



Government of **Western Australia**
Department of **Health**

Credentialing and Defining Scope of Clinical Practice for Allied Health and Health Science Professions Standard

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1. Background

The *Credentialing and Defining the Scope of Clinical Practice for Allied Health and Health Science Professions Standard* defines the credentialing and scope of clinical practice requirements and processes for allied health and health science professionals (referred to in this document as allied health professionals).

In WA Health, allied health defines the act of verification as establishing the core scope of clinical practice as would be reasonably expected by an allied health professional.

This Standard is a mandatory related document within [MP 0084/18 *Credentialing and Defining the Scope of Clinical Practice Policy*](#) which is part of the *Clinical Governance, Safety and Quality Policy Framework*.

2. Definitions

Australian Health Practitioner Regulation Agency (Ahpra) - the organisation responsible for the administration of the National Registration and Accreditation Scheme across Australia.

Allied health professional – a professional employed, engaged or contracted by Health Service Providers (HSPs) under the Professional Division and other Specified Callings schedule of the HSUWA PACTS Industrial Agreement, excluding dentists. Additional allied health professions or other specified callings may also be included as agreed between the System Manager and HSP.

Clinical practice – any role in which the allied health professional uses their skills and knowledge as a health practitioner in their profession. Practice need not be restricted to the provision of direct clinical care. It may also include using professional knowledge in a direct, non-clinical relationship with patients, working in management, administration, education, research, advisory, regulatory or policy development roles and any other roles that impact on safe, effective delivery of health care in the profession.

Credentialing – the formal process used to verify the qualifications, training and experience and other relevant professional attributes of an allied health professional for the purpose of forming a view about their competence, performance and professional suitability to provide safe, high-quality health services within specific organisational environments.

Credentials – the qualifications, training and experience of the allied health professional.

Defining the scope of clinical practice – the process of delineating and articulating the extent of an individual allied health professional's clinical practice within a particular health care facility based on the individual's credentials, competence, performance and professional suitability, together with the needs and capabilities of the health care facility.

Emergency situation – a situation in which an allied health professional may be required to provide necessary clinical care outside of their approved scope of clinical practice to preserve the health and life of a person.

Health care facility – a place (however titled) in which an allied health professional undertakes clinical practice including, but not limited to, a hospital, a mental health facility or community health services under the control of an HSP.

Health Service Provider – a body corporate established under the Health Services Act to provide health services.

Health Services Act – the *Health Services Act 2016 (WA)*.

National board – a board established under the *Health Practitioner Regulation National Law (WA) Act 2010*.

Professional body – an organisation that acts as a peak body for professionals working in the same profession or collection of professions.

Verification – the act of sighting, reviewing, inspecting and authenticating documents supplied by an allied health professional to establish that the allied health professional's registration documents, undergraduate and postgraduate qualifications and references meet national regulatory, standard or position requirements.

3. Purpose

The purpose of this Standard is to ensure that there is a system in place for credentialing and defining the scope of clinical practice for allied health professionals in the WA health system.

Safe health care is a goal of all health practitioners and an expectation of the public. To achieve this, HSPs need to have a system in place to confirm a health practitioner's credentials and regularly review their scope of clinical practice. This protects both consumers and the treating health practitioners. HSPs are required to appoint health practitioners who are suitably experienced, trained and qualified to practise in a competent and ethical manner in accordance with service needs and organisational capability.

The key principles which underpin the need for credentialing and defining scope of clinical practice include:

- *Patient safety* – by ensuring allied health professionals practice within their capability of education and training and as authorised within the capacity of the health care facility in which they are employed.
- *Consistency* – align with National Safety and Quality Health Service Standards relating to credentialing and the [MP 0084/18 Credentialing and Defining the Scope of Clinical Practice Policy](#).
- *Natural justice and procedural fairness* – credentialing and scope of practice processes are underpinned by the philosophy of natural justice and procedural fairness.

This Standard does not seek to:

- limit appropriate professional initiatives designed to improve standards of practice
- restrict reasonable innovation in introducing new clinical procedures or interventions
- restrict actions that need to be taken in an emergency situation
- control the clinical decisions of an allied health professional with respect to admissions, treatment, transfer or discharge of a patient
- permit allied health professionals to work in isolation without appropriate supervision and support systems
- impose the delivery of health care on an allied health professional where the facilities, supervision and support are either inadequate or unavailable.

4. Scope

Compliance with this Standard is mandatory for all HSPs.

This Standard applies to all allied health professionals employed, engaged or contracted by HSPs.

5. Standard requirements

HSPs have overall responsibility for service provision and therefore execution of this Standard within their organisation.

Credentialing and defining the scope of clinical practice for allied health professionals is a core responsibility of all HSPs. This responsibility may be delegated to individual Health Care Facilities.

Each HSP must ensure that every health care facility within its remit has appropriate policies and processes in place for credentialing and defining the scope of clinical practice of allied health professionals who have independent responsibility for patient care and clinical supervision.

HSPs must ensure compliance with all the following requirements.

5.1 Established credentialing governance

HSPs must have governance in place for assessing and confirming an allied health professional's credentials and determining their defined scope of clinical practice.

5.2 Credentialing and defining the scope of clinical practice

The credentialing and defining the scope of practice process consists of three distinct stages:

1. Initial credentialing
2. Defining the scope of clinical practice
3. Review and renewal of scope of clinical practice

Initial credentialing and defining the scope of clinical practice is to be included as part of the initial employment or engagement process.

5.2.1 Evidence of minimum credentials

Evidence of minimum credentials for allied health professionals must be identified and verified by the HSP on recruitment and when there is a change in their circumstances or change of role. Evidence should be collected for each of the following areas:

- Education, qualifications and formal training, which may consist of:
 - formal qualifications as required for employment
 - registration with the relevant national board
 - eligibility for or current membership with the relevant professional body where it is a requirement for employment.
- Evidence of previous experience, which may consist of:
 - evidence of relevant clinical activity and experience in similar settings in which the scope of practice is being sought
 - evidence of recent practice at an appropriate level that demonstrates the scope of clinical practice being sought.
- References and referee checks.

5.2.2 Defining the initial scope of clinical practice

5.2.2.1 Core scope of clinical practice

The core scope of clinical practice refers to those aspects of clinical practice that can be reasonably expected to be undertaken by all allied health professionals holding a particular qualification, having successfully completed the education and training leading to that qualification.

Allied health professionals must have their core scope of clinical practice confirmed through a process of verification relevant to their workplace setting prior to commencing clinical practice in any capacity.

The documented core scope of clinical practice must be consistent with guidance issued by the relevant national board or professional body, if applicable.

5.2.2.2 Scope of clinical practice requiring specific credentialing

The HSP must ensure that any variations to the scope of clinical practice set out in guidance issued by the relevant specified professional body or national board are assessed based on the individual's credentials, competence, performance and professional suitability, and consider the needs and capabilities of the health care facility.

Where an allied health professional's scope of practice varies from the core scope of clinical practice, the HSP must ensure that the allied health professional receives the appropriate training and clinical supervision as required.

In circumstances where the relevant professional body or national board of the allied health professional has not issued any guidance or the scope varies from this guidance, the HSP must assess the entire scope of clinical practice based on the individual's credentials, competence, performance and professional suitability, and in consideration of the needs and capabilities of the health care facility.

Variations to an allied health professional's scope of practice must also be:

- endorsed appropriately in relation to approved areas of practice under Section 98 of the *Health Practitioner Regulation National Law (WA) Act 2010*, where applicable; and
- documented.

The HSP may vary, suspend or terminate the scope of clinical practice of an allied health professional at any time.

5.2.3 Monitoring, review and renewal of scope of clinical practice

HSPs must have in place mechanisms for renewing scope of clinical practice on a routine basis at pre-determined times.

Monitoring for compliance with scope of clinical practice should be part of regular performance review and management processes. HSPs must also consider the need for monitoring compliance if:

- organisational circumstances change – such as if a new service or treatment is introduced
- the allied health professional's circumstances change – such as where the scope of practice is limited (for whatever reason) or there are performance concerns, or the scope of clinical practice is expanded to include a new procedure.

Scope of clinical practice must be formally reviewed by the HSP at a minimum of every five years, or as required when an allied health professional or HSP proposes to change the allied health professional's scope of clinical practice.

HSPs must have guidance for managers who identify any concerns about non-compliance with a scope of clinical practice. This guidance must contain information about how and to whom to escalate concerns.

5.3 Variation, suspension or termination of scope of clinical practice

In response to determinations from the credentialing process, the right to vary, suspend or terminate the scope of clinical practice of an allied health professional will be held by the appropriately delegated executive or manager of the HSP. The allied health professional must be advised in writing of the decision to vary, suspend or terminate their scope of clinical practice, including the evidence on which the determination was based, and of the Credentialing Appeals Process.

The scope of an allied health practitioner's clinical practice can be varied if the:

- health care facility does not have, or elects not to have, the facilities and/or clinical support for the requested procedure.
- scope of services performed by the health care facility is redefined.

The scope of an allied health professional's clinical practice can be suspended or terminated if the allied health professional:

- has their Ahpra registration cancelled or modified in a way that precludes them from practising
- has failed to comply with a code of conduct that applies to the allied health professional
- employment or engagement contract expires or is terminated
- appropriate and adequate indemnity cover or insurance ceases
- presents a risk to the safety and well-being of patients and/or staff
- otherwise departs from generally accepted standards of clinical practice in their conduct
- is found to have made a false declaration through omission or false information which justifies such action
- engages in serious, negligent or wilful misconduct
- is subject to a criminal investigation or has been convicted of a serious offence.

The scope of an allied health professional's clinical practice must be varied, suspended or terminated in line with any variations, suspensions or terminations imposed by their national board, where applicable. This does not preclude additional restrictions being imposed from local credentialing processes that may, or may not, be related to the national board's restrictions.

If the nature of the matter results in the suspension or termination of an allied health professional and the appropriately delegated executive or manager believes in good faith that the safety and quality of health care in another health care facility is subsequently at risk, the matter is to be referred to the appropriately delegated executive or manager of that Health Care Facility.

5.4 Credentialing appeals process

HSPs must establish an appeals process to ensure allied health professionals are given the right to appeal scope of clinical practice decisions.

6. Other considerations

6.1 Consent to the retention of information

The HSP must ensure that allied health professionals consent, in their credentialing applications, to the retention of all information provided for credentialing and scope of clinical practice processes.

The HSP is responsible for ensuring that information on the credentialing process and use of retention of information provided as part of this process is available to applicants and currently credentialed allied health professionals.

7. References and relevant legislation

- [Australian Commission of Safety and Quality in Health Care, Clinical Governance Standard, Clinical performance and effectiveness, Credentialing and scope of clinical practice](#)
- [Australian Commission on Safety and Quality in Health Care, Credentialing health practitioners and defining their scope of clinical practice – A guide for managers and practitioners, December 2015](#)
- [Australian Council for Safety and Quality in Health Care, Standard for credentialing and defining scope of clinical practice 2004.](#)
- [Health Practitioner Regulation National Law \(WA\) Act 2010.](#)
- [Health Services Act 2016 \(WA\)](#)
- National Registration and Accreditation Scheme as operated by the [Australian Health Practitioner Registration Agency](#)

Document Control

Version	Date	Changes
1	04/2018	First version of Standard finalised
2	10/5/2023	Major amendments to improve alignment with Australian Council for Safety and Quality in Health Care guidance for credentialing and defining scope of clinical practice and improve clarity as to requirements and responsibilities for HSPs and allied health professionals. Included detail of process for verification, credentialing, re-credentialing and review requirements. Additional sections improve consistency with other professional group standards under the Mandatory Policy.

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