Credentialing and defining scope of practice

Guidance for health services and clinicians

May 2026

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Published by the Australian Commission on Safety and Quality in Health Care

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Email: mail@safetyandquality.gov.au
Website: safetyandquality.gov.au
ISBN: 978-1-923353-49-7

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Australian Commission on Safety and Quality in Health Care. Credentialing and defining scope of practice. Guidance for health services and clinicians. Sydney: ACSQHC; 2026.

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Overview

Purpose

This document provides high-level principles and guidance for health services and clinicians on the process of credentialing to support the National Safety and Quality Health Service Standards Clinical Governance Standard and the National Model for Clinical Governance foundation to enable high quality and integrated clinical practice.

What is credentialing?

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 re-credentialing 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 re-credentialing
- 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.

1. Policy framework for credentialing and defining scope of practice

Policies and processes for credentialing clinicians and defining their scope of practice and re-credentialing must enable patients and the community to be confident that governance and professional responsibilities are being fulfilled.

Enabling high-quality and integrated clinical practice is one of the six foundations of clinical governance described in the National Model for Clinical Governance to achieve high-quality care. Robust and transparent systems to protect patient safety through credentialing, re-credentialing and defining scope of clinical practice within a health service, and monitoring of those systems, support the delivery of high-quality care to patients. These systems contribute to the health service's clinical governance processes and address the requirements of the National Safety and Quality Health Service Standards.

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

- organisational structures and authorised delegates for credentialing, re-credentialing and defining the facility-specific scope of practice
- the relationship of the policy to other key policies in the organisation
- a risk-based approach that identifies clinician groups that require credentialing
- administrative processes that support credentialing, re-credentialing and defining the facility-specific scope of practice, including the establishment and operation of a Credentialing Committee(s)
- how information about credentialed clinicians will be made available for patients and consumers
- the requirements and expectations of a credentialed clinician and the performance requirements for re-credentialing
- how the outcomes of management processes such as formal regular performance review and reports about incidents and complaints are conveyed to the committee, noting that each of these processes is separate to, and distinct from, credentialing
- managing changes, including unplanned changes, in a clinician's scope of practice
- monitoring compliance with scope of practice and managing non-compliance
- the risk-based approach and circumstances or specific conditions in which re-credentialing is required
- reporting on the effectiveness of the policy and processes for credentialing
- evaluating the effectiveness and efficiency of the credentialing process to inform improvements.

2. Governance, credentialing and defining scope of practice

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

The health service should:

- establish a Credentialing Committee(s)
- define a structure for the determination of scope of practice
- ensure effective and transparent processes are in place to support credentialing, re-credentialing and defining the facility-specific scope of practice
- establish effective review and appeals processes
- review and report on the performance of the Credentialing Committee to its governing body.

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.

Role and responsibilities of the Credentialing Committee

The terms of reference for the operation of the Credentialing Committee and its role and responsibilities should be established before the Credentialing Committee convenes and be reviewed regularly for currency.

The role of the Credentialing Committee is to:

- assess and confirm a clinician's current qualifications, practice and competence for initial credentialing following an application for employment or engagement
- recommend a facility-specific scope of practice for clinicians, with patient safety as the foremost consideration
- ensure that the population served by the facility requires, and that the facility can support, the defined scope of practice and associated model of care

- assess applications for re-credentialing clinicians to confirm that they have maintained or improved their qualifications, skills and competencies
- review credentialing if 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
- maintain adequate records of credentialing and re-credentialing processes and decisions.

Committee decisions should be consistent with community expectations and sufficiently robust to withstand external oversight and review.

Chair and members of the Credentialing Committee

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

To meet these requirements, membership of the Credentialing Committee should include:

- a clinician who practices in the clinical field relevant to the scope of practice being assessed
- a senior manager or executive
- an experienced clinician from the relevant college, association or professional body
- an experienced human resource professional or the Credentialing 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 re-credentialing policies and processes and how these relate to other organisational systems
- the detailed requirements for assessing and verifying information in applications for credentialing and re-credentialing
- processes for determining a clinician's facility-specific scope of practice, considering the needs and service capability of the organisation and the training, expertise and professional performance 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.

Administrative processes

Effective administrative processes will support timely consideration of applications for credentialing and re-credentialing for facility-specific scope of practice and monitoring the progress of these applications.

These processes should include mechanisms for:

- accessing information from the Australian Health Practitioner Regulation Agency (Ahpra) and health care complaints authorities to monitor and ensure each clinician's qualifications and professional skills are current, including restrictions (conditions and undertakings)
- recording annual insurance renewals
- collection and collation of references
- recording changes to a clinician's facility-specific scope of practice
- auditing of clinician compliance with their scope of practice
- collation and recording of information on clinical performance for consideration when re-credentialing
- routine reporting on appointment, credentialing and scope of practice matters to the health service management and the governing body
- compliance with confidentiality and privacy legislation and jurisdictional policies
- compliance with legislative and jurisdictional requirements for document storage, security and disposal
- communication of current information on a clinician's scope of practice to all members of the clinical teams in which the clinician works and to workforce rostering, including the date at which credentialing expires and any relevant restrictions on scope of practice.

Clinicians who work in more than one health service or facility

Clinicians who work in more than one health service or facility may need to make multiple credentialing and facility-specific scope of practice applications and will also need data about their clinical activity and performance at each institution when they are re-credentialed. An institution's credentialing system should be able to provide clinicians with copies of information held about them relevant to the credentialing process, including accurate records of clinical activity and clinical performance. Clinicians should be able to provide approval for organisations to access or share information collected for credentialing and re-credentialing purposes.

Review and appeal processes

Clinicians seeking credentialing, approval, or changes to their facility-specific scope of practice should have the right to request a review or to appeal decisions made by the Credentialing Committee. Health services should have a freely available, documented process for timely review and appeal, including specification of the time frame for review and provision for the applicant to have a support person. A reasonable time frame for this would be within a maximum of three months. The effectiveness of review and appeal processes should be reviewed regularly by the health service and reported to the governing body.

Review and report performance

Reports containing data on the effectiveness and efficiency of the health service's processes for credentialing, re-credentialing and determining facility-specific scope of practice should be regularly reviewed by the governing body as part of their clinical governance responsibilities.

3. Credentialing applications

Assessing and confirming a clinician's current qualifications, practice and competence for initial credentialing is essential following an application for employment or engagement.

Clinicians who need to make applications for credentialing 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.

To assess credentialing applications the Credentialing Committee should verify and consider the following applicant information, much of which is collected routinely as part of the recruitment process:

- qualifications and formal training documentation
- health practitioner registration details
- proof of annual professional indemnity insurance
- 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 and performance review processes
- the results of a web search to obtain information relevant to professional role and history.

Examples of other documentation that may be considered include evidence of participation in CPD and a Letter of Good Standing from other health services where the clinician is credentialed. The health service should ensure that there is an administrative review of the application for accuracy, completeness and presentation before it is provided to the Credentialing Committee.

Qualifications and formal training

The Credentialing Committee must be assured that an applicant's qualifications and formal training are suitable for the work they will be undertaking. For recognition of advanced or specialist clinical skills, additional evidence is required, such as higher degrees, diplomas or certificates from accredited training programs and courses, as well as related practical experience.

Clinicians trained overseas

Clinicians who trained overseas and who hold general or specialist registration 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.

Health practitioner registration

Clinicians from health professions regulated under Ahpra's National Registration and Accreditation Scheme must have practising registration and be on the Register of Practitioners (the 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 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 ongoing CPD relevant to the specialty.

Restrictions (conditions and undertakings) 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 practice. Health services should check the Register on the Ahpra website and require clinicians to declare (within a set time) restrictions (conditions and undertakings) placed on their practice by the relevant National Board.

Health services should use the Practitioner Information Exchange service established by Ahpra that can alert employers to changes in restrictions on a clinician's registration. Changes by Ahpra to restrictions on a clinician's registration should trigger a review of professional performance and scope of practice.

Professional indemnity insurance

All registered health practitioners except those with non-practising registration must meet the relevant National Board's professional indemnity insurance registration standard. 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 practice.

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

Participation in continuing professional development

For their respective purposes, National Boards, professional associations and colleges set standards for clinicians to undertake CPD. Clinicians are required to actively participate in and keep evidence of CPD to meet these standards.

An organisation can 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

Clinicians who will require credentialing should submit applications that include the following.

- 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.
- A 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 (conditions and undertakings) on registration, criminal history or criminal investigations underway, previous 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 health service or facility 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
    - current complaints or investigations relating to their practice.
- Permission to:
    - contact previous facilities or organisations where the clinician has worked, or is currently working
    - access or share, consistent with relevant privacy legislation and regulation, details of the clinician’s scope of practice in this health service and other health services.
- Proof of identity using a 100-point identity check.

Employment and criminal history checks

Registered clinicians are subject to a domestic and, where relevant, international criminal history check at initial registration with the relevant National Board. The Health Practitioner Regulation National Law (National Law) requires registered clinicians to immediately inform their Board of certain changes to their criminal history. These are called ‘relevant events’ and require health practitioners to inform the Board within seven days of a relevant event occurring. Health practitioners are also required to declare any changes to their criminal history annually when they renew their registration. A current criminal history check, including an international criminal history check may also be required by the state or territory or health service.

States and territories set the requirements for checks relating to working with children, including the scope of services provided and the frequency for renewal.

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 National Disability Insurance Scheme (NDIS) registered provider must hold a valid NDIS Worker Screening Clearance.

Having a criminal record is not a reason for automatic refusal of registration. 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 or alleged offence and its relevance to health practice
- the period since the offence or alleged 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 or alleged offence
- whether the conduct that relates to the offence or alleged offence has been decriminalised since the offence
- the clinician’s behaviour since the offence or alleged 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.

Clinical references, experience and performance

Reference checks on the applicant should be:

- conducted by a person involved in the credentialing and scope of practice processes who has relevant clinical experience
- able to be validated and include information on clinical performance
- 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 six months.

Referees should ideally be heads of department and/or supervisors rather than colleagues. and be requested to comment on their assessment of the safety and appropriateness of the applicant's clinical practice.

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

References should include advice on:

- the applicant's scope and recency of practice
- the applicant's teamwork and communication skills
- any patient feedback about the applicant, including complaints
- other issues that could affect the applicant's performance.

Participation in clinical performance review and other relevant processes

Clinicians have a professional responsibility to ensure their knowledge is up to date and their professional practice meets the standards required to provide high-quality patient care. In addition to active participation in relevant CPD programs, clinicians should participate regularly in activities which involve review of:

- clinical performance including participating in morbidity and mortality meetings
- relevant data from administrative and clinical data sets
- reports from clinical quality registers or logbooks of practice
- the outcome of broader performance review processes, including feedback from patients and from team members and colleagues.

This information may need to be obtained from the applicant and organisations where they have previously practised or are currently practising.

4. Scope of practice

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 practitioner training 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 where the clinician will be working
- 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.

To define scope of practice the Credentialing Committee should:

- understand the needs and capabilities of the health service and each of its facilities and settings and their capacity to support the relevant models of care
- establish criteria for defining the scope of practice required by the health service across facilities and settings
- consider the benefits and risks of the requested scope of practice to the patient population
- determine the scope of practice for each applicant, based on their professional scope of practice and clinical performance and health service requirements
- determine criteria for routine review of clinician and facility-specific scope of practice
- have processes to communicate the outcomes of credentialing and scope of practice decisions to applicants
- monitor compliance with the defined scope of practice
- have processes for considering changes to the scope of practice for clinicians and facilities when service needs or capacity change or when models of care change or when clinician competencies or performance change.

Defining scope of practice

Understand the needs and capabilities of the health service/facility

State and territory policy and/or regulation may determine a health service's capability. Some organisations can determine their own capability with respect to the type, complexity and level of healthcare 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 defining the scope of practice

Specific criteria for defining the scope of practice ensure consistency and equity in decision making across the health service. The scope needs to be cross-referenced with the relevant National Board standard for practice or professional capabilities, especially when re-defining or expanding the scope. A combination of the approaches in Table 1 may be used to identify the criteria for defining the scope of practice.

Table 1

Identifying the criteria for defining the scope of practice
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 practice that identify major clinical services, procedures and interventions and classify them based on the degree of complexity. This approach can help delineate the scope of practice in non-procedural specialities.
Descriptive: the applicant is asked to describe the requested scope of practice in narrative format, detailing the areas in which they possess clinical competence and the purpose and benefit to the community. This may also be helpful when introducing a new or revised 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 benefits and risks of the clinical services, procedures and/or interventions that are being proposed must be considered for the health service's patient population. This includes factors such as the qualifications and competencies of clinicians, evidence from the medical literature and sources such as health technology assessments, direct and indirect costs associated with the procedure or service or intervention, and the clinical benefits.

Determine the scope of practice for each applicant in each facility

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

- the skill mix of the health service/facility and the availability of support, facilities and equipment to manage patient needs and complexity
- the 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 this service or intervention has been approved by the appropriate authority or committee

- the role delineation and governance structure around the role as defined in jurisdictional or local policies
- roles and responsibilities of the position
- registration with the relevant National Board
- outcomes of the credentialing process, including referee reports and feedback from other or previous employers
- 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 and their safety and performance metrics
- evidence-based information in credible publications regarding competence in, and performance of, the requested scope of practice
- National Safety and Quality Health Standards, Clinical Care Standards, guidelines, policies and recommendations of the relevant college, society or association
- CPD requirements for the scope of practice
- any additional information presented by the clinician.

The Credentialing Committee must consult with the relevant Head of Specialty or equivalent when considering a scope of practice in that speciality. If this person is the applicant, a relevant peer must be consulted.

Duration of and caveats on the scope of practice

Duration of a scope of practice

Each state or territory has specific timelines for review of a clinician's scope of practice. The Credentialing Committee may determine that a shorter duration of scope of practice is appropriate, based on the evidence they consider and the requirements of the health service governing body. Scope of 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 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 practice.

At these times, the Credentialing Committee should consider:

- strategies to provide graduated support, assurance and capacity building such as requiring the applicant to be supervised or monitored while undertaking clinical practice or requiring the applicant to undertake additional training
- requesting a specific evaluation of the applicant's performance by an external or internal professional peer
- the results of an audit of practice and patient outcomes
- placing restrictions on the duration of the scope of practice and monitoring compliance with these restrictions
- requiring the applicant to maintain a logbook of clinical practice
- imposing limitations on the scope of clinical practice

- introducing a targeted performance review process
- the need to notify Ahpra.

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 Credentialling Committee may also seek additional information from other sources and/or request that an applicant attends a meeting to answer questions regarding their application.

Refusal of scope of 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 practice, the Credentialing Committee should refuse the requested scope of practice, document the reasons for the refusal and notify the health service governing body of its decision.

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 practice

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

Review the scope of practice

A scope of practice should be reviewed:

- in line with the standard review period stipulated in state or territory or local policy
- when there is a change in the role and responsibilities associated with that clinician's position
- when there is a change in the services provided by the organisation
- when the organisation is aware of a risk to patient safety e.g. poor performance, complaints or concerns about practice, changes in a practitioner's cognitive or physical functioning, decreased volume of clinical activity or receipt of a notice from Ahpra about a decision to take action under the National Law
- when the relevant National Board makes changes to registration standards that have implications for scope of practice.

Changes to a scope of practice

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

- when the health service identifies a change in circumstances related to the organisation or the clinician including cessation of a clinical service, performance issues or the outcome of an adverse event or review; when the clinician moves into another area of practice, or when there are changes to registration standards by the relevant National Board
- whenever new clinical services or interventions are introduced
- following an application from a clinician, which is approved by the Credentialing Committee
- where suspension of a clinician's scope of practice is required due to code of conduct, health practitioner registration, insurance, legal or impairment issues.

Who can initiate change to a scope of practice

Application by a clinician to amend their scope of practice

Clinicians have a responsibility to notify the health service of any potential need for changes to their scope of practice.

Changes to their scope of practice may be initiated by a clinician when:

- a new service or intervention has been approved to be undertaken in a health service
- they have attained additional skills and competencies through training or clinical practice and where this is within the organisation's capability and need
- there is a change in their performance or circumstances or there is a request to change their circumstances that may mean their scope of practice is limited or reduced
- they are advised of a complaint or concerns about their performance raised by a patient or another clinician or any health service where they are working
- their employment arrangement changes and requires a different scope of practice e.g. the phasing down of clinical practice towards retirement, where case volumes are insufficient to maintain skills, where there is a shift in practice emphasis or direction
- their registration changes e.g. restrictions (conditions and undertakings), imposed by a National Board
- they have met any conditions or supervision requirements on their scope of practice.

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

A review of scope of practice is required when an individual clinician seeks to practice outside the professional boundary traditionally associated with their practitioner 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 practice

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

- there is a change in organisational circumstances, such as the reduction or proposed expansion 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 practising within their approved scope of practice
- a clinician’s employment or contract of engagement is terminated or changed in a way that precludes them from practising
- the analysis of a serious adverse event, incident or complaint or an investigation shows that a review is required
- issues are identified as part of routine clinical governance audits of compliance with scope of practice
- there is a request from a manager who is concerned about compliance or the capability of a clinician to undertake the specified scope of practice
- a performance review identifies performance issues, behaviours or changed circumstances
- a clinician makes an application for a review.

Changes or suspension of scope of practice

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

- has a health impairment or unacceptable performance
- has breached the code of conduct of either the organisation or the National Board
- has been charged with an offence that is likely to have an impact on professional standing or clinical performance
- has indemnity insurance that is below the level required by the health service
- has a change in registration such as restrictions being added, altered or removed by National Boards
- is no longer registered with the relevant National Board.

Process for changing or suspending a scope of practice

Changing or suspension of a clinician’s scope of practice within the health service 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 health service and must ensure it has all relevant information to make an informed determination.

The decision to change or suspend a clinician’s scope of practice may be temporary or permanent, in part or in full. Alternative constraints to suspension may be considered, tailored to the situation. Graduated options for changing scope of practice include requiring supervision, specific training, minimal volumes, and setting defined outcome criteria.

Suspension or termination of a scope of practice may trigger mandatory notification to Ahpra in line with requirements of the National Law.

Under the National Law, employers of registered health practitioners, registered health practitioners, employers and health education providers have mandatory notification obligations if they form a reasonable belief that the practitioner is:

- practising with an impairment and placing the public at risk of substantial harm
- practising while intoxicated by alcohol or drugs
- practising in a way that significantly departs from accepted professional standards and placing the public at risk of harm, and
- engaging in sexual misconduct in connection with their practice.

In certain situations, there may be other mandatory reporting associated with suspension or termination such as to the ombudsman or police.

Jurisdictions and health services may also have polices and processes for managing complaints and concerns that generate information of relevance to credentialing. For clinicians, the outcome of investigations of serious performance concerns requires consideration as part of credentialing and re-credentialing. These types of concerns include:

- an incident/s of substandard clinical care
- poor or adverse clinical outcomes, such as higher-than-expected complication rates or mortality rates or a single catastrophic clinical error or a series of significant clinical errors.

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 or re-credentialing and scope of 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.

5. Re-credentialing

Re-credentialing involves assessing the clinician's compliance with the responsibilities of their role and scope of practice, considering any changes in the clinician's credentials or any further training or qualifications they may require and determining the clinician's future scope of practice.

The health service credentialing policy should specify requirements for re-credentialing. Applications for re-credentialing require information that is collated by the clinician and the health service and reviewed by the Credentialing Committee. This includes:

- evidence of ongoing health practitioner registration
- evidence of participation in quality improvement activities and clinical reviews
- evidence of participation in regular performance reviews
- demonstration of ongoing competent clinical practice
- demonstration of active participation in a CPD program
- information on any change in circumstances such as qualifications, formal training, restrictions on practice
- complaints, clinical incidents or investigations
- evidence related to a specific area of clinical practice if applicable to the clinician's scope of practice.

Frequency

The health service credentialing policy should specify the frequency of routine re-credentialing in line with relevant state or territory policy, as well as any specific circumstances requiring re-credentialing. Re-credentialing should occur every 3-5 years and whenever there is a reason for concern or possible increased risks 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 notice from Ahpra about a decision to take action under the National Law. The relevant National Board's regulatory framework may have guidance on other specific issues.

Special consideration may be necessary for specific clinicians. For example, to ensure appropriate oversight a clinician may be required to seek re-credentialing one year after the initial credentialing before entering a routine re-credentialing cycle. There may also be specific re-credentialing requirements if there has been a break in a clinician's clinical practice, which needs to be aligned to the relevant National Board's recency of practice registration standard.

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

Re-credentialing of clinicians in a specific area of clinical practice

Clinicians whose scope of 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 re-credentialing is being sought
- comply with any training and ongoing CPD recommended in credentialing guidance issued by a relevant professional college or similar body.

6. Credentialing and scope of practice in specific contexts

Health service credentialing and scope of practice policy and processes need to be robust and flexible to accommodate emergency, temporary and specific contexts.

Procedures should be developed to support:

- credentialing and defining facility-specific scope of practice of individual clinicians for specific roles including for specific practices, services, procedures and technologies
- temporary credentialing of clinicians who start delivering care at short notice or for a limited and defined brief period before review by the Credentialing Committee or who are engaged through third parties such as a locum agency
- emergency credentialing for clinicians who provide care in emergencies or disasters.

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 initial professional qualifications. Specific competency will involve additional training and experience. Colleges, specialty societies and professional groups have a role in providing guidance on credentialing of clinicians for these procedures and practices, and on training and ongoing CPD requirements. The credentialing policy should address how input on specific requirements is sought from the relevant college, society or professional group. For example, the Credentialing Committee may require that a representative of the relevant college, society or group 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, which may be in the form of a logbook, patient lists, clinical audit data or submissions to clinical quality registries
- verifiable references from two or more clinicians with direct knowledge of the applicant's clinical abilities in the specific area or procedure
- membership of a professional group, sub-specialty or society (where relevant)
- registration in the recognised field of specialty practice (if applicable).

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

The facility-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 of practice registration 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 facility-specific scope of practice

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

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

As with all elements of credentialing and scope of practice, it is important that all evidence presented by the clinician is verifiable and that all evidence and processes are clearly documented.

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

Scope of practice and requirements for performance oversight should be defined and included in contracts for service and funding arrangements for care provided by clinicians engaged through third parties, such as telehealth, locums, outsourced pharmacy or pathology or imaging services, agency services or contracted services.

Emergency credentialing and facility-specific scope of practice

Issuing of emergency credentialing and scope of practice 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 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 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 practice is available.

Emergency credentialing and scope of 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 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 health service's policies and procedures. Granting emergency credentials and scope of practice should involve, as a minimum:

- checking the Register to verify the clinician holds current registration with a relevant National Board, including restrictions (conditions and undertakings)
- 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 practised
- 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 practice may occur with notice from the clinician or the health service or by agreement.

Credentialing and scope of practice across multiple sites

Credentialing of a clinician by a health service may be valid across all sites or facilities it manages, but facility-specific scope of practice must still be defined.

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

Health service credentialing policy should provide for a system to approve scope of practice across multiple facilities. For example, credentials can be confirmed centrally, and the scope of practice can be applied across different facilities with the same capability to support the service. However, if facilities have different roles and different support systems, a scope of practice must be determined specifically for each facility.

Mutual recognition of credentials

If a health service 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 requirements and consider any risks to the organisations, clinicians 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 for mutual recognition purposes should only be shared with the prior approval of the clinician.

Credentialing committees may require applications seeking mutual recognition to include information from the original Credentialing Committee such as a current Letter of Good Standing. 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.

Mutual recognition is not relevant to scope of practice, which must be determined at the site or facility where the clinician will be working.

Clinical supervision

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

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

The Credentialing Committee should ensure that the supervising clinician is not the subject of current Ahpra restrictions or major formal jurisdictional complaints investigations which affect their suitability to act as a supervisor. If the clinician is supervising another clinician as a condition placed on the other practitioner's registration by the 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 or phone, these arrangements should be defined in the scope of practice for the supervisor and the clinician being supervised.

Shared care arrangements

The credentialing and scope of practice policy may apply to clinicians who are endorsed, accredited or otherwise recommended by a health service 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.

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, not the Credentialing Committee.

The process for introducing a new service, procedure or intervention should be addressed within the health service's policies and processes, as recommended in the Commission's guidance on the introduction of new interventional procedures and clinical practice innovations. Before the Credentialing Committee considers changing a clinician's scope of practice, the health service 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 has approved their use.

7. Monitoring changes and compliance

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

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

- as part of regular performance reviews and governance
- 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,
- if the clinician requests a review or performance issues are identified, including investigation of complaints and incidents.

Monitoring compliance through routine governance processes and performance reviews

Health services should establish mechanisms to collate routine clinical governance process information and incorporate it into the processes for credentialing and defining scope of practice. Information that should be used for monitoring includes:

- data such as performance indicators, patient outcomes, incidents, adverse events, complaints, and medical negligence claims
- clinical audit data
- attendance at morbidity and mortality meetings
- information from external agencies, such as agencies formally established to receive and investigate complaints about clinicians or patient care
- 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 practice.

Performance discussions should seek to:

- ensure agreed scope of practice, service provision and organisation capabilities are still aligned
- identify supports that a clinician or organisation considers are needed to reduce risks of harm or provision of poor-quality care to patients
- identify new services or interventions that require the clinician to participate in additional training or support to amend their scope of practice
- identify concerns about professional behaviour or performance
- review any factors, including physical, mental or personal that impact on a clinician's scope of practice
- ensure a planned approach to addressing any performance issues.

Monitoring compliance where circumstances change

The health service's credentialing policy should provide guidance on the requirements for monitoring compliance with scope of practice, matching approved scope of practice with actual practice and the management of non-compliance with a scope of practice. The documentation should contain examples of strategies to monitor compliance, such as routine checks of procedures undertaken against scope of practice and information about how and to whom concerns can be escalated.

Glossary

Ahpra. Australian Health Practitioner Regulation Agency.

Audit (clinical). A systematic review of clinical care against a predetermined set of criteria.

Clinical governance. Clinical governance is central to providing the best possible outcomes for patients. It is the combination of organisational culture, systems and structures that enable everyone in a health service to deliver care that is consistently high quality and improving. Effective clinical governance means that boards, executives, clinical leaders and the workforce are clearly accountable to patients and the community for providing high-quality care – care that is person-centred, safe, effective, accessible and integrated, provided in a way that is equitable, efficient and sustainable.

Clinical guidelines. 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 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 review. A retrospective process of peer review that 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 support and learning, in which clinicians are assisted to develop their practice through regular interaction with and feedback from experienced colleagues.

Clinician. A trained health professional who provides direct clinical care to patients. Includes registered and non-registered practitioners, nurses, midwives, medical practitioners, allied health practitioners, technicians, scientists and other clinicians who provide health care, and students who provide health care under supervision.

Clinician impairment. Under the *Health Practitioner Regulation National Law Act* (National Law), a physical or mental impairment, disability or condition or disorder that detrimentally affects or is likely to detrimentally affect the person's capacity to safely practice the profession.

Competence. The combination of knowledge, skills, abilities and attributes that is required for a person to practise safely in their profession and/or role.

Consumer. A consumer advocate or representative who provides a consumer perspective, contributes consumer experiences, advocates for the interests of current and potential health services users, and takes part in decision-making processes.

Continuing professional development (CPD). The process by which 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 practice to maintain, develop, update, and enhance their knowledge, skills and performance to help them deliver high-quality care.

Under the National Law, which governs the operations of the National Boards and Ahpra, all registered health practitioners must undertake CPD. The CPD requirements of each National Board are detailed in the Registration Standard for each profession, published on each Board website. These detail the number of credits/points/hours practitioners must spend each year on learning activities. Some National Boards also provide additional guidance in their Codes and Guidelines. In addition, some health professional associations provide guidance on CPD.

Credentialing. The formal process used by a health service organisation to verify the qualifications, experience, professional standing, behaviours, competencies and other relevant professional attributes of clinicians, so that the organisation can form a view about the clinician's competence, performance and professional suitability to provide safe, high-quality healthcare services within specific organisational environments.

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 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. A healthcare facility is a place in which a clinician undertakes clinical practice. It can be in any location or setting within a health service, including pharmacies, clinics, outpatient facilities, hospitals, patients' homes, community settings, practices and clinicians' rooms.

Facility-specific scope of practice. The extent of a clinician's approved clinical practice within a particular facility or organisation or setting, based on the clinician's credentials, competence, performance and professional suitability; the needs of the facility; the capacity of the facility to provide safe and appropriate care and the capability of the facility to support the clinician's scope of practice. It is specific to an individual, their role and the facility in which they work. Health services and/or states and territories may have specific time frames for review of a clinician's scope of practice.

Governing body. A board, chief executive officer, organisation owner, partnership or other highest level of governance (individual or group of individuals) that has ultimate responsibility for strategic and operational decisions of the health service.

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 professionals.

Health service. A separately constituted health service that is responsible for implementing clinical governance, administration and financial management of a service unit or service units providing health care at the direction of the governing body. A service unit involves a group of clinicians and others working in a systematic way to deliver health care to patients. It can be in any location or setting, including pharmacies, clinics, outpatient facilities, hospitals, patients' homes, community settings, practices and clinicians' rooms.

High-quality care. Health care that is person-centred, safe, effective, accessible and integrated, provided in a way that is equitable, efficient and sustainable.

Incident (clinical). An event or circumstance that resulted, or could have resulted, in unintended or unnecessary harm to a patient or consumer, or a complaint, loss or damage. An incident may also be a near miss, which is an incident or potential incident that was averted and did not cause harm, but had the potential to do so.

Jurisdictions: The six state and two 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.

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.

Letter of Good Standing. A formal document issued by an employer confirming that an employee or contractor is in good standing, detailing their employment status, job role, and performance.

Mandatory. Required by law, regulation, policy or other directives; compulsory.

Morbidity and Mortality meetings. Morbidity and Mortality meetings or clinical review meetings allow departments/specialties/ facilities to review the quality of the care that is being provided to their patients and to identify any opportunities for improvement.

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 a health service or facility for the first time, even if they have already been established in other organisations. Health services 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. Clinicians 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 is receiving care in a health service.

Performance. The extent to which a clinician provides healthcare services in a manner that is consistent with known good practice and that results in expected patient benefits.

Performance review. A formal assessment occurring at regular intervals to evaluate an individual's work performance that identifies strengths and weaknesses, provides feedback, and sets goals for future performance.

Policy. A set of principles that reflect the organisation's mission and direction. All procedures and protocols are linked to a policy statement.

Position description. A written statement 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 consumers; 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 by the profession.

Procedural fairness. Acting fairly in administrative decision making. It relates to the fairness of the procedure by which a decision is made, and not the fairness in a substantive sense of that decision.

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.

Re-credentialing. The process of reviewing the professional standing and practice of a currently credentialed clinician for the purposes of renewing their credentialing. The frequency of re-credentialing may be determined by the requirements of the relevant state or territory or health service policy. For example, a clinician may be required to seek re-credentialing after one year following initial credentialing, and then every three years after that.

Register of practitioners (The Register). The Register is an online public database of currently registered health practitioners across the 16 professions regulated by Ahpra. It is continually updated and searchable by name, registration number, health profession and location.

Regularly. Occurring at recurring intervals. The specific interval for regular review, evaluation, audit or monitoring needs to be determined for each case. For credentialing and re-credentialing, the interval should be 3-5 years.

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 a facility or organisation that are consistent with its capability and capacity.

Scope of practice. Part of 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 training they have done. A clinician's scope of practice should also be aligned to the needs and capacity of the health service. See also facility-specific scope of practice.

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. Health services delivered using information and communication technologies, such as videoconferencing or phone calls.

Training. The development of knowledge and skills.

Verifiable. Able to be checked or demonstrated to be true, accurate, or justified. 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. See also clinician.

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