

# Credentialing and defining scope of practice - overview

This fact sheet summarises the [guidance](#) for health services and clinicians on credentialing and defining scope of practice.

## What is credentialing?

Credentialing supports the [National Safety and Quality Health Service Standards Clinical Governance Standard](#) and the [National Clinical Governance Model](#).

**Credentialing** is the formal process of assessing the suitability of a clinician to provide high quality care within a health service. This requires that the clinician's qualifications, experience, professional performance and behaviour within their specialty area are assessed and verified.

Initial credentialing should be conducted before a clinician commences work in a health service. Colleges and specialty societies have a role in providing guidance on credentialing of clinicians for specific procedures and practices, in addition to their role in determining training and ongoing continuing professional development (CPD) requirements for specialist clinicians.

Defining **scope of practice** is an accompaniment to the credentialing process that specifies the extent and boundaries of a clinician's approved clinical practice. A clinician has a profession-specific scope of practice, defined by the type of health professional education and training that they have completed.

The credentialing process also includes defining **facility-specific scope of practice** for each clinician, which identifies the services that the clinician can provide within named facilities or settings based on the:

- service needs of the facility that the clinician will be working in
- capacity of the facility or setting to support the clinician to provide high-quality care
- clinician's credentials - their qualifications, experience and professional performance.

A clinician who works in multiple facilities across a health service may have a different agreed scope of practice for each facility, depending on the equipment, staffing, services and requirements at each facility.

**Re-credentialing** 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 facility and health service. The frequency of re-credentialing must be sufficient to:

- meet the requirements of the governing body

- meet the requirements of the relevant state or territory or health service policy
- provide assurance that the clinician's practice is safe, of acceptable quality and that they have maintained their skills.

## **What outcome does credentialing and re-credentialing aim to achieve?**

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

## **Which clinicians should be credentialed?**

It is the responsibility of the health service to determine which clinicians should be credentialed and to define facility-specific scope of practice, noting that some credentialing requirements are mandated by the jurisdiction where a health service is based. The key considerations for health services when determining which clinicians should be credentialed are the need to reduce risk of harm to patients and the provision of high-quality care.

### **Which clinicians should be credentialed?**

Health services need to regularly assess the risks and potential for patient harm associated with different types of care delivered within their facilities and, based on these and the requirements of their jurisdiction, identify which clinicians should be credentialed and the frequency with which recredentialing is required.

Clinicians who need to be credentialed include those 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
- 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
- may be required to perform tasks in emergency, temporary or specific contexts.

In general, jurisdictions have credentialing requirements in place for allied health professionals, endorsed midwives, nurse practitioners, paramedics and senior medical and dental practitioners. The number and type of clinicians who should be credentialed and have a defined scope of practice for the facilities where they work is growing because of changes to profession-specific scope of practice.

## **Who is responsible for credentialing, re-credentialing and defining facility-specific scope of practice?**

The credentialing process is based on the ethical requirements for a mutual commitment by the health service and the clinician to high-quality care for patients.

### **Health service responsibilities**

Health services are responsible for the system for credentialing, defining a clinician's facility-specific scope of practice and recredentialing, and for establishing a Credentialing Committee. To effectively support credentialing, they must be able to demonstrate that their processes are effective and transparent and that they incorporate the expertise and information required to make decisions about credentialing and re-credentialing.

Health service credentialing policy should:

- provide the framework for governance and organisational oversight of credentialing and re-credentialing
- clarify that performance appraisal and management is distinct from credentialing and specify how information from formal performance appraisal processes is evaluated as part of credentialing and re-credentialing of clinicians
- include a framework for determining scope of practice
- describe how information about credentialed clinicians will be made available for patients and consumers
- describe how known concerns and information about complaints and incidents will be communicated to the Credentialing Committee
- specify the relationship to other health service policies.

### **Credentialing Committee responsibilities**

Credentialing committees are responsible for ensuring that there is a rigorous process for credentialing, re-credentialing and defining the scope of practice of clinicians. The role of the Credentialing Committee includes:

- initial credentialing and defining facility-specific scope of practice, considering the relevant National Board's standards for practice or professional capabilities; the formal qualifications, training and experience of the clinician; service needs; and the capacity of the facility or setting
- monitoring adherence by clinicians to credentialing and scope of practice requirements
- review of credentialing and facility-specific scope of practice, including re-credentialing
- assuring that practice is safe and appropriate when considering credentialing and recredentialing
- documenting decisions and key information required for effective management of credentialing, monitoring, review and re-credentialing
- obtaining information required for credentialing and re-credentialing from other organisational systems providing credentialed clinicians with clear terms of appointment

- making recommendations to the health service governing body about initial appointment, reappointment or non-appointment of clinicians when issues are identified during the credentialing or re-credentialing process
- maintaining adequate records of credentialing and re-credentialing processes and decisions.

## **Clinician responsibilities**

Clinicians are responsible for:

- ensuring they are educated, competent, authorised and accountable for professional activities that they undertake
- providing the information required for the credentialing and recredentialing processes and for disclosing any relevant information about their personal circumstances that could affect patient safety.

Once they are credentialed, clinicians are responsible for maintaining their expertise and ability to deliver high-quality patient care and for meeting professional expectations and requirements. Clinicians should actively participate in the clinical governance systems of the health service, comply with health service policies and requirements, and work within their agreed facility-specific scope of practice.

## **When should credentialing be reviewed?**

Review of credentialing should occur when:

- there is an organisational need
- a clinician requests to change their facility-specific scope of practice e.g. they would like to undertake a new procedure not included in their current scope of practice
- concerns arise about aspects of a clinician's professional performance e.g. through organisational clinical review processes such as morbidity and mortality meetings, because of an incident or complaint, or through formal performance appraisal processes
- the specified period for credentialing has elapsed.

Re-credentialing should occur regularly at intervals of 3-5 years, as specified by the relevant jurisdiction. Health services that operate across jurisdictions, such as national private health service provider organisations, may also specify the frequency of re-credentialing.

The review process should ensure that clinicians have maintained their skills and are participating in peer review and clinical audit activities and performance appraisals.

### **For more information**

Please visit: [www.safetyandquality.gov.au/clinical-topics/systems-and-governance/clinical-governance](http://www.safetyandquality.gov.au/clinical-topics/systems-and-governance/clinical-governance).

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