensure consistency between the two requirements.

If the existing credentialing does not match the new scope of clinical practice a full recredentialing process must be undertaken before the clinician can practice.

Recredentialing of clinicians in a specific area of clinical practice

Clinicians whose scope of clinical practice includes a specific area of clinical practice should provide evidence of review of clinical performance and ongoing professional development activities that are specific to the clinical area where recredentialing is being sought and should comply with any training and ongoing CPD recommended in credentialing guidelines issued by a relevant professional College or similar body.

A checklist of the information required for a clinician to seek recredentialing is provided at Appendix 12.

DRAFT

6: Credentialing and scope of clinical practice for specific roles

Clinicians working in specific roles may require an expanded or specific scope of clinical practice to ensure all their clinical responsibilities are captured.

A specific scope of clinical practice may be needed for clinicians in the following roles:

- Clinical supervisor
- Clinicians engaged through third parties, such as telehealth, outsources pathology and imaging services and locums
- Clinicians with shared care responsibilities.

Scope of clinical practice for clinical supervisors

Clinical supervisors should have their supervision responsibilities included in their scope of clinical practice. Specific considerations for clinicians acting as supervisors are:

- The clinician's qualifications and skills to supervise in the nominated area of clinical practice
- If the experience of the clinician is at the appropriate level of practice
- If the clinician has the skills and experience necessary to provide supervision
- If the clinician's performance within the organisation has been satisfactory
- If the clinician is participating in relevant professional, college or association's program for supervisors.

The Credentialing Committee should also ensure that the supervising clinician is not the subject of current Ahpra restrictions or major formal jurisdictional complaints investigations which affects their suitability to act as a supervisor. If the clinician is supervising another clinician at the direction of a National Board, the supervisor must comply with the requirements set out by the National Board.

Where supervision is being provided remotely via telehealth, video links and phone, these arrangements should be defined in the scope of clinical practice for the supervisor and clinician being supervised.

Third party arrangements

When care is provided by clinicians engaged through third parties, such as telehealth, locums, outsourced pharmacy, outsourced pathology, outsourced imaging services, agency services or contracted services, scope of clinical practice needs to be defined and included in contracts for service and funding arrangements.

Where locum or third-party clinicians are providing direct patient care, they must be credentialed by the health service organisation in which they are practicing using routine credentialing processes, or temporary credentialing, where necessary.

Shared care arrangements

The credentialing and scope of clinical practice policy should apply to clinicians who are endorsed, accredited or otherwise recommended by an organisation as a shared care provider and provide direct patient care. This includes clinicians who enter formal programs for the shared care of patients such as during pregnancy or for chronic disease management.

DRAFT

7: Credentialing and scope of clinical practice in specific contexts

The credentialing and scope of clinical practice policy and processes need to be robust and flexible to accommodate emergency, temporary and specific contexts. This includes developing procedures to support:

- Credentialing and defining scope of practice of individual clinicians for specific roles including for specific practices, services, procedures and technologies
- Temporary credentialing of clinicians that commence delivering care at short notice or for a limited and defined brief period before review by the Credentialing Committee
- Emergency credentialing for clinicians who provide care at very short notice or in emergencies or disasters
- Credentialing of administrative, support or other responsibilities that are included in a clinician's organisational role and/or scope of clinical practice.

Credentialing for specific areas of practice

Procedures or practices that require specific credentialing are those where it cannot be reasonably assumed that the additional area of competence is included in the clinician's professional qualifications. Specific competency will involve additional training and experience. These should comply with any training and ongoing CPD recommended in credentialing guidelines issued by a relevant professional College or similar body. The credentialing policy should address how input on specific requirements is sought from the relevant college or professional bodies. For example, the Credentialing Committee may require that a fellow from the relevant college provides expert advice on the applicant's training and competence in the specific requirements.

Applications for specific credentialing and scope of practice require:

- Evidence of training and supervised practice in the specific area
- Evidence of relevant experience
- Evidence of recent relevant clinical activity. This may be in the form of a logbook, patient lists, clinical audit data or submission to clinical quality registries
- References from two or more clinicians with direct knowledge of the applicant's clinical abilities in the specific area or procedure. These references, and the referees interviewed by the Credentialing Committee must be verifiable if issues arise or there are gaps in information
- Membership of a professional group, sub-specialty or societies (where relevant)
- Registration in the recognised field of specialty practice to be credentialed (if applicable).

All evidence presented by a clinician to support their application for scope of clinical practice must be verifiable.

The specific scope of practice must be formally agreed, documented and monitored and contain details of relevant inclusions and exclusions.

The requirements in the relevant National Board's recency standard should be considered when assessing these applications.

Where practice includes service delivery via telehealth this should also be considered when specifying the scope of practice.

Temporary credentialing and scope of practice

Temporary credentialing and scope of practice of clinicians may be necessary to enable locums and other clinicians to be appointed on a short-term basis to provide health care services. A senior clinical manager, with relevant clinical skills and delegated authority, may need to make decisions on these applications. The organisation's policies and procedures should detail the process the delegate must follow when approving temporary credentialing and scope of clinical practice with patient safety as the key consideration and must specify the maximum length of time of temporary credentialing and scope of practice.

Safeguards may need to be put in place for clinicians with temporary scope of clinical practice that include clinical oversight, supervision or review of clinical audit or performance data until the process of determining the scope of clinical practice has been finalised. A suggested list of critical actions to undertake in approving a temporary scope of clinical practice is provided at Appendix 13. As with all elements of credentialing and scope of clinical practice, it is important that all evidence presented by the clinician is verifiable and that all evidence and processes are clearly documented.

Generally, this credentialing and scope of clinical practice should be valid for up to 1 months and should be formally reviewed at the next scheduled Credentialing Committee meeting.

Emergency credentialing and scope of practice

Issuing of emergency credentialing and scope of clinical practice at very short notice may be necessary to address an urgent patient care need, for example to allow clinicians to provide essential clinical care in response to a natural disaster or other disruptive event.

Emergency scope of clinical practice should be available only on an exceptional basis, where there is a critical patient care need that cannot be met from within existing resources. This would allow a clinician to administer necessary treatment outside their authorised scope of clinical practice in emergency situations where a patient may be at risk of serious harm if treatment is not provided, and no clinician with an appropriate authorised scope of clinical practice is available.

Emergency credentialing and scope of clinical practice should be for a prescribed period, situation or service. For example, an authorised delegate may give verbal approval for emergency credentialing and scope of clinical practice of up to 24 hours in an urgent situation. The verbal determination must be subsequently confirmed in writing and documented in the minutes of the Credentialing Committee.

The process the delegate must follow should be documented in the organisation's policies and procedures. Granting emergency credentials and scope of clinical practice should involve, as a minimum:

- Checking the public register to verify the clinician holds current registration with a relevant registration board, including the existence of restriction or conditions on their registration
- Verifying the identity of the applicant from relevant documents with photographs such as a driver's license or passport
- Seeking written notification from the clinician's current or immediate past workplace to obtain previous work history and confirm their good standing and their credentialing status and the date when they last practiced
- As soon as practicable, and within 48 hours, verifying the clinical competence and good standing with at least one referee
- Assessing the clinician for temporary or permanent credentials if the clinician is required by the organisation to continue working once the prescribed emergency credentialing period has expired.

Termination of emergency credentials and scope of clinical practice may occur with notice from the clinician, or the organisation or by agreement.

DRAFT

8: Monitoring changes and compliance

Health service organisations should have mechanisms to monitor and manage changes in, and compliance with, a clinician's scope of clinical practice.

Monitoring and management of a clinician's scope of clinical practice should occur:

- As part of regular performance reviews and governance processes
- With changes in an organisation such as the introduction, expansion or cessation of services, procedures and interventions
- With changes in a clinician's circumstances, such as when supervision is no longer required,
- The clinician requests a review, or performance issues are identified.

Monitoring compliance through routine governance processes and performance reviews

Concerns about compliance with scope of clinical practice may be identified through routine governance processes. Health service organisations need mechanisms to collate this information and incorporate it into the recredentialing and defining scope of clinical practice processes. Information that should be used for monitoring include:

- Data such as performance indicators, patient outcomes, incidents, adverse events, complaints, and medical negligence claims
- Clinical audit data
- Information from external agencies, such as agencies formally established to receive and investigate complaints about clinicians or patient care, for example health care complaints commissioners or ombudsman
- Investigations into staff concerns.

Professional performance reviews and development processes should include discussion of this information about their clinical performance with the clinician and review of their compliance with their scope of clinical practice.

Performance discussions should seek to:

- Ensure agreed scope of clinical practice, service provision and organisation capabilities are still aligned
- Identify supports that a clinician or organisation considers are needed to reduce risks of harm to patients
- Identify new services or interventions that require the clinician to participate in additional training or support to amend their scope of clinical practice
- Identify concerns about professional behaviour or performance
- Review any factors, including physical, mental or personal that impact on a clinician's scope of clinical practice.

Monitoring compliance where circumstances change

The health service organisation's policy should provide guidance on the requirements for monitoring scope of clinical practice and the management of non-compliance with a scope of clinical practice. The documentation should contain information about how and to whom concerns can be escalated.

Changed circumstances that require review of scope of clinical practice can include:

- Changes in the organisation's capabilities, needs or service range
- When new services, procedures or interventions replace existing practice, or there is a reduction in services
- When a clinician's circumstances change including changes to their clinical performance, Ahpra registration, employment or contractual arrangements, or when supervision arrangements are lifted or imposed.

DRAFT

9: Credentialing and scope of clinical practice across multiple sites

A health care site or facility where a clinician undertakes clinical practice includes, but is not limited to, a hospital, a mental health facility or community health service.

Credentialing

Credentialing of a clinician by a health service organisation is valid across all sites or facilities managed by that health service organisation, but scope of practice should be facility specific.

A jurisdiction-wide credentialing process may be appropriate for services that operate across districts or networks, such as retrieval or state-wide services.

Scope of practice

A scope of clinical practice is granted to a clinician to deliver a defined scope of clinical services at a specific site or facility. A scope of clinical practice is not portable between different health service organisations. A scope of practice is also not portable across different sites or facilities unless a health service organisation which has multiple facilities with similar capabilities, and a method to determine facility capability, has implemented a system to approve scope of clinical practice across those multiple facilities.

An example of this would be a local health network where clinicians may work across different facilities. Credentials can be confirmed centrally, and the scope of clinical practice can be applied across different facilities. Information concerning a clinician's scope of clinical practice should only be shared with the prior approval of the clinician.

However, if facilities have different roles and different support systems, a scope of clinical practice must be determined specifically for each facility.

Mutual recognition of credentials

If a health care organisation has a written agreement in place with another organisation for the mutual recognition of credentialing, it is possible for a clinician's credentials to be recognised in both organisations through the credentialing process of one of the organisations. The written agreement should specify the mutual recognition conditions and requirements and consider any risks to the organisations involved, the clinician and patients.

Organisations should assure themselves that the processes for assessing credentials used by the other organisation are diligent and meet all the criteria of its own Credentialing Committee. Detailed information concerning a clinician's credentialing should only be shared with the prior approval of the clinician.

Credentialing Committees may require applications seeking mutual recognition to include a current "Letter of Good Standing" from the original Credentialing Committee. All other credentialing documentation can be accepted as approved. The end date of the credentialing period should align with the end date of the credentials upon which the mutual recognition credentialing is based.

An example of a Letter of Good Standing is provided at Appendix 14.

Mutual recognition is not relevant to scope of clinical practice

While the basic elements of the credentialing process may use mutual recognition processes, the scope of clinical practice must still be determined at the site or facility where the clinician will be working.

DRAFT

Overview Table

Appendix 26 is an overview of the minimum documentation required to be collated to inform the different areas of credentialing and scope of clinical practice, including temporary credentialing. It is important that all evidence presented by a clinician must be verifiable.

DRAFT

Appendix 1: Checklist of required policies and procedures

Checklist of required policies and procedures to support credentialing, recredentialing and scope of clinical practice in a health service organisation	
Applying for and assessing applications for initial, temporary, emergency credentialing, recredentialing and changes to credentialing and scope of clinical practice	
Consenting to collect, verify, retain and appropriately communicate information on the credentialing processes and outcomes	
Documenting requirements for maintaining accurate, up to date and complete records of individual submissions, proceedings and outcomes; ensuring privacy and security of records as well as the disposal of these documents in line with legislation and organisational policy	
The time period the scope of clinical practice is awarded, and the frequency for recredentialing and scope of clinical practice review	
Performance requirements for recredentialing	
Grounds on which a clinician's scope of clinical practice can be suspended, terminated or limited, and the process and timelines for review and recredentialing	
Regular auditing of organisational and clinician adherence to policy	
Processes and actions to be taken by the organisation when clinicians work outside their scope of clinical practice or do not meet performance requirements	
Circumstances and processes for mandatory reporting to other organisations such as the ombudsman, the Australian Health Practitioner Regulation Agency (Ahpra) or the police	
Requesting a review or appeal of a decision of the Credentialing Committee	
Notifying bodies such as Ahpra of suspensions or terminations of scope of clinical practice that meet the mandatory notification requirements of the National Law	
Mutual-facility and mutual recognition of credentials and scope of clinical practice between organisations.	
Process for disseminating information on a clinician's scope of clinical practice and period for which credentials have been approved	
The personnel with delegation to undertake these processes routinely, on a temporary basis or in an emergency	
Expectations for a clinician's scope of clinical practice in an emergency	
Provision and management for arrangements for trainees including non-accredited trainees, where applicable	
Reporting to the governing body on the process, outcome and issues related to credentialing and defining scope of clinical practice.	
Operationalising a Credentialing Committee(s)	
A statement of purpose for the Credentialing Committee(s), that is to protect patient safety	
The role, membership, terms of reference and operational requirements of the Credentialing Committee(s), including mandatory orientation and training	
The reporting responsibilities of the Credentialing Committee(s).	

Clear and specific obligations for documenting Credentialing Committee(s) proceedings.	
The delegated authority of Credentialing Committee(s)	
Expectations for those involved to act with honesty and diligence	
Requirements for the review of evidence or information from applicants to support applications, such as e-credentials, evidence of satisfactory clinical performance and professional indemnity insurance requirements if different or additional to the requirements set by the relevant National Board.	
Organisational structures required to support credentialing	
Delegated officers identified who have authority to award, suspend, amend or remove a clinician's scope of clinical practice, including on the recommendation of a Credentialing Committee	
Process to manage conflicts of interest to ensure processes are fair and conducted without bias	
Guidelines on what information is to be kept confidential and what information will be made publicly available	
Processes for reviewing change of scope of practice when a new intervention has been approved.	
Monitoring compliance with scope of clinical practice and performance requirements and managing non-compliance	
Mechanisms to monitor compliance through performance review and audit	
The use of clinical and administrative data to measure performance and management processes	
Reporting on the organisation's performance and compliance of the credentialing processes.	
Evaluation of the effectiveness of the policy and processes to inform improvements	
Conducting regular audits and compliance checks	
Regular formal review of the policy and processes	
Regular review of clinical patient safety issues involving credentialed practitioners	
Seeking feedback from users.	
Defining the requirements of clinical supervision	
The process for requiring, commencing and ceasing clinical supervision	
The role, responsibilities and expectations of supervisors	
The role, responsibilities and expectations of clinicians being supervised.	
Managing changes in the scope of clinical practice	
The circumstances under which an unplanned review of a clinician's credentials or scope of clinical practice should or may be initiated	
Authorised individuals or groups that can initiate an unplanned review and how the results of the review will be implemented and communicated	
The process for a clinician to request an amendment to their scope of clinical practice.	
<i>Identifying performance requirements for recredentialing</i>	

The requirements that should be met for recredentialing in terms of clinical activity, behaviour, continuing professional development, performance review and quality improvement activities	
--	--

DRAFT

Appendix 2: Template Terms of Reference for Credentialing Committee

The terms of reference set out how a Credentialing Committee operates and its role and responsibilities. The terms of reference need to be established before a Credentialing Committee can convene and should be reviewed regularly for currency.

The following template is adapted with permission from the Western Australia Department of Health.

1. Introduction / Name

The Credentialing and Scope of Clinical Practice Committee is to be known as the Credentialing Committee of the *[insert name of the health service organisation]*.

2. Purpose

Insert a short statement which explains the mandate given to the committee. For example:

The purpose of the Credentialing Committee is to support the delivery of safe, high quality health care and improved patient outcomes by providing *[insert name of organisation]* with a rigorous peer review process for credentialing and defining scope of clinical practice of clinicians it employs.

The work of the Credentialing Committee is prescribed in the *[local Credentialing and Defining Scope of Clinical Practice policy]*.

3. Accountability and Reporting

Identify who the committee is accountable to and reports to. For example, the Chief Executive, or other authority within the organisation and the Board.

Outline any progress, performance and/or audit reports that the Credentialing Committee is required to provide to the accountable authority or other groups within the organisation.

4. Conduct of the Credentialing Committee

The Credentialing Committee discussions, deliberations and decisions will always follow due process and the principles of procedural fairness, without conflicts of interest or bias, and in a manner which does not breach relevant legislation.

The principles of patient safety, equity, merit and probity form the basis of all phases of credentialing and defining scope of clinical practice processes.

Proceedings will be timely, transparent and comprehensively documented.

5. Confidentiality

The proceedings of the Credentialing Committee are to be confidential unless decided otherwise by the *[authority the committee is accountable to]* or as required by law.

6. Role and Function

The role of the Credentialing Committee is to assess and confirm credentials and recommend a defined scope of clinical practice on behalf of *[insert name of health service organisation]*.

The Credentialing Committee is to undertake and provide advice on the processes of credentialing and defining the scope of clinical practice:

- Prior to start date or reappointment of a clinician
- At recredentialing
- For the review of credentialing and scope of clinical practice not in the standard review period, including suspending a scope of clinical practice
- Upon request for review or amendment of credentialing and/or scope of clinical practice
- Upon introduction of new technologies.

The Credentialing Committee is to:

- Determine the type and level of information required for credentialing of existing clinicians
- Review and verify training and qualifications to ensure a clinician's experience and skills support the scope of clinical practice required for the position. A committee member's past knowledge of an applicant will not be sufficient. Verification must be appropriate and independent
- Review the clinical services being requested about the role delineation, needs and capability of the health service and the degree of available supervision at the health service where the scope of clinical practice is being requested
- Determine the appropriate scope of clinical practice for a clinician
- Review the scope of clinical practice of all clinicians at the interval specified by the relevant state of territory or at the request of a relevant authority or the clinician to whom the credentials and scope of clinical practice apply
- Determine a scope of clinical practice following the regular review period or requested review
- Notify a clinician of the decision concerning the clinician's scope of clinical practice at the time of the initial appointment and at any future regular reviews
- Undertake an initial review of its own determinations if requested by the clinician
- Use the organisation's approved credentialing system as the tool for arriving at decisions on credentialing and scope of clinical practice of clinicians
- Ensure clinicians understand and consent to the retention of information gathered as a part of credentialing and scope of clinical practice processes
- Fully document and keep confidential all Committee proceedings unless directed otherwise by the *[accountable authority]* or by law
- Oversee process to ensure all requirements of credentialing are current, including insurance renewals and Ahpra registration
- Conduct itself in good faith, according to the rules of procedural fairness and natural justice, without conflicts of interest or bias, and in a manner that does not breach relevant legislation
- Report on its performance to management and the Board of the health service organisation

- Regularly review its effectiveness and efficiency of operation as outlined in the [*local Credentialing and Defining Scope of Clinical Practice policy*].

7. Membership of the Committee

Standing membership includes:

- Chair of the Credentialing Committee – *someone with experience and skills in credentialing and defining scope of clinical practice processes.*
- *List members of the Credentialing Committee – people who can reliably assess the credentials and consider the scope of clinical practice being requested.*

The Credentialing Committee will co-opt additional members with expertise in the relevant scope of clinical practice being considered as required. [Can list additional skills or positions that may be required.](#)

Suggested: The Credentialing Committee will not decide on credentialing or defining the scope of clinical practice of medical practitioners unless at least one of those members present at the meeting, either as a standing member or as a co-opted member, is a Fellow of the relevant vocational college of each of the applicants being considered.

Suggested: A quorum will comprise two thirds of the Standing membership plus those required to be co-opted for the immediate matters under consideration by the Committee.

Suggested: There should be at least one male and one female on the Credentialing Committee.

8. Terms of Appointment

For example:

Nominations for membership of the Credentialing Committee are to be called every two to three years by the [*accountable authority*]. The [*accountable authority*] is to appoint standing members for a period of two to three years.

In the absence of the Chair, another of the Standing members shall be elected to act as the Chair. The Deputy Chair is to perform all functions of the Chair when the Chair is unavailable or unable to perform their functions.

The Chair is to be the authorised channel of communication of all decisions of the Credentialing Committee.

If a member leaves the organisation, their membership to the Committee is terminated.

9. Conflict of Interest

A member of the Credentialing Committee, who has duties or interests in conflict with their duties or interests on the Committee whether direct, indirect, financial, material or otherwise, must withdraw or declare a possible conflict of interest to the Chair. This includes where a member of a selection panel has a competing practice or who is in the same practice as an applicant.

Note, there is no impediment to a member acting as a referee for an applicant, however the member should declare workplace relationships.

Where a possible conflict of interest is declared it must be dealt with in accordance with the *[insert title of local Conflict of Interest Policy]*.

10. Review and Evaluation Mechanisms

The Credentialing Committee will be subject to review and evaluation mechanisms as outlined in the *[local Credentialing and Defining Scope of Clinical Practice policy]*.

11. Frequency of meetings

The Credentialing Committee is to meet according to a schedule agreed by Credentialing Committee members. The Chair may cancel a meeting if there is insufficient business to warrant holding a meeting or a quorum will not be reached. An additional meeting may be held at the discretion of the Chair.

12. Notice of meetings

As far as possible, notices of meetings and supporting papers are to be sent five working days in advance of the meeting date.

13. Proxies

A standing member of the Credentialing Committee may nominate another clinician as a proxy to attend a meeting of the Credentialing Committee if they are unable to attend. The Chair is to be advised of the proxy prior to the meeting. Proxies must have an orientation to the work of the Committee so that they understand the roles, responsibilities and procedures of the Committee.

14. Absences

Any elected member who misses three consecutive meetings of the Credentialing Committee without evidence of a good cause will be deemed to have resigned.

15. Decisions

Decisions of the Credentialing Committee are to be by the majority. The Chair is to have the casting vote.

16. Determinations

The Credentialing Committee determinations are to specify the scope of clinical practice, any conditions attached and the reasons for any limitations on the duration or scope of clinical practice.

17. Support for the Committee

[For example,](#)

The health service organisation's Credentialing Secretariat *[can be person or team]* provides support to the Credentialing Committee and clinicians in managing the credentialing and scope of clinical practice processes efficiently and thoroughly. The *[electronic administration system]* is used to manage all administrative elements,

including recording information, flagging audits, producing reports and identifying when credentialing, scope of clinical practice, registration and insurance provisions are expiring.

The Secretariat is to issue agendas and supporting material at least five working days in advance of each meeting. The Secretariat is to prepare minutes of each meeting, to be formally adopted at the subsequent meeting of the Credentialing Committee.

The Secretariat is to keep separate files of at least the following:

- Agendas, minutes and supporting documents
- Correspondence prepared by and on behalf of the Credentialing Committee
- Other material kept to support the decisions and/or processes of the Credentialing Committee.

The Secretariat's files are the property of the health service organisation and must be preserved in accordance with the [*insert relevant state/territory record management legislation*].

18. Adoption, Review and Amendment of Terms of Reference

The Terms of Reference are to be reviewed at a minimum every three years.

Terms of Reference may be altered and amended by recommendation to the [*accountable authority*].

Revision dates:

Date of Revision	Revision prepared by	Comments

Appendix 3: Documenting committee processes and outcomes

Minimum information to be collected for document management and reporting for each applicant being considered by Credentialing Committee	
The name of the clinician whose credentials were examined	
Confirmation from the clinician that they understand and consent to the retention of information gathered as part of the credentialing and scope of clinical practice process	
The type of application and the requested scope of clinical practice	
The registration or professional association membership status of the clinician and expiry	
For international applicants, including New Zealand residents, a current visa allowing them to work in Australia. In cases where a visa has an expiry date (temporary work visas), the credentialing end date cannot extend beyond the visa expiry date	
The specific credentials that were examined, and in what format	
Which credentials were verified, and how they were verified	
Medical specialist qualifications should have an Australian fellowship qualification. It is recommended that an overseas fellowship qualification must include Australian Medical Council, College and Ahpra Recommendations to be considered by the Credentialing Committee.	
The evidence that was reviewed in relation to the clinician's competence, performance in the position, and scope of clinical practice under consideration	
Confirmation that mandatory requirements such as Working with Children Check, Police Check, etc are valid	
Whether an invitation was extended to and accepted by the clinician or authorised delegate to present in person to the relevant committee	
The identity of any support person who assisted the clinician with presentations	
Any additional information that was presented by the clinician	
Advice that was sought by the Credentialing Committee from professional colleges or associations on the core competencies associated with a qualification	
Whether any concerns were raised about the clinician's competence or performance, whether that be by a referee, supervisor, colleague, patient, the clinician themselves or the professional college or association	
The committee's or authorised delegate's recommendations or decisions regarding the clinician's scope of clinical practice	
If the recommended or approved scope of clinical practice is different to the request, why the recommendation or decision was made and what, if any, action the clinician should take to obtain approval in the future	
The duration and expiry date of the credentialing and the scope of clinical practice	
Any conditions imposed on the clinician's scope of clinical practice and how these conditions can be reviewed	
Any supervision imposed on the clinician's scope of clinical practice and how supervision can be reviewed	

Details of the independent delegate who authorises the recommendations of the Credentialing Committee, and reasons if the recommendations are amended or rejected.	
--	--

DRAFT

Appendix 4: Checklist for clinicians applying to be credentialed

Verifying the credentials and defining an individual clinician's scope of clinical practice are required precursors to employment at a health service organisation.

The applicant should be provided with a position description or other documentation providing clear terms of appointment that details the core competencies required of the position and the duties to be undertaken. The document should outline the relevant capabilities and service provision of the health service.

In addition to standard human resources requirements for all employees of the health service, the applicant should provide the following information:

Applying to be credentialed in a new role		
Registration		
	Current Ahpra Board registration	
	Confirmation of the presence or absence of conditions, undertakings, endorsements, notations, and reprimands	
	Confirmation of the type of registration (for example, general or specialist)	
Education, qualifications and formal training		
	New employees	Certified copies of qualification/s including primary health professional degree and any specialist and procedural qualifications
		For medical specialists: Evidence of Fellowship
	For international graduates	Verified copies of formal qualifications recognised by the relevant national board, certified translation when not in English
		Verified copies of certificates of completed higher education and advanced training, accredited training programs, procedural qualifications relevant to the position, certified translation when not in English
	For new graduates	Copies of the competencies and learning objectives of completed training programs from course documents or website of training provider
Previous experience		
	For all applicants	Evidence of relevant clinical activity and experience in similar settings to the scope of clinical practice being proposed
		Statement of length and recency of practice at a recognised facility or a facility relevant to the position
	For international graduates	Evidence of assessment of the equivalence of training and experience by an appropriate training entity or national board
		Compliance with a plan to assess and/or attain equivalence of experience in Australia, if relevant
		Evidence of additional training or supervised period completed recognised by local authority
Professional Indemnity Insurance		
	Evidence of current, appropriate professional indemnity insurance, if required by the health service organisation	
Other documentation and pre-employment checks		
	All applicants	Current curriculum vitae
		Authorisation to contact previous facilities or organisations where the applicant has been employed or engaged
		Explanation of gaps in employment, if relevant
		Proof of identity using 100-point identity check
		Completed application for police check applications, if required

		International police check if applicant has lived overseas for 12 months or more during the past 10 years	
		Completed application for working with children, if required	
		Other documentation requested by organisation, such as immunisation records and health status	
		Web search for information relevant to professional role and history, to identify any risks or concerns about performance	
		Existing contract or employment arrangements outside of the current appointment checked, with relevant documentation available	
	International applicants	Verified copies of passport and relevant visas	
References			
	At least two recent (previous 6 months) references, one of which must be:		
	For a new graduate	Supervisor of training or director of a program where the applicant completed their final year of training	
	For all other applicants	The head of the specialty or equivalent at the institution where the applicant most recently practiced	
		Clinician with direct experience of the applicant within or directly relevant to the field of practice in which the applicant will practice	
Continuing professional development (CPD)			
	Evidence of compliance with continuing professional development requirements of the relevant national board and if applicable, a relevant college or professional body		
	Evidence of continuing education related to the role and scope of clinical practice of the position		
	Completion of mandatory training specified by the health service organisation in line with the National Safety and Quality Health Service (NSQHS) Standards		
Mutual recognition of credentials			
	If mutual recognition is permitted, comply with policies and procedures on how recognition of credentialing can occur across facilities or health service organisations		
Consent			
	Consent ensures the clinician understand and consents to the retention of information gathered as part of the credentialing and scope of clinical practice process		

Appendix 5: Advice on seeking clinical references

It is recommended that clinical reference checks are done using a structured approach with templated documents to ensure the referee addresses all relevant areas.

Evidence of current or recent clinical practice

At least two recent references related to a clinician's current or recent clinical practice should be obtained. These can be either:

Verbal reference: This allows the referee to be questioned about the applicant's competence, skills and other matters related to their clinical practice. All verbal reference discussions should be documented, signed and dated by a member of the Credentialing Committee and the person who conducted the reference check (if these are not the same person), or

Written references: The verification of documents should be conducted by senior clinicians from the relevant area of practice and provided to the Credentialing Committee.

At least one referee should be:

- The head (or equivalent) of the clinical area at the institution where the applicant most recently practiced, or
- A clinician with direct and recent experience of the applicant with knowledge of the applicant's performance and patient outcomes, or
- Within or directly relevant to the field of clinical practice in which the applicant will practice.

Clinicians working in different settings

For clinicians working solo or in limited group practices, identifying appropriate referees may be difficult. The Credentialing Committee may need to:

- Rely more heavily on documentary evidence of recent practice
- Provide an interim determination and monitor practice over that period
- Provide oversight or supervision of the clinician until their level of competency is confirmed
- Interview the applicant regarding the application for credentials
- Obtain references from another senior clinician who has worked with the applicant as part of a clinical care team, for example the Director of Nursing of the organisation.

Evidence to support senior clinicians

Senior clinicians who have experience as head of department, director of a program or are head of a specialty may have difficulty providing the names of referees who meet the stated criteria. In this case, the Credentialing Committee may seek information or copies of:

- Clinical audit and administrative data
- Performance reports
- Clinical review conference presentations
- Clinical publications (in reputable journals or by reputable agencies)

Reference checks from a senior administrator can provide information on:

- The applicant's previous leadership positions and scope of clinical practice
- Involvement in clinical audits, clinical reviews and continuing professional development activities

- Involvement in teaching and research
- Clinical activities undertaken over the past twelve months including the location, type of service and care provided.

DRAFT

Appendix 6: Template for written clinical medical peer referee report

References should be obtained from people who have first-hand experience of the applicant's clinical practice or who have assessed clinical data relating to the competence of the applicant, ideally within the previous 6 months.

Adapted with permission from South Metropolitan Health Service, Western Australia.

Part 1: Referee Details			
Referee's full name		Referee's position title	
Referee's contact details		Hospital / health service	

The applicant named below has applied to be credentialed and have an approved scope of clinical practice to provide health care in [*insert health service organisation*]. To ensure the applicant's knowledge and skills match the role and capability of the [*insert health service organisation*], the [*insert name of Credentialing Committee*] seeks your assistance in completing this clinical referee report to inform the Committee's consideration of the applicant's application.

A response at your earliest convenience to [*insert name and email address*] is appreciated.

Part 2: Applicant details			
Applicant's surname		Applicant's first name	
Position title			
Applicant's qualifications			

Part 3: Referee's Knowledge of Applicant			
Length of association with applicant: _____ years / months		Year ending: 20__	
Detail your last professional contact with the applicant			
In what capacity was your last professional contact? (please circle / complete)	Supervisor	Line Manager	Colleague
	Other _____		

Part 4: Qualification Status			
Please respond to the points below on the left, by marking the appropriate column on the right. There is space for comments and additional advice at the end of the form.			
Skill area	Above Average	Average	Below Average
Standard of Medical Knowledge			
Practical Clinical Skills			
Clinical Planning Ability			
Current Trauma Management skills & experience (if applicable)			

The extent to which the applicant puts their skills into practice. (i.e. does the applicant have the ability but declines to use it?)			
Communication and consultation (English) skills with both patients and clinicians			
Attitude and behaviour towards patients, clinicians and health service staff			
Professional judgement and professional conduct			
Character and reliability			
Questions	Yes	No	
Evidence of completion of Mandatory Training sighted?			
To the best of your knowledge, does the applicant demonstrate a commitment to quality Continuing Professional Development?			
Would you be happy to work with the applicant again?			
Comments:			
Part 5: History	Yes	No	
Are you aware of any complaints regarding the applicant's ethical and/or clinical practices?			
Are you aware if the applicant has any problems with drugs / alcohol?			
Are you aware if the applicant has any health issues that would affect service delivery and/or the quality of care?			
How do you assess the applicant's competence in this field? (circle one) <div style="display: flex; justify-content: space-around; width: 100%;"> Above Average Average Below Average </div>			
Comments:			
Part 6: Referee's signature			
Print full name	Signature	Date	

Appendix 7: Template for verbal reference for medical clinician

Verbal references allow for the referee to be questioned about the applicant's competence, skills and other matters related to their clinical practice, including any relevant conduct or performance issues.

It is recommended that a suitable time to conduct the verbal reference is arranged with the referee in advance to ensure the referee has the capacity to adequately consider and answer the questions related to the application for credentialing and scope of clinical practice.

Allow 15-20 minutes for the conversation.

Verbal reference			
Part 1: Applicant details			
Applicant's surname		Applicant's first name	
Position title			
Applicant's qualifications			
1.	Introduce yourself and remind the referee that the information is being collected to inform the proceedings of the Credentialing Committee, which is a formal governance committee of the health service organisation.		
2.	Confirm the identity of the referee, position title and relationship to the applicant, detail below		
Part 2: Referee's details & knowledge of applicant			
Referee's full name		Referee's position title	
Referee's contact details		Hospital / health service	
Length of association with applicant: _____ years / months			Year ending: 20
Last professional contact with the applicant			
In what capacity was last professional contact? (please circle / complete)	Supervisor	Line Manager	Colleague
	Other _____		
3.	Confirm with the referee that they will provide an honest, accurate and complete response to each question.		
4.	Advise the referee that the information they provide will form part of the documentation to be considered by the Credentialing Committee and may be used in providing feedback to the applicant.		
5.	Ask the referee to comment on the applicant's knowledge / skills / experience / competence (as appropriate) in the following areas.		
Part 3: Skills & experience of applicant		Comments	
Standard of Medical Knowledge			
Practical Clinical Skills			
Clinical Planning Ability			

Current Trauma Management skills & experience (if applicable)	
The extent to which the applicant puts their skills into practice. (i.e. does the applicant have the ability but declines to use it?)	
Communication and consultation (English) skills with both patients and clinicians	
Attitude and behaviour towards patients, clinicians and health service staff	
Professional judgement and professional conduct	
Character and reliability	
Part 4: General	Comments
Evidence of completion of Mandatory Training sighted?	
To the best of your knowledge, does the applicant demonstrate a commitment to quality Continuing Professional Development?	
Would you be happy to work with the applicant again? Why / why not?	
Part 5: History of applicant	Comments
Are you aware of any complaints regarding the applicant's ethical and / or clinical practices?	
Are you aware if the applicant has any problems with drugs / alcohol?	
Are you aware if the applicant has any health issues that would affect service delivery and / or the quality of care?	
How do you assess the applicant's competence in their field of clinical practice?	
Is there anything else you think would be relevant for the Credentialing Committee to consider?	
Part 6: Close	
6.	Check with the referee if they would like to revise any of their answers before concluding
7.	Provide the referee with a copy of this referee report for their records / approval.
Verbal reference taken by:	
Print full name & position title	Signature
	Date

DRAFT

Appendix 8: Previous and recent clinical experience

It is important that the Credentialing Committee considers the capability of the applicant to provide safe high quality health care services to patients through the assessment of evidence of relevant previous and recent clinical experience.

All evidence presented by a clinician to support their application must be verifiable.

Previous and recent clinical experience and performance of applicant	
Curriculum Vitae / resume of applicant	
Academic appointments – previous and current with expiry, verified with education institution	
Teaching experience – verified with named organisations	
Supervisory experience – verified with named organisations	
Relevant clinical practice in the scope of clinical practice being sought	
References verifying information on clinical workload and clinical complexity of previous practice	
Logbooks and / or reports on supervised clinical attachments verified with named organisations	
Recent practice at an appropriate level in a relevant area of practice	
<p>Guidance may be found in the relevant National Boards’ registration standards, codes and guidelines for each profession including recency of practice standards which set requirements for registration and renewal of registration.</p> <p>If a clinician has spent an extended period away from the designated area of clinical practice, for example, greater than 12 months, then a more rigorous assessment of their competency of clinical practice should be undertaken, including considering if additional support, supervision or retraining is required. Consideration should be given to factors such as:</p>	
Extent and period of prior clinical practice	
Current competencies	
Complexity of the tasks now required, and skill level needed	
New evidence-based changes in clinical practice during the period away from clinical practice	
Any relevant CPD undertaken	
Evidence of competent clinical practice	
<p>Fundamental to effective practice and appropriate care is reflective practice and involvement in quality improvement activities, including, but not limited to:</p>	
Benchmarking performance and patient outcomes against best practice	
Contributing to and acting on reports from relevant clinical quality registries (or similar)	
Regularly (at least every three months) participating in clinical meetings which review patient care including the applicant’s patients	
Reviewing data from clinical care processes and outcomes and implementing practice improvements	
Reviewing reports from clinical audits, incidents and complaints and acting, if required	
Participating in activities to monitor clinical practice and reduce unwarranted variation	

DRAFT

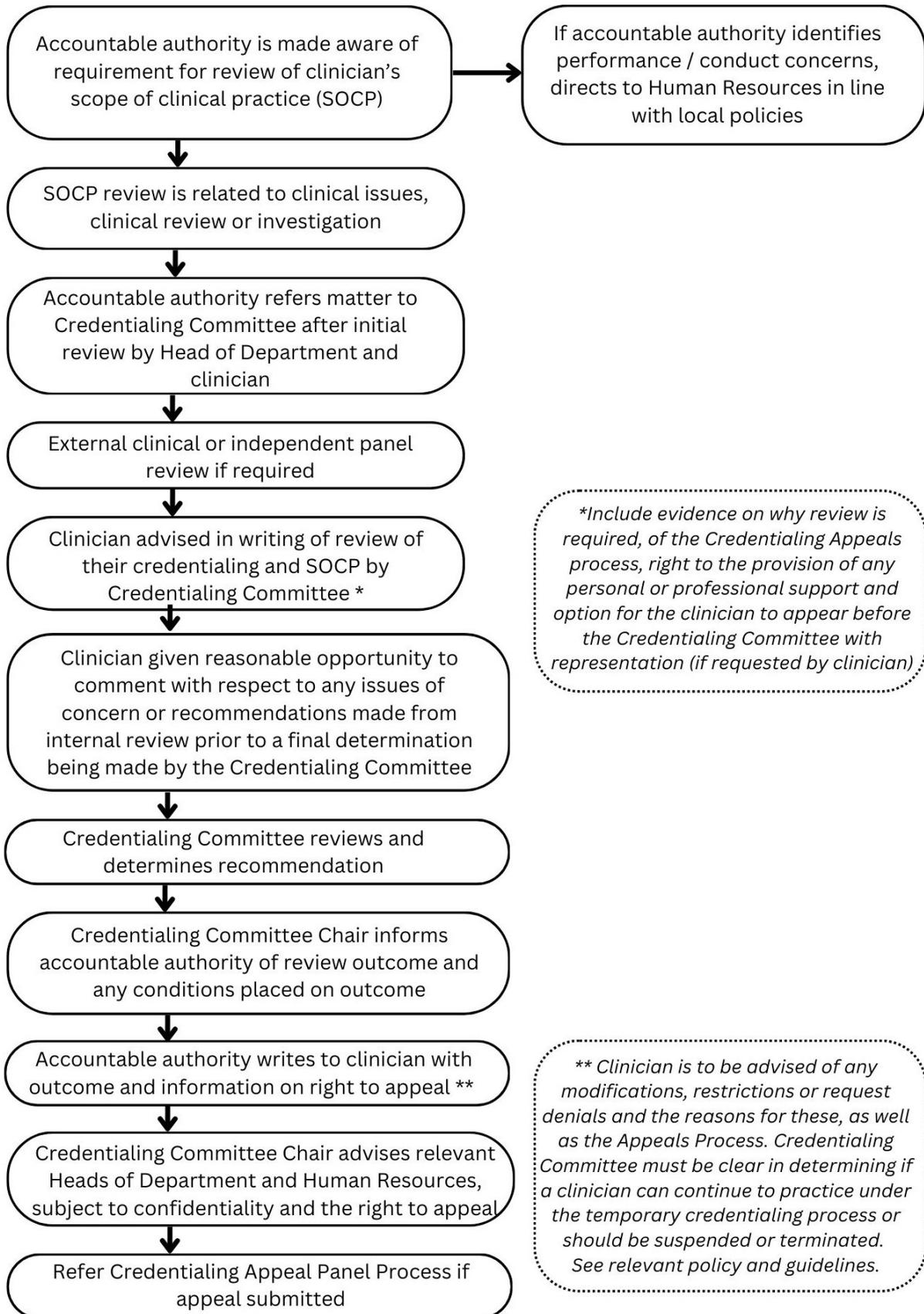
Appendix 9: Checklist to determine the scope of clinical practice

At a minimum, the following information and evidence should be reviewed by the Credentialing Committee to inform a decision on the scope of clinical practice of a clinician:

Checklist to determine the scope of clinical practice	
Outcomes of the credentialing process, including referee reports and feedback from other and/or previous employers	
Roles and responsibilities of the position	
Standards, guidelines, policies and/or recommendations by the specialty medical college, society or association	
Benefit and risks of the treatment, procedure or intervention to patients	
Whether the treatment, procedure or intervention is new or new to the health service organisation and whether it has been approved by the appropriate authority or committee (e.g. ethics committee and Head of Service or Department)	
Skill mix of the health service organisation and the availability of support, facilities and equipment	
The clinician's particular expertise and experience and the recency of that experience	
The volume of clinical activity undertaken by the clinician over the past 12 months	
The health service's role delineation, as defined by the relevant state or territory health authority	
Evidence-based information in credible publications regarding competence in and performance of the requested scope of clinical practice	
The level of information and evidence to be reviewed will differ based on the seniority of the position	

Adapted with permission from Western Australia Department of Health.

Appendix 10: Example process for review of credentialing and scope of clinical practice related to clinical issues or investigations



Appendix 11: Required evidence for recredentialing

1. Current registration with National Board

The health service organisation should check the current registration of its clinicians annually on the public register of the relevant National Board. This should include checks on conditions or restrictions that may or may not limit a clinician meeting the requirements of their scope of clinical practice. For medical practitioners this often includes both general and specialist registration.

Note: This should be scheduled to occur in the month immediately following the annual renewal periods for the relevant profession, to ensure that no clinician is working while unregistered or uninsured. For nursing and midwifery renewals this is by 31 May, medicine renewals occur before 30 September and all other professional groups by 30 November each year.

Renewal of professional registration requires a clinician to declare that they have met CPD, recency of practice and professional indemnity insurance requirements and will continue to meet them in the next registration period.

2. Participation in quality improvement activities and clinical reviews

The clinician should demonstrate their participation in quality improvement activities including, but not limited to:

- Benchmarking against best practice
- Audits of clinical practice, where the frequency and types of audits are considered along with the relevance of the audit to the clinician's scope of clinical practice and actions taken to improve practice based on the audit findings
- Contributing to and acting on reports from clinical quality registries (or similar)
- Regularly (at least every three months) participating in clinical governance processes and meetings which review patient care, including of their own patients
- Attending relevant clinical meetings as specified by the organisation
- Reviewing incident and patient feedback reports and the action taken to improve practice
- Reviewing data about clinical care, patient outcomes and improvement practices
- Participating in activities that the organisation conducts to enable clinicians to monitor and reduce unwarranted variation in clinical practice
- Teaching, research and supervision responsibilities
- Setting and reviewing organisational plans and strategies in consultation with management and evaluating reports.

3. Participation in performance reviews

All clinicians should participate in regular reviews of their performance, with credentialed clinicians expected to participate in a review of their performance at least annually. This review should be with a clinician, head of department or member of the executive with organisational authority and access to information to discuss in detail the clinician's current

and expected future clinical performance. The performance review should, as a minimum, consider the available data on the clinician's individual performance.

The Credentialing Committee should be supplied with the documentation relating to the performance review process and outcomes, and evidence of clinical performance and patient outcomes.

4. Demonstration of ongoing competent clinical practice

All clinicians must demonstrate ongoing competency within their scope of clinical practice by detailing their clinical practice and proficiency in the period of credentialing that is ending. This can include providing evidence of participation in clinical review activities and audits.

5. Additional information the applicant must declare

Applicant declarations include but are not limited to:

- Any medical condition or substance abuse problem that may prevent the clinician from fulfilling their scope of clinical practice
- Disciplinary action or professional suspension, termination or withdrawal of right to practice in any other organisation
- Disciplinary action or professional sanctions imposed by a registration board
- Criminal investigation or convictions under investigation
- Censure, restriction or undertaking by a relevant authority, such as a college or professional association that affects their practice.

Additional information including but not limited to:

- Feedback from clinical colleagues or patients such as compliments and complaints
- Internal investigations of complaints or incidents
- Notifications to a health care complaints authority involving the clinician
- Involvement in adverse events, including any subsequent open disclosure
- Reference checks from peers that raise any issues for the Credentialing Committee.

Appendix 12: Checklist for recredentialing of clinician

Recredentialing with no change to scope of clinical practice	
Registration	
	Current Ahpra Board registration
	Confirmation of the presence or absence of conditions, undertakings, endorsements, notations, and reprimands
	Confirmation where relevant of the type of registration (for example, general or specialist)
Current scope of clinical practice	
	Consistent with any conditions, notations or undertakings upon the clinician's registration
	Monitoring of compliance with scope of clinical practice
Working with children check	
	Currency of working with children check, where applicable
Professional Indemnity Insurance	
	Evidence of current, appropriate professional indemnity insurance, as required by the health service organisation
Participation in quality improvement activities	
	Confirmation of participation in audit of clinical practice, clinical governance processes and clinical meetings
	Evidence of contributing to and acting on reports from clinical quality registries (or similar), reviewing data and feedback to improve practice, benchmarking against best practice, monitoring and reducing unwarranted variation in clinical practice
	Evidence of maintenance of continuing professional development relevant to scope of clinical practice
	Completion of mandatory training specified by the health service organisation in line with the National Safety and Quality Health Service (NSQHS) Standards
Participation in performance reviews	
	Evidence of performance review process and outcomes that demonstrate discussion of compliance with scope of clinical practice
Demonstration of ongoing competent clinical practice	
	Evidence of ongoing competent clinical practice in scope of clinical practice demonstrated by clinical audit data, peer review, complaints, compliments and incident reports
Additional information the applicant must declare	
	Any medical condition or substance abuse problem that may prevent the clinician from fulfilling their scope of clinical practice
	Disciplinary action or professional suspension, termination or withdrawal of right to practice in any other organisation
	Disciplinary action or professional sanctions imposed by a registration board
	Criminal investigation or convictions under investigation
	Censure, restriction or undertaking by a relevant authority, such as a college or professional association that affects their practice.
Consent	
	Consent ensures the clinician understand and consents to the retention of information gathered as part of the credentialing and scope of clinical practice process
Recredentialing with a change to scope of clinical practice	
	When a clinician wishes to extend or change their scope of clinical practice or where new services are introduced into the health service, the clinician must formally undergo appropriate credentialing and scope of clinical practice processes specifically for the new service or change in practice. In this case the information that should be reviewed includes

	All evidence required for recredentialing with no change to clinical practice PLUS	
Confirm the position responsibilities including		
	Admitting patients	
	On-call	
	Consulting	
	Conducting pre- and post-admissions	
	Consulting on outpatients	
	Operating theatre procedures	
	Participating in continuous quality improvement	
	Completing mandatory training	
	Teaching	
	Researching	
	Supervising	
	Participation in safety and quality activities, including routine submission of data into clinical quality registers, peer review of clinical performance	
Scope of clinical practice review		
	Copy of current scope of clinical practice	
	Detail of expanded scope of clinical practice being sought, for example new procedures, technologies, equipment or treatments	
	Evidence of: <ul style="list-style-type: none"> • current clinical activity in expanded scope of clinical practice, such as in a log book or patient lists • Participation in clinical audit of the area of expanded scope of clinical practice • Continuing professional development, training or education in the expanded scope of clinical practice • Participation in relevant sub-specialty societies or professional groups related to the expanded scope of clinical practice • Participation in quality and safety activities, including morbidity, mortality, and clinical incident reviews • Performance review of clinical practice 	
	Updating scope of clinical practice at request of clinician must comply with policy and procedures on how and when changes to a scope of clinical practice can occur	
Supervision		
	Supervising clinicians have a scope of clinical practice appropriate to the procedure being supervised	
Mutual recognition of credentials		
	If mutual recognition is permitted comply with policies and procedures on how recognition of credentialing can occur across facilities or health service organisations	
Access to clinical data and general support		
	Organisations should make available clinical performance data and support to review this data against relevant external comparison measures, benchmarking against best practice outcomes where available	
	Access to the organisation's appeals processes in relation to decisions made about credentialing and scope of clinical practice	

Appendix 13: Critical actions in considering temporary scope of clinical practice

Safeguards may need to be put in place for clinicians with a temporary scope of clinical practice that include clinical oversight, supervision or review of clinical audit or performance data until the process of determining the scope of clinical practice has been finalised.

Below is a suggested list of critical actions to undertake in approving temporary scope of clinical practice, adapted from NSW Health. It is recommended that the critical actions are confirmed by several authorised individuals as part of the approval process for temporary scope of clinical practice, with the final approval being provided by the accountable authority.

Critical actions in considering temporary scope of clinical practice		
Checklist for a temporary scope of clinical practice application		
1	Identity of applicant verified and details recorded (100 Point Identification Checklist) in accordance with local policy	
2	National Criminal Record Check conducted in accordance with local policy	
3	Working with Children Check clearance number provided and verified with the relevant state/territory authority in accordance with local policy	
4	Registration as clinician, including existence of any conditions on registration, verified independently through the Ahpra website	
5	Insurance Certificate of Currency for a minimum of \$20 million sighted where professional indemnity cover chosen is provided through a Medical Defence Organisation	
6	At least two reference checks (one reference check may be sufficient for appointments of less than 3 months)	
7	Where verbal references were obtained, responses to the specified questions were recorded in writing	
8	Where written references were obtained, identity and relationship to applicant was directly confirmed, and written responses addressed the specified questions	
9	Web search for information relevant to applicant's professional role and history conducted. Any risks or concerns about performance are documented and risk assessment is completed in line with local policy	
10	A specialist in the relevant specialty was involved in determining the scope of clinical practice where appointment is no more than 3 months, with an extension for one further single 3-month period where required	
11	Eligibility to practice as a clinical specialist, within the meaning of visiting medical officer as determined by local policy is verified (only applicable if it is a specialist position)	
12	Written details of all other current clinical appointments, and a signed standard consent form	
13	Original documentation (or original certified copy if not practicable) of any additional qualifications (i.e. additional to those used to gain registration and/or shown on the Ahpra website),	

	memberships, certificates, etc. used to support claim for the position were sighted, copied and certified	
14	Contact was made with the local health care complaints authority and / or Australian Medical / Dental Board where further information was deemed necessary as part of the selection process	
15	If applicant has been working overseas, signed statutory declarations or copies of overseas police certificates stating the applicant has no criminal history	
16	All members of the selection panel had access to the entire written application, CV and supporting documentation for the applicant	
17	For specialist positions only, the selection panel included a clinician from the speciality / sub-speciality in which scope of clinical practice was sought	
18	The convenor of the selection panel has completed recruitment and selection training	

Declaration of appropriate authority

I confirm that the above occurred prior to the commencement at work of

Name of applicant: _____

to the position of _____

in (*name of organisation*) _____ Date of Appointment: _____

Name and position of authorised decision maker: _____

Signature: _____ Date: _____

Checklist for Chair of Credentialing Committee

1	The Credentialing Committee membership included a clinician from the specialty or sub-specialty in which the clinical scope of practice was determined	
2	The Credentialing Committee considered all the information provided, and was satisfied that the information was sufficient to recommend that the attached scope of clinical practice be granted	
<i>Suggested requirements where appointment is for more than 6 months</i>		
3	All members of Credentialing Committee had access to the entire written application, CV and supporting documentation for the applicant under consideration	
4	In recommending the attached appointment and associated scope of clinical practice, the Credentialing Committee considered the information and advice provided by persons involved, and is satisfied that the applicant underwent all necessary checks, and is a fit and proper person to be appointed to the position	
5	Appropriate consideration has been given to any issues arising out of any risk assessments on performance and checks on registration conditions	
6	Appropriate consideration has been given to any issues identified in any risk assessment report arising out of a National Criminal Record Check	

Declaration of Chair of Credentialing Committee

I confirm that the above occurred in determining the attached temporary scope of clinical practice be granted to the recommended applicant.

Name and position: _____

Signature: _____ Date: _____

Declaration of accountable authority (CEO or authorised decision maker)

(Essential when appointment is for more than 6 months)

I have access to the entire written application and all supporting documentation for all applicants under consideration for the position.

I was provided with written advice from the Credentialing Committee that set out the grounds for the decision leading to the recommended appointment and determination of scope of clinical practice.

In approving the appointment of the recommended applicant, I confirm that:

- All necessary employment related checks have been conducted.
- Indemnity coverage has been checked (as required)
- The recommended applicant and proposed scope of clinical practice were determined in line with the requirements of local policy.

Name and position: _____

Signature: _____ Date: _____

DRAFT

Appendix 14: Mutual recognition – Example Letter of Good Standing

Letter of Good Standing for Mutual Recognition of Credentials		
Clinician's name		
Ahpra registration number		
Registration type & speciality		
Qualifications		
Phone number		
Email		
Site / facility of last credentialing (within last 5 years)		
Position title		
Dates of last credentialing	START:	END:
Any specific conditions, restrictions or other on current credentialing Please detail conditions		
<p>I certify that the above named clinician is</p> <ul style="list-style-type: none"> ✓ In Good Standing with hospital clinicians and management ✓ Appropriately registered for practice in this role ✓ Appropriately credentialed for this position at [<i>insert health service organisation site / facility</i>] ✓ Considered competent to practice in their specialty setting <p>SIGNED: _____ DATE: _____</p> <p>_____</p> <p>POSITION: _____</p>		

Glossary

Key terms

Clinician

The term clinician is used in this guide to describe health practitioners who are trained and qualified to provide health care in Australia, including registered and self-regulated practitioners who may be required by their organisation to be credentialed.³

A clinician includes medical practitioners, nurses, midwives, allied health practitioners, technicians, scientists and other appropriately trained and qualified persons who provide health care, and students who provide health care under supervision.

Clinicians are responsible for the safety and quality of their own professional practice, and adherence to codes of ethics and codes of conduct such as the Medical Board of Australia's [*Good medical practice: a code of conduct for doctors in Australia*](#).

Credentialing

Credentialing is the process of verifying the qualifications, experience, and professional attributes of clinicians to form a view about their competence, performance and professional suitability to provide safe, high-quality care within specific environments and for specific roles in their scope of practice.

This process is based on the ethical requirements for a mutual commitment by the health service and clinician to patient safety.

Recredentialing

Recredentialing is the process of reviewing the professional standing and practice of a currently credentialed clinician for the purposes of renewing their credentialing. Recredentialing should be repeated in line with the requirements of the relevant state or territory or local health service policy in intervals of 3 years, but no more than 5 years given the rate of change in the health service environment. For example, a clinician may be required to seek recredentialing after one year of the initial credentialing, and then every 3 years after that.

Scope of clinical practice

The scope of clinical practice is specific to an individual, their role, and the health service organisation in which they work. It is the extent of a clinician's approved clinical practice within a particular organisation, based on the clinician's credentials, competence, performance and professional suitability, the needs of the organisation, the capacity of the organisation to provide safe and appropriate care and the capability of the organisation to support the clinician's scope of clinical practice.

Each state and territory have specific timelines on when a clinician's scope of clinical practice needs to be reviewed. For example, an organisation's Credentialing Committee

may have discretion to limit duration of an approved scope of clinical practice up to a maximum of 5 years. However, 3 yearly reviews are recommended because of the rate of change in the health service environment.

Reviewing or redefining scope of clinical practice

Outside the standard review period of a scope of clinical practice, a clinician's scope of clinical practice needs to be reviewed whenever there is a change in the role and responsibilities associated with that clinician's position. This can include the introduction of new clinical services, procedures or interventions, and their removal from service when a hospital changes its facilities or reporting structures, or if the clinician attains additional skills and competencies that the health service has capability to support. A clinician's scope of practice should be aligned to the needs of the health service.

Other reasons to review a clinician's scope of clinical practice, include situations where there are potential risks for patients, such as when practitioners have a low volume of clinical activities includes poor performance, changes in a practitioners cognitive or physical functioning, or receipt of a notification from the Australian Health Practitioner Regulation Agency (Ahpra).

Whatever the reasons for reviewing scope of clinical practice, the need for patient safety should be a guiding principle.

Health service organisation

The term health service organisation is used to describe an organisation that is responsible for implementing clinical governance, administration and financial management of a service providing health care. This includes private hospitals, public hospitals, dental surgeries and community health services.

General terms

Ahpra: Australian Health Practitioner Regulation Agency.

appointment: an act of assigning a job or position to someone.

audit (clinical): a systematic review of clinical care against a predetermined set of criteria. This may involve the review of patient healthcare records, information from administrative and clinical data sets, benchmarking against other services and /or data from clinical quality registries.

clinical governance: is the set of relationships and responsibilities an organisation establishes between its state or territory department of health (for the public sector), governing body, executive, clinicians, patients, consumers and other stakeholders to ensure good clinical outcomes. It ensures that the community and organisation can be confident their systems will deliver safe and high-quality health care and continuously improve services.

clinical guidelines: clinical practice guidelines are systematically developed statements to assist clinician and patient decisions about appropriate health care for specific circumstances.

clinical leaders: clinicians with management or leadership roles in an organisation who can use their position or influence to change behaviour, practice or performance. Examples are directors of clinical services, heads of units and clinical supervisors.

clinical privileging: has the same meaning as 'defining the scope of clinical practice' and can be found in legacy organisation documentation in some Australian states and territories. The preferred national terminology is 'defining the scope of clinical practice'.

clinical review: is a retrospective process of peer review which considers and assesses the quality of care provided and adherence to or reasonable deviation from relevant clinical guidelines with the intention of ensuring quality and safety of care.

clinical supervision: a formal, systematic and continuous process of professional support and learning, in which clinicians are assisted to develop their practice through regular interaction with and feedback from experienced colleagues.

clinician impairment: under the *National Law* it is a physical or mental impairment, disability or condition or disorder that detrimentally affects or is likely to detrimentally affect the person's capacity to practice the profession.

competence: the combination of knowledge, skills, abilities and attributes that is required for a person to be successful in a role.

continuing professional development (CPD): is how clinicians maintain, improve, and broaden their knowledge, expertise and competence and develop the personal and professional qualities required throughout their professional lives. Clinicians who are engaged in any form of practice are required to participate regularly in CPD that is relevant to their scope of clinical practice to maintain, develop, update, and enhance their knowledge, skills and performance to help them deliver appropriate and safe care.

Credentialing Committee: the formally constituted committee of clinicians and managers who collectively analyse and verify the information submitted by an applicant, consider credentials and decide on the scope of clinical practice for a clinician.

credentials: the practical experience, qualifications, professional awards and statements of competency issued by an authorised and recognised body that attest to a clinician's education, training and competence and relevant practical experience.

facility: Health care facility is a place in which a clinician undertakes clinical practice. This includes a hospital, a mental health facility or community health service. Similar to site.

governance: the set of relationships and responsibilities established by an organisation between its executive, workforce and stakeholders (including patients and consumers). Effective governance provides a clear statement of individual accountabilities within the organisation to help align the roles, interests and actions of different participants in the

organisation to achieve the organisation's objectives. Governance structures will be tailored to the size and complexity of an organisation.

governing body: a board, chief executive officer, organisation owner, partnership or others at the highest level of governance (individual or group of individuals) that has ultimate responsibility for strategic and operational decisions affecting safety and quality in an organisation.

health care: the prevention, treatment and management of illness and injury, and the preservation of mental and physical wellbeing through the services offered by clinicians, such as medical, nursing, midwifery and allied health.

health service organisation or organisation: is responsible for implementing clinical governance, administration and financial management of a service providing health care. This includes private hospitals, public hospitals, dental surgeries and community health services.

incident (clinical): an event or circumstance that resulted, or could have resulted, in unintended or unnecessary harm to a patient or patient; or a complaint, loss or damage.

jurisdictions: the 6 state and 2 territory governments in Australia.

jurisdictional requirements: systematically developed statements from state and territory governments about appropriate healthcare or service delivery for specific circumstances. Jurisdictional requirements encompass several types of documents from state and territory governments, including legislation, regulations, guidelines, policies, directives and circulars. Terms used for each document may vary by state and territory.

leadership: having a vision of what can be achieved and then communicating this to others and evolving strategies for realising the vision. Leaders motivate people and can negotiate for resources and other support to achieve goals.

mandatory: required by law or mandated in regulation, policy or other directives; compulsory.

medical trainee: clinicians that are participating in a training program that is formalised and has a defined scope of clinical practice. This can include undergraduate or postgraduate training programs.

medical trainees in non-accredited positions: are trainees without oversight of specialist medical colleges or prevocational training accreditation authorities
(<https://www.amc.org.au/accredited-organisations/prevocational-training/>)

National Board: a board established under the *Health Practitioner Regulation National Law Act* as in force in each state and territory of Australia.

National Law: the *Health Practitioner Regulation National Law Act* as in force in each state and territory of Australia.

new clinical service, procedure or intervention: new services, procedures or interventions that are being introduced into an organisation for the first time, even if they have already been established in other organisations. Organisations should have in place policies, structures (for example, appropriate committees) and procedures for determining whether such services should be introduced based on considerations including safety, cost, support services and workforce training needs, capacity of the organisation, patient needs and preferences.

newly qualified clinicians: includes those that have recently graduated and become registered to practice, as well as health practitioners that have completed structured training programs to become qualified to practice independently.

organisational capability: an organisation's ability to provide the facilities and clinical and non-clinical support services necessary for the provision of safe, high quality clinical services, procedures or other interventions.

orientation: a formal process of informing and training a worker starting in a new position or beginning work for an organisation, which covers the policies, processes and procedures applicable to the organisation.

patient: a person who has used, or may potentially use, organisations, or is a carer for a patient using organisations. A healthcare patient may also act as a patient representative to provide a patient perspective, contribute patient experiences, advocate for the interests of current and potential organisation users, and take part in decision-making processes.

performance: the extent to which a clinician provides health care services in a manner which is consistent with known good practice and results in expected patient benefits.

performance review: a formal assessment occurring at regular intervals, evaluating an employee's work performance, identifying strengths and weaknesses, providing feedback, and setting goals for future performance.

policy: a statement of requirements, actions and/or principles adopted by the organisation that aligns with its mission, direction, risks and the delivery of services. It is mandatory for the workforce to comply with an organisation's policies. All the organisation's procedures and protocols should be linked to a policy statement.

position description: a written account of all the duties and responsibilities involved in a particular job or position.

practice: any role, whether remunerated or not, in which the individual uses their skills and knowledge as a clinician in their regulated health profession. Practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct, non-clinical relationship with patients or carers, working in management, administration, education, research, advisory, regulatory or policy development roles and any other roles that impact on safe, effective delivery of health care in the profession.

procedure: the set of instructions to make policies and protocols operational, which are specific to an organisation.

process: a series of actions or steps taken to achieve a particular goal.

program: an initiative, or series of initiatives, designed to deal with a particular issue, with resources, a time frame, objectives and deliverables allocated to it.

protocol: an established set of rules used to complete tasks or a set of tasks.

quality improvement: the combined efforts of the workforce and others – including patients, consumers and their families, researchers, planners and educators – to make changes that will lead to better patient outcomes (health), better system performance (care) and better professional development. Quality improvement activities may be undertaken in sequence, intermittently or continually.

regularly: occurring at recurring intervals. The specific interval for regular review, evaluation, audit or monitoring needs to be determined for each case. The interval should be consistent with best practice, risk based and determined by the subject and nature of the activity.

risk: the chance of something happening that will have a negative impact. Risk is measured by the consequences of an event and its likelihood.

role delineation: a framework used to determine the level (including scope and complexity) and mix of health services to be provided by an organisation that are consistent with its capability and capacity.

site: similar to facility

standard: agreed attributes and processes designed to ensure that a product, service or method will perform consistently at a designated level.

system: the resources, policies, processes and procedures that are organised, integrated, regulated and administered to accomplish a stated goal. A system:

- Brings together risk management, governance, and operational processes and procedures, including education, training and orientation
- Deploys an active implementation plan; feedback mechanisms include agreed protocols and guidelines, decision support tools and other resource materials
- Uses several incentives and sanctions to influence behaviour and encourage compliance with policy, protocol, regulation and procedures.

telehealth: the use of telephone or videoconferencing technologies to conduct a patient consultation where the patient and the clinician are not in the same physical location and audio and/or visual information is exchanged in real time. Telehealth is a modality of care, not a scope of clinical practice.

training: the development of knowledge and skills.

verifiable: if a document, qualification or piece of information is verifiable, it can be checked and proved to be correct. For example, a qualification can be verified by contacting the education institution from which the qualification was attained to confirm that the individual

named on the qualification did receive the qualification from the institution. A reference can be verified by contacting the person/s who signed the reference

workforce: all people working in a health service organisation, including clinicians and any other employed or contracted, locum, agency, student, volunteer or peer workers. The workforce can be members of the health service organisation or medical company representatives providing technical support who have assigned roles and responsibilities for care of, administration of, support of, or involvement with patients in the health service organisation.

References

- [Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards. Sydney: ACSQHC, 2017.](#)
- [Australian Commission on Safety and Quality in Health Care. Safety and Quality Improvement Guide Standard 1: Governance for Safety and Quality in Health Service Organisations Sydney: ACSQHC, 2012.](#)
- [Australian Commission on Safety and Quality in Health Care. Credentialing health practitioners and defining their scope of clinical practice: A guide for managers and practitioners. Sydney: ACSQHC; 2015.](#)
- [Australian Commission on Safety and Quality in Health Care. Guidance for health service organisations: Introduction of new interventional procedures and clinical practice innovations. Sydney; ACSQHC, 2024.](#)
- [Australian Health Practitioner Regulation Agency \(Ahpra\). Glossary of terms in the register.](#)
- [Bader H, Abdulelah M, Maghnam R, Chin D. Clinical peer Review; A mandatory process with potential inherent bias in desperate need of reform. Journal of Community Hospital Internal Medicine Perspectives. 2021 2021/11/02;11\(6\):817-820.](#)
- [Australian Council for Safety and Quality in Health Care. Standard for Credentialing and Defining the Scope of Clinical Practice. Canberra, Commonwealth of Australia, 2004.](#)
- [Australian Commission on Safety and Quality in Health Care. National Model Clinical Governance Framework. Sydney: ACSQHC; 2017.](#)
- [Australian Commission on Safety and Quality in Health Care. Australian Open Disclosure Framework. Sydney: ACSQHC; 2013.](#)
- [Runciman WB. Shared meanings: preferred terms and definitions for safety and quality concepts. The Medical Journal of Australia. 2006;184 \(10\): S41-S3](#)