

# Credentialing and defining scope of practice

## Frequently asked questions

This fact sheet provides answers to frequently asked questions about the [guidance](#) for health services and clinicians on credentialing and defining scope of practice.

### **How does the updated guidance on credentialing and defining scope of practice fit with the National Safety and Quality Health Service (NSQHS) Standards?**

The updated guidance supports the [NSQHS Standards Clinical Governance Standard](#). It relates specifically to Actions 1.23 and 1.24.

Action 1.23 is intended to ensure that clinicians are appropriately skilled and experienced to perform their roles safely, and to provide services within agreed scope of clinical practice. The requirements of this Action are that health services have processes to:

- define the scope of clinical practice for clinicians, considering the clinical service capacity of the organisation and clinical services plan
- monitor clinicians' practices to ensure that they are operating within their designated scope of clinical practice
- review the scope of clinical practice of clinicians periodically and whenever a new clinical service, procedure or technology is introduced or substantially altered.

Action 1.24 is intended to ensure that health services use a formal process to establish that clinicians have the appropriate qualifications, experience and skills to fulfil their delegated roles and responsibilities. The requirements of this Action are that health services conduct processes to ensure that clinicians are credentialed, where relevant and monitor and improve the effectiveness of the credentialing process.

### **How does the updated guidance on credentialing and defining scope of practice fit with the new National Model for Clinical Governance?**

Good practice requires robust and transparent systems to protect patient safety through credentialing, re-credentialing and defining scope of practice within the organisation, and monitoring of the effectiveness of those systems.

The updated guidance supports the [National Model for Clinical Governance](#) to enable high quality and integrated clinical practice.

## **What are the main differences between the new guidance and the 2015 guidance?**

The 2026 version of the guidance:

- supports the new [National Clinical Governance Model](#)
- emphasises the importance of alignment with jurisdictional requirements for credentialing and defining scope of practice
- promotes a risk-based approach to identifying clinicians who require credentialing and a defined scope of practice, based on the need to reduce risk of harm to patients and to support the provision of high-quality care
- more clearly describes the roles of health services, credentialing committees and clinicians
- clarifies that information from formal performance appraisal processes and reports about incidents and complaints should be evaluated as part of credentialing and re-credentialing of clinicians, noting that each of these processes is separate to, and distinct from, credentialing
- incorporates changes implemented by the Australian Health Practitioner Regulation Agency (Ahpra) since 2015, including the requirements of the National Law and registration standards
- highlights the role of colleges and specialty societies and groups in developing criteria for credentialing and defining the scope of practice for the performance of specific procedures by specialist clinicians
- promotes making information about credentialed clinicians available for patients and consumers.

## **What should health services and jurisdictions do to implement the updated guidance?**

Health services and jurisdictions should review their existing policies and procedures for credentialing and defining scope of practice to identify gaps and inconsistencies and make changes to align with the updated guidance.

for updated policies and processes for the new guidance on credentialing and defining scope of practice.

## **For accreditation purposes, what is the time frame for updating policies and processes to comply with the new guidance on credentialing and defining scope of practice?**

The [NSQHS Standards](#) outline the safety and quality systems that health services should have in place to implement strategies that are applicable to their service context, patient population and service risks, aligned with best practice principles and jurisdictional requirements. Organisations have the flexibility to determine how to achieve improvements that are relevant to their patient population, size, location and service context.

The updated guidance provides high-level principles and guidance for health services and clinicians on the process of credentialing. There is no specific time frame for implementation of the guidance.

The requirements for credentialing and defining scope of practice are outlined in Actions 1.23 and 1.24 of the [Clinical Governance Standard](#) and supported by the principles contained in the new [National Clinical Governance Model](#).

It is recommended that health services and jurisdictions review their existing credentialing policies and procedures to identify any gaps or inconsistencies and make changes to align with the updated guidance.

### **Is the updated guidance applicable to small day hospitals and sole practitioner health services?**

Yes. These types of health services should assess the risks and potential for patient harm associated with the types of care that they deliver and the extent to which the clinicians that work for them:

- 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 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.

### **How can conflicts of interest be managed for credentialing and defining scope of practice?**

A conflict of interest arises in the process for credentialing and defining scope of practice when an individual is unable, or perceived to be unable, to independently consider a credentialing application. This includes making recommendations to the health service governing body about initial appointment, reappointment or non-appointment of clinicians when issues are identified as part of defining scope of practice, credentialing and re-credentialing process.

Each health service should have a mechanism that will allow individuals to disclose all interests that may conflict with their participation in the process for credentialing and defining scope of practice. This ensures:

- that interests can be reported, assessed and managed appropriately by the relevant authority
- transparency and openness among those involved in credentialing and defining scope of practice.

### **What are examples of conflicts of interest that may arise for credentialing and defining scope of practice?**

Examples of situations where there may be capacity to influence the processes for defining scope of practice, credentialing and the review of clinical outcomes for specific procedures include:

- a member of the Credentialing Committee is a friend or colleague or family member of the clinician who has applied for credentialing or re-credentialing
- the clinician to whom the credentialing application relates is an executive or shareholder in or the owner of or sole practitioner at the health service or practice

- the clinician to whom the credentialing application relates is an executive or shareholder in or the owner of a company that provides the devices or other equipment or medicines required to perform procedures within the proposed scope of practice
- a highly specialised procedure is performed by only a very small number of clinicians in a limited number of health services.

The types of services offered by small and sole practitioner health services where defining scope of practice, credentialing and re-credentialing of clinicians should occur include cosmetic surgery, dermatology, endoscopy, gynaecology, ophthalmology and urology.

### **How can conflicts of interest be managed for credentialing and defining scope of practice for small and sole practitioner health services?**

These types of health services may consider partnering with a larger service that offers similar types of care or seeking support from the college or specialty society that provides specialist training for the services and care that they offer. For example, the [Gastroenterological Society of Australia](#) provides certification programs for a range of endoscopic procedures and recertification for colonoscopy.

### **For more information**

Please visit: <https://www.safetyandquality.gov.au/clinical-topics/clinical-governance> or email [AdviceCentre@safetyandquality.gov.au](mailto:AdviceCentre@safetyandquality.gov.au) or call T: 1800 304 056.

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