

CREDENTIALING AND DEFINING THE SCOPE OF PRACTICE POLICY®

DOCUMENT SUMMARY/KEY POINTS

The overriding purpose of Credentialing and defining the Scope of Practice is to:

- Maintain the safety and quality of care that patients receive from Health Practitioners and employees.
- Support best practice, ensure compliance with professional standards and meet accreditation requirements.
- Sustain the confidence of the public and the professions.
- Ensure the qualifications, experience, skills and other relevant attributes to fulfil the Scope of Practice are accurately described in the selection criteria of position descriptions.
- Ensure credentialing and defining the Scope of Practice occurs at the point of consideration for employment and on an ongoing basis via the appraisal/performance review process or as required.

Senior Medical and Dental Officer employment, Credentialing and defining Scope of Clinical Practice rests with the Medical and Dental Appointment Advisory Committee (MDAAC).

[Credentialing & Delineating Clinical Privileges for Senior Medical Practitioners and Senior Dentists PD2019_056](#)

This Policy must be read in conjunction with the [SCHN Recruitment and Selection of Staff Policy](#) and [Recruitment and Selection of Staff to the NSW Health Service PD2017_040](#)

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

Approved by:	SCHN Policy, Procedure & Guideline Committee	
Date Effective:	1 st September 2023	Review Period: 3 years
Team Leader:	Manager SMO Team	Area/Dept: People and Culture

CHANGE SUMMARY

- Changes have been made throughout the document, thus the whole document should be read by appropriate staff.

READ ACKNOWLEDGEMENT

- All managers and convenors should read and be familiar with the content of this document.
- All other staff should be aware of this document.

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

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Credentialing & Defining the Scope of Practice

Sydney Children's Hospitals Network (SCHN) recognises its responsibility for ensuring that services are provided in circumstances where the safety and quality of the delivery of health care has been addressed.

Patient safety and quality is often summarised as the right care, in the right place, at the right time and cost. [Australian Commission on Safety and Quality in Healthcare](#) defines patient safety as prevention of error and adverse effects associated with health care; and quality as 'the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge'.

SCHN governance must maintain and improve the safety and quality of health care services through fair, transparent and legally robust systems and processes.

1. Effective systems and processes to assign safety and quality roles and responsibilities to Health Practitioners and support them to understand and perform their roles and responsibilities for patient safety and quality care
2. Regular monitoring of Health Practitioner registration and employee licencing compliance
3. Credentialing and defining the Scope of Clinical Practice processes are essential to ensure the Health Practitioner has the appropriate qualification, skills and experience for the assigned role and responsibilities
4. Credentialing and verification of non-clinical employees to ensure the employee has the appropriate qualification, skills and experience for the assigned role and responsibilities
5. Position descriptions act as the primary source for defining the Scope of Practice of employees within the SCHN. Position descriptions must be reviewed regularly by the Department Head/Professional Lead (or delegate) to ensure Scope of Practice remains relevant to the position. At a minimum this will occur during annual appraisal/performance reviews and/or when the position becomes vacant.
6. Ongoing review of the Scope of Clinical Practice is undertaken as part of the appraisal/performance review process or as required.

1 Purpose and Scope

The overriding purpose of Credentialing and defining the Scope of Practice is:

- To maintain the safety and quality of care that patients receive from Health Practitioners and employees.
- To support best practice, ensure compliance with professional standards and meet accreditation requirements.
- To sustain the confidence of the public and the professions.

Credentialing and defining the Scope of Practice occurs at the point of consideration for employment and on an ongoing basis via the appraisal/performance review process or as required.

2 Definitions

2.1 Health Practitioner

Health Practitioner means an individual who practices in recognised specialty in any of the following professions:

- Aboriginal and Torres Strait Islander health practice;
- Allied Health (audiologist, art therapist, child life therapists (play therapist), counsellor, dietitian, diversional therapist, exercise physiologist, genetics counsellor, medical physicist, music therapist, nuclear medicine technologist, occupational therapist, orthoptist, orthotist/prosthetist, pharmacist, physiotherapist, podiatrist, psychologist, radiation therapist, radiographer, sexual assault worker, social worker, sonographer, speech pathologist and welfare officer)
- dental (including the profession of a dentists, dental officers, dental specialists, visiting dental officers, dental therapists, dental hygienists, dental prosthetists and oral health therapists);
- medical (including visiting medical officers, honorary medical officers, staff specialists, clinical academics, career medical officers and junior medical officers);
- medical radiation practice (including the profession of medical radiation practitioner, diagnostic radiographer, medical imaging technologist, radiographer, nuclear medicine scientist, nuclear medicine technologist, and radiation therapist);
- nursing and midwifery;
- optometry;
- osteopathy

2.2 Clinical Privileges

Clinical Privileges (also referred to as clinical duties or clinical rights or scope of clinical practice) means the kind of clinical work (subject to any restrictions) that SCHN determines a Health Practitioner is allowed to perform at Sydney Children's Hospital, Randwick (SCH), The Children's Hospital at Westmead (CHW), NETS or any other SCHN facility as outlined in the position description or letter of offer. Clinical Privileges undertaken by a Health Practitioner may include any of the following:

- a. Admitting means the Health Practitioner may admit patients within the designated specialty under the practitioner's own name or may accept transfer of care to the nominated practitioner. Restricted admitting rights means that limited rights can be exercised within specific parameters. Admitting rights is restricted to Medical Practitioners and Dental Specialists only granted on the recommendation by the SCHN Medical and Dental Appointments Advisory Committee (MDAAC).
- b. On-call means participation in the appropriate speciality or departmental on-call roster and other on-call rosters as required and requested. On call privileges will be restricted to the Scope of Clinical Practice approved by SCHN, or as outlined in the Health Practitioner's position description.
- c. Consulting means the Health Practitioner may be invited for consultation on patients admitted or being treated by another Health Practitioner. Consulting duties and prescribing will be restricted to the Scope of Clinical Practice approved by SCHN, or as outlined in the Health Practitioner's position description.
- d. Diagnostic means the Health Practitioner may sign out or authorise reports on diagnostic investigations requested by another Health Practitioner. Diagnostic rights are restricted to Specialist Medical Practitioners, Senior Dentists (including Dental Specialists) and Nurse Practitioners. Diagnostic privileges will be in accordance with the Scope of Clinical Practice approved by SCHN, or as outlined in the Health Practitioner's position description.
- e. Outpatients means that the Health Practitioner may hold an outpatient or privately referred non-inpatient clinic in the practitioner's own name or to participate in a multidisciplinary clinic taking final responsibility for the care of patients attending. Outpatients privileges will be restricted to the Scope of Clinical Practice approved by SCHN, or as outlined in the Health Practitioner's position description.
- f. Operating Theatre means a Health Practitioner may open an operating theatre or a day procedure unit. Procedural Privileges are restricted to Specialist Medical Practitioners, Senior Dentists (including Dental Specialists) and Nurse Practitioners. Operating Theatre privileges will be in accordance with the Scope of Clinical Practice approved by SCHN or as outlined in the Health Practitioner's position description.
- g. Teaching means a Health Practitioner may access patients for the purpose of teaching.
- h. Research means a Health Practitioner may participate in research projects. (Note: This includes research involving patients across SCHN where supported by the relevant head of department through the research governance process.)

2.3 Credentialing

Credentialing is the formal process of assessing and verifying a Health Practitioner's Credentials and other relevant professional attributes for the purpose of forming a view about their competence and suitability to provide safe, appropriate health care service.

2.4 Credentials

Credentials are the documents that constitute evidence of a person's formal qualifications, training, experience and clinical competence.

2.5 Position Description

Position Description establishes the functions, skills, qualifications, registration/licence and experience required for each position. It defines the Scope of Practice for each role.

2.6 Verification

Verification is the process of formally validating the authenticity of the Credentials of a Health Practitioner.

2.7 Scope of Clinical Practice

Scope of Clinical Practice is the term used by the Australian Commission on Safety and Quality in Health Care (ACSQHC) used to describe the delineation of 'Scope of Clinical Practice' as the process that follows on from Credentialing and involves delineating the extent of an individual practitioner's clinical practice within a particular organisation based on the individual's credential and the needs and the capability of the organisation to support the practitioner's Scope of Clinical Practice. Accordingly, the term 'Scope of Clinical Practice' as used by the ACSQHC has the same meaning as the term 'clinical privileges' as used in NSW.

2.8 Scope of Practice

Scope of Practice is the term describing a non-clinical employee's approved Scope of Practice within SCHN based on the individual's credential and Position Description.

2.9 Emergency Practice

Emergency Practice is an emergency situation where there is an immediate threat to life or serious harm to a patient's health or significant pain or distress may otherwise occur or continue to occur, if immediate intervention were not undertaken.

3 Policies, Procedures and Related Documents

- [Recruitment and Selection of Staff to the NSW Health Service PD2017_040](#)
 - Module One – minimum requirements for all staff recruitment and selection of staff the NSW Health Service
 - Module two – additional requirements for the recruitment and selection of staff specialists and clinical academics.
- [Credentialing & Delineating Clinical Privileges for Senior Medical Practitioners and Senior Dentists PD2019_056](#)
- [Visiting Practitioner Appointments in the NSW Public Health System PD2016_052](#)
- [Recruitment and Selection of Junior Medical Officers in the NSW Health Service PD2021_012](#)
- [Monitoring and Managing Health Practitioners' Compliance with Conditions on Registration PD2022_003](#)
- [Visiting Medical Officer \(VMO\) Performance Review Arrangements PD 2011_010](#)
- [Occupational Assessment Screening and Vaccination Against Specified Infectious Diseases PD2022_030](#)
- [Working with Children Checks and Other Police Checks PD2019_003](#)
- SCHN Intranet page: [SCHN Appraisal and Development](#)
- SCHN Intranet page: [Doctor's Page](#)

4 Accountability

4.1 Credentialing and defining Scope of Practice Accountability

- SCHN employment rests with the relevant selection panel, except for senior medical and dental officers.
- Senior medical and dental officer employment, Credentialing and defining Scope of Clinical Practice rests with the 'Medical and Dental Appointment Advisory Committee' (MDAAC).
- Credentialing and defining Scope of Practice accountability is specified in the following table:

Profession	Professional Lead	Delegated Approvals
Allied Health Professional	Network Director of Allied Health	<p>Selection panel and Delegated Authorising Officer (Tier 3 Manager for positions up to Tier 4 and Tier 1 or 2 Director for positions higher than or equal to Tier 3)</p> <p>SCHN Grading Regrading and Reclassification Committee for progression and/or regrading from Psychologists or Clinical Psychologists to Senior Psychologist or Senior Clinical Psychologist.</p> <p>Requests are to be reviewed and approved by the SCHN Grading Regrading and Reclassification Committee following consideration of the Credentials Committee in line with Health and Community Employees Psychologist (State) Award</p>
Senior and Principal Hospital Scientist	Relevant Principal Hospital Scientist or Clinical Program Director	Selection panel and Delegated Authorising Officer following consideration and recommendations of the credential committee which is to be established in line with the Hospital Scientists (State) Award
Medical/Dental Senior Medical and Dental Officer	Network Director of Medical Services and Clinical Governance	MDAAC and Chief Executive
Medical/Dental Junior Medical and Dental Officer	Director of Medical Services and Clinical Governance	Selection panel and site Director of Medical Services
Nursing	Director of Nursing, Midwifery and Education	Selection panel and Delegated Authorising Officer (Tier 3 Manager for positions up to Tier 4 and Tier 1 or 2 Director for positions higher than or equal to Tier 3)
Other	Relevant Tier 2 Director	Selection panel and Delegated Authorising Officer (Tier 3 Manager for positions up to Tier 4 and Tier 1 or 2 Director for positions higher than or equal to Tier 3)

4.2 Department Head/Selection Panel Convenor Responsibilities

- Ensure position descriptions are accurate and up to date and comply with relevant industrial instruments.
- Ensure selection criteria (in position descriptions) accurately describe the qualifications, registration/licence, experience, knowledge, skills, abilities, professional standing and other relevant attributes needed for Credentialing and to define the Scope of Practice.
- Ensure that the selection panel follows the [Recruitment and Selection of Staff to the NSW Health Service](#) policy, which includes the Credentialing process and defining the Scope of Practice.

5 Credentialing & Defining the Scope of Practice at Employment

Selection Panel Convenors are responsible for ensuring prospective employees have the necessary qualifications, licenses, registrations, skills and experience to perform their Scope of Practice.

5.1 Verification of Credentials

Credentials presented at application must be verified. Original documents must be sighted or in some circumstances where original documents are not available, certified copies may be used. If deemed necessary, the authenticity of the documents may be checked with the relevant issuing authority.

It is not necessary to verify qualifications that have been used to gain registration if these are shown on the relevant National Board's register as maintained by Australian Health Practitioner Regulation Agency (AHPRA). Where an applicant is not yet registered or holds additional qualifications to those shown on the AHPRA register, or the AHPRA register is not clear about qualifications held, verification must take place.

Qualifications obtained overseas must be assessed for their Australian equivalency. The assessment must be conducted by an approved body, which may be the relevant registration board/professional body or the International Credentials Services of the Educational Commission for Foreign Medical Graduates (ECFMG) or the [Australian Government Department of Education, Skills and Employment](#)

It is the applicant's responsibility to provide ORIGINAL evidence of this assessment to the Selection Panel, accompanied by an English translation by an officially recognised interpreter/translation service.

No offers of employment can be made until the applicant's Credentials are verified. If the Credentials cannot be verified, resulting in the applicant's inability to meet the selection criteria, the applicant should be deemed 'unsuccessful' and notified accordingly.

5.1.1 National Boards

Each health profession that is part of the National Registration and Accreditation Scheme is represented by a National Board.

While the primary role of the Boards is to protect the public, the Boards are also responsible for registering practitioners and students, as well as other functions, for their professions.

The 15 National Boards are:

- [Aboriginal and Torres Strait Islander Health Practice Board of Australia](#)
- [Chinese Medicine Board of Australia](#)
- [Chiropractic Board of Australia](#)
- [Dental Board of Australia](#)
- [Medical Board of Australia](#)
- [Medical Radiation Practice Board of Australia](#)
- [Nursing and Midwifery Board of Australia](#)
- [Occupational Therapy Board of Australia](#)
- [Optometry Board of Australia](#)
- [Osteopathy Board of Australia](#)
- [Paramedicine Board of Australia](#)
- [Pharmacy Board of Australia](#)
- [Physiotherapy Board of Australia](#)
- [Podiatry Board of Australia](#)
- [Psychology Board of Australia](#)

5.1.2 Other Licencing Requirements

- **Radiation Licence** is required for the operation of medical diagnostic radiography equipment. The NSW Environment Protection Authority is the Licence Authority
- **Security Licence** is required for Security Officer appointments. Security Licensing & Enforcement Directorate (NSW Police Force) is the Licence Authority
- **Motor Vehicle Drivers' Licence** Class A, B or C is required for driving duties or driving hospital vehicles. Transport for NSW - Road and Maritime Services is the Licence Authority.
- **Appropriate Electrical Licence** as Individual Contractor Electrical Licence or Supervisor Electrical Licence issued by NSW Office of Fair Trading.

5.2 Defining the Scope of Practice

The Selection Panels, with the exception of Senior Medical and Dental Officer (SMDO), are required to assess the preferred applicant's ability to fulfil the Scope of Practice as detailed in the position description and is documented as part of the recruitment in the state-wide Recruitment and Onboarding System (ROB).

For SMDO appointments, the Credentials (Clinical Privileges) Sub-committee is required to assess the preferred applicant's ability to fulfil the Scope of Practice as detailed in the State Scope of Clinical Practice Model and is documented in the selection committee report.

For Senior and Principal Hospital Scientists, a credential committee is to be established in line with the Hospital Scientists Award to consider and provide recommendations to the Selection Panel for appointment of these roles.

If the applicant is assessed as 'competent', the applicant is able to fulfil the Scope of Practice of the position and the appointment process may commence.

Selection Panels should not be deterred from recommending the appointment of an applicant/s that meets the selection criteria but requires development of specified skills as assessed in defining the Scope of Practice.

If the applicant is assessed as meeting the selection criteria but requires further development, a learning and development plan is developed by the Manager/Department Head in consultation with the applicant. The development plan will form part of the probationary performance review.

6 Frequency of Credentialing & Defining the Scope of Practice

Credentialing and defining the Scope of Practice occurs at point of consideration for employment and annually via the appraisal/performance review and SCHN registration compliance processes.

The review of SMDO Scope of Clinical Practice must be conducted at least once within each five year period in line with SCHN procedures. For Visiting Medical Officers (VMO), this is generally part of the re-appointment process.

Where new interventional procedures are introduced, employee's Credentials and Scope of Practice may need to be reviewed.

7 Ongoing Monitoring & Review of Scope of Practice

The appraisal/performance review process is the mechanism to ensure employees are working within the defined Scope of Practice.

SMDOs will have their Scope of Clinical Practice reviewed by the Medical and Dental Appointment Advisory Committee at the point of employment and within each five year period. For visiting practitioners, this is generally part of the re-appointment process.

A review of Credentials and Scope of Practice/Scope of Clinical Practice may be conducted when employees:

- Obtain additional qualifications, registrations and/or licences
- Gain additional skills, experience and/or training

8 Temporary and/or Emergency Credentialing & Defining the Scope of Practice

Temporary Credentialing and defining the Scope of Practice may occur as required to address one off or short term needs. The Health Practitioner/employee's Credentials will be assessed by the relevant Professional Lead or their delegate and appointments made for a specified Scope of Practice. This will be documented and placed on file.

8.1 Emergency Situations

In an emergency situation, any Health Practitioner may provide any treatment immediately necessary to save the life of a patient or prevent serious injury to a patient's health, whether or not such treatment is within their approved Scope of Clinical Practice. NSW Health policy on consent in emergency situations must be followed. The Health Practitioner should give consideration to whether there are any better means of proceeding within the time available, including considering whether a more qualified Health Practitioner is available, before providing treatment outside of approved Scope of Clinical Practice in an emergency. Once the Emergency Practice has resolved, the incident must be documented and approved in accordance with the table below:

Profession	Professional Lead
Allied Health	Director of Allied Health
Medical and Dental	Director of Medical Services and Clinical Governance
Nursing	Director of Nursing, Midwifery and Education
Other	Relevant Tier 2 Executive

9 Practitioner Registration and Monitoring Process

9.1 Registration

- Employees that are practitioners in the professions required to be registered by AHPRA are responsible for maintaining their registration status while employed at SCHN, including during periods of leave, e.g. long service leave, maternity leave, and so on.

9.2 Changes to Registration status

- If there are changes to a practitioner's registration conditions and/or status, the practitioner must immediately notify their Department Head and professional lead.
- Failure to report changes to registration conditions and/or status may be grounds for disciplinary action and/or dismissal.

9.3 Expired (Lapsed) Registration

- Practitioners whose registration has expired or do not have the appropriate current registration will be immediately stood down from work and required to take accrued leave (eg annual leave or long service leave). If practitioners do not have any accrued leave they will be placed on leave without pay.
- Practitioners may only return to work once they have renewed their registration.
- Failure to report expired registration status may be grounds for disciplinary action and/or dismissal.

9.4 Health Practitioner with no Registration Requirements

It is acknowledged that some professions do not have an appropriate registration authority and therefore in these circumstances the practitioner is authorised by SCHN to undertake the requirements of their substantive position description/employment contract.

9.5 Reporting

- SCHN conducts a monthly review of all practitioner registrations.
- SCHN reviews the weekly Health Professional Council Authority notification of the imposition of practice conditions, suspensions and cancellations. The relevant Professional Lead is notified where required.

9.6 Annual Performance Review/Appraisal

Employees will participate in an annual appraisal/performance review. Part of this process will include a review of their Scope of Practice and Credentials as required.

10 Suspension of Right to Practice

The SCHN reserves the right to withdraw or suspend the rights of any employees to practice. This authority lies with the Chief Executive upon advice (generally in writing) from the relevant professional lead and (where appropriate) the relevant Advisory Committee. Any suspension may be temporary or permanent and may take effect in part or in whole.

11 Appeals

- An employee whose practice rights have been partially or fully suspended or withdrawn by SCHN may appeal this decision by stating their reasons in writing to the relevant Professional Lead.
- The relevant Professional Lead will coordinate a review of the appeal and provide a report, including recommendations to the Chief Executive. The normal principles of natural justice will apply.

12 Safe Introduction of New Interventional Procedures into Clinical Practice

The introduction of new interventional procedures into safe practice is specified in SCHN policy, [Safe Introduction of New Interventional Procedures into Clinical Practice Policy](#).

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