

Credentialing for Allied & Scientific Health Professionals Policy Directive

Version No.: 3.4
Approval date: 21/02/2020



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Credentialing for Allied & Scientific Health Professionals Policy Directive

1. Policy Statement

SA Health is committed to providing the relevant area of clinical responsibility with appropriately trained, qualified and experienced professionals to ensure the safety and best care of SA Health patients and consumers.

The National Safety and Quality Health Service (NSQHS) Standards 2017 (2nd Ed) has an established set of requirements to ensure the health professional workforce is suitably experienced, trained and qualified to practice in a competent and ethical manner. Scope of clinical practice is based on the individual professional's qualifications, skills, knowledge, performance, and professional suitability to provide safe, high-quality health care to patients and consumers. (NSQHS 2nd Ed, sections [1.23](#) and [1.24](#))

The Health Care Variation Regulations 2014 made under the *Health Care Act 2008*, under section 100(2)(j) <http://www.legislation.sa.gov.au> also provide a specific legislative basis for credentialing and scope of practice arrangements, and provide the legal authority for the Chief Executive, SA Health to establish policies or protocols and committees for credentialing and scope of practice. Medical, Dental, Allied and Scientific Health and Nurse Practitioners working in SA Health facilities must undertake a regular credentialing process and have a current scope of clinical practice for the health service in which they work. Credentialing committees have been established at each Local Health Network (LHN) to oversee the credentialing process.

The *Credentialing for Allied & Scientific Health Professionals* policy outlines the minimum requirements to credential allied and scientific health professionals employed by SA Health or accessing SA Health facilities in alignment with the above regulations.

2. Roles and Responsibilities

2.1 SCOPE

SA Health is committed to ensuring that all allied and scientific health professionals and workers undertaking allied health-related work have the appropriate and recognised credentials to provide services relevant to their area of professional responsibility. This includes all allied and scientific health professionals employed or prospectively employed and all non-employees with contractual or other arrangements allowing them to work on SA Health sites, provide services on behalf of SA Health, or access SA Health patient information systems.

Regardless of employment status, all registered, self-regulated or unregulated professions providing allied health related services (as outlined in sections 2.1.1–2.1.5) must comply with this policy. Throughout this document, where the abbreviation 'AHP' is used, it is intended to encompass both allied and scientific health professions as detailed below.

2.1.1 Registered Professions

Registered professions are legislated to meet the requirements of registration. This ensures recognition of a minimum standard of training in a particular field. Registration is through the relevant Professional Board of the Australian Health Practitioner Regulatory Agency (AHPRA). AHPs in registered professions are not permitted to practise in clinical or clinical supervisory roles without holding current registration with their respective Board via AHPRA.

Registered AHPs employed by SA Health include:

- Dental Therapists¹
- Medical Radiation Professionals (including Diagnostic Radiography, Radiation Therapy and Nuclear Medicine)
- Occupational Therapists
- Optometrists
- Pharmacists
- Physiotherapists
- Podiatrists
- Psychologists

¹*Dental Therapists* are classified within the AHP stream, however are credentialed under the [SA Health Credentialing and Defining the Scope of Clinical Practice for Medical and Dental Health Practitioner Policy](#) (2018 or subsequent versions) and are therefore not within scope of this policy.

2.1.2 Self-Regulated Professions

Professional Associations set and maintain standards of practise for each self-regulated profession in Australia. Following qualification from an accredited university course or training program, AHPs in self-regulated professions will be eligible for full membership of the relevant professional association. Being eligible for membership reflects that an individual has completed a minimum standard of accredited training in a particular profession and demonstrates compliance with the Professional Association recommended standards (including those relating to continuing professional development, supervision and recency of practice). SA Health requires self-regulated AHPs to demonstrate ongoing eligibility for membership of the relevant Professional Association.

Self-regulated AHPs within SA Health include:

- Art Therapists
- Audiologists
- Cardiac Physiologists
- Dietitians and Nutritionists
- Epidemiologists
- Exercise Physiologists
- Genetic Counsellors
- Music Therapists
- Orthoptists¹
- Orthotists and Prosthetists²
- Perfusionists
- Social Workers
- Sonographers³
- Speech Pathologists

¹*Orthoptists* - must be registered with the Australian Orthoptic Board for employment in SA Health.

²*Orthotists and Prothetists* - eligibility for membership of the Australian Orthotics and Prosthetics Association is desirable for employment in SA Health, but not required.

³*Sonographers* - must be accredited with the Australasian Sonographer Accreditation Registry for employment in SA Health.

- *Medical Scientists* are considered a self-regulated profession under this policy. Specific requirements relating to qualifications and eligibility for the Australian Institute of Medical Scientists, in consideration of the role being undertaken, should be confirmed with the Statewide Clinical Support Services Credentialing Officer.
- *Grant Funded Scientists* with direct patient contact or associated responsibilities should have credentialing considered by local management. Processes outlined in this policy can be adapted for this profession group.

- *Diabetes Educators* with an allied health qualification need to be credentialed against the appropriate registered or self-regulating requirements of their allied health profession and demonstrate eligibility for membership of the Australian Diabetes Educators Association (ADEA). The LHN or Statewide Service may require membership of ADEA and/or Credentialed Diabetes Educator status for some roles.

2.1.3 Unregulated Professions – allied health related

Unregulated professions in scope of this policy include any profession that is not registered or self-regulated who provide allied health-related clinical services to patients or consumers. These professions may be classified as an AHP (under a grandparent clause), Professional Officer (PO), Allied Health Assistant (AHA), Operational stream (OPS), Technical stream (TGO) or Administrative stream (ASO). The applicability of a full credentialing process for unregulated professions is to be decided by the individual's line manager (or SA Health employee coordinating the request for service for non-employees).

At a minimum, unregulated allied and scientific health-related personnel are required to participate with the Performance Review and Development policy requirements, routine supervision by line manager, compliance with appropriate criminal history screening and relevant qualifications upon employment, and adherence to the [SA Code of Conduct for Certain Health Workers](#).

2.1.4 Employed under Grandparent Clause

Individuals who do not hold a qualification listed for the AHP classification stream in the *SA Health Workforce Operations Advice: Minimum Qualification Requirements for Non-Executive SA Health Employees, 2012* may have been classified under this stream in the *SA Modern Public Sector Enterprise Agreement: Salaried 2017*, by virtue of an industrial agreement on a "present position, present incumbent" only basis, known as a grandparent clause.

To be credentialed, these staff must provide evidence of all of the following:

- any relevant qualification or equivalency;
- relevant work experience;
- demonstrate eligibility for full membership of a professional association where available;
- 'grandparent' status.

2.1.5 Access Appointments (Non-employees of SA Health)

An Access Appointment is required when an allied health related service is provided within an SA Health facility by a non-employee of SA Health approved by that LHN or Statewide Service. This may be granted via an individual application or through a Letter of Agreement arrangement.

Non-employees of SA Health in scope of this policy include any of the following who provide allied health related services within a registered, self-regulated or unregulated profession (as detailed in sections 2.1, 2.2, 2.3):

- Agency staff, service providers (government, non-government or private), locums, contractors and sub-contractors (either providing services on behalf of SA Health or providing independent/private services not on behalf of SA Health)
- Student supervisors/clinical educators employed or contracted by an education provider
- Persons undertaking allied health research involving SA Health patients/consumers or who may access clinical information of patient/consumer
- Allied Health Professionals hiring SA Health rooms.

Non-employees applying for an individual Access Appointment should utilise the [Access Appointment Credentialing Application form](#).

Where a Letter of Agreement (or similar contract) is established with an external agency, this transfers full responsibility to that external agency for credentialing AHP staff to the level required by SA Health and AHPs from that external agency will not require individual access appointments. Letters of Agreement are reviewed on an annual basis for compliance with SA Health requirements.

The duration of an Access Appointment will be based on service need and may be for a single visit (single patient/consumer) or multiple visits within a specified timeframe (single or multiple patients/consumers). If service delivery is required beyond 12 months this must be approved by the LHN Credentialing Committee and processes enacted to ensure ongoing compliance with all credentialing requirements on an annual basis.

In addition to the credentialing requirements under this policy, non-employees must also be aware of and comply with other relevant SA Health policies and procedures, including but not limited to:

- Compliance with relevant mandatory training requirements applicable to the LHN/Health Service and scope of practice being undertaken;
- Compliance with other relevant policies as required by the LHN or clinical service (e.g. immunisation directive).

Non-employees must also have an appropriate contract or agreement in place with SA Health that details the engagement for service delivery.

2.2 ROLES AND RESPONSIBILITIES

2.2.1 SA Health Chief Executive

The Chief Executive will take reasonably practical steps to develop and issue system-wide policies applying to Local Health Networks and the Department for Health and Wellbeing.

2.2.2 Local Health Network (LHN) Governing Boards:

Will take reasonably practical steps to ensure the effective clinical and corporate governance frameworks are in place to ensure the LHNs are compliant with this policy directive. As far as is reasonably practicable, the LHN Governing Boards must ensure that:

- all levels of management, employees and access appointees are aware of their responsibilities in relation to this policy; and
- adequate resources are made available to implement this policy.

2.2.3 Directors, Managers, Supervisors and designated Credentialing Officers

Directors, AHP Managers, senior AHPs (AHP3 or above) and managers of Medical Scientists have direct responsibility for:

- implementing the policy;
- ensuring all job and person specifications specify necessary credentials and required scope of practice prior to recruitment;
- assessing credentials of all new appointments (permanent, temporary, and casual contracts as well as Access Appointments);
- assessing credentials of current allied and scientific health employees (re-credentialing);
- ensuring the uploading and updating of allied and scientific health professionals credentials and scope of clinical practice information and documents into the Credentialing and Scope of Clinical Practice System (CSCPS) for health practitioners;
- ensuring credentialing approvals are appropriately transferred or ceased on CSCPS when a practitioner ceases working for a particular LHN/Statewide Service; and
- adequately informing staff about the policy and the consequences of non-compliance.

In situations where:

- there is no AHP manager or more senior AHP of that profession for the LHN/Statewide Service; or
- the credentialing and scope of clinical practice application involves a sole practitioner for the LHN/Service; or
- the majority of an AHPs' role and scope of practice is within an interdisciplinary or multidisciplinary team;

an appropriate senior AHP of another profession (e.g. multidisciplinary Line Manager or Director of Allied Health) will need to credential the AHP and define scope of practice to the applicant's

primary profession. This may require consultation with a representative of the applicant's profession from another LHN/Statewide Service.

Similarly, AHPs requesting extended or advanced scope of practice may look to another LHN or Statewide Service to identify an AHP of the same profession with higher classification to assist with assessing maintenance of competency in their scope of practice as required by local procedures.

The AHP Manager or Senior AHP must monitor and review clinical credentials in line with the [Code of Conduct for South Australian Public Sector Employees](#) to ensure services are provided in a safe and ethical manner. This includes implementation of recording and reviewing procedures to:

- ensure systems are in place for AHPs within their respective teams, to undertake sufficient practice to maintain their skills in their various areas of practice;
- record in the CSCPS any additional training/qualifications held by an allied or scientific health professional that enables the professional to undertake advanced or extended scope roles;
- ensure AHPs have the opportunity to undertake continuing professional development and any special training associated with conditional granting of credentials, where necessary;
- respond to reports of incidents associated with the AHP's treatment or care of patients/consumers within the health service in alignment with the [Consumer Feedback Management Policy](#);

The AHP Manager or Senior AHP is also required to:

- respond to the outcome of complaints or claims made against any AHP concerning treatment or care of patients/consumers within the health service;
- bring to the attention of the LHN Executive Director Allied Health, or equivalent most senior allied health role (ED AH) any matter which may impact on an AHP's continued ability to effectively and safely practice; and
- bring to the attention of the registration board/professional association, Health and Community Services Complaints Commissioner (as relevant), and the LHN ED AH, any matter which may indicate that an AHP's ability to effectively and safely practice is seriously compromised (see section 2.3 for details).

2.2.4 Employees

Employees are responsible for:

- participating in the implementation of this policy, including providing accurate and timely information and evidence of credentials;
- complying with this policy and local procedures including reporting any changes to information initially submitted for credentialing, including Board notification processes;
- maintaining relevant credentials at all times, inclusive of participation in relevant continuing professional development; and
- complying with all associated policies and other clinical governance requirements including but not limited to [Criminal History and Relevant Screening](#) and [Employees Charged with Criminal Offences](#) policy directives, Clinical Supervision Framework and Performance Review & Development processes.

2.3 COMPLIANCE

Compliance with this policy is mandatory. All allied and scientific health professionals with direct or indirect clinical contact as part of their role must undergo the credentialing process and gain credentialing approval with a defined scope of practice prior to practising within an LHN or Statewide Service.

If an SA Health employee refuses to comply with this policy, they are in breach of this policy and should be managed according to the [SA Health Workforce Development framework](#). In the case of an access appointee refusing to comply, access will not be granted to SA Health sites.

In the event that an individual refuses to comply with the credentialing procedure, the Manager or Senior AHP will advise the ED AH who may escalate to the LHN CEO and the Chief Allied Health and Scientific Officer (CASHO) in writing. Advice should also be sought by the Manager from the relevant Human Resources department to confirm an appropriate escalation process in each case.

The ED AH or nominated delegate will formally write to the AHP requesting submission of an application and the individual will have fourteen days to respond. If the response is considered unsatisfactory, the ED AH or nominated delegate will consult with HR and restrict or suspend the scope of practice until the necessary documentation is provided. The ED AH or nominated delegate will inform the AHP in writing of the determination and of the appeals process.

For guidance on the modification, reduction, suspension or termination of scope of practice, refer to section 3.5 of this policy, as well as the [SA Health Credentialing and Defining the Scope of Clinical Practice for Medical and Dental Health Practitioner Policy](#) (2018 or subsequent versions) and also contact local HR for advice.

3. Policy Requirements

Initial authentication and re-authentication of credentials of health professionals are key corporate and clinical governance responsibilities undertaken by each Health Care Facility, LHN, Government or professional body to ensure that all practising AHPs are appropriately qualified, as a part of safeguarding patients and consumers and providing high quality professional care.

For all registered, self-regulated and unregulated allied and scientific health professionals, authentication of credentials is intended to ensure the quality and safety of services.

3.1 INITIAL CREDENTIALING

Prior to commencing clinical service provision, allied and scientific health professionals must undertake the initial credentialing process and be granted credentialing approval and an identified scope of practice. LHN staff or prospective staff should utilise the [Initial credentialing form](#) and non-employees should utilise the [Access Appointment Credentialing Application form](#). Statewide Services staff should contact the Credentialing Officer to access the relevant forms for their role.

At a minimum, the following details must be provided and verified during initial credentialing for all applicants:

- Name, date of birth, contact details
- Position title and clinical area
- Professional details (registered, self-regulated or unregulated) including demonstration of registration or qualification leading to eligibility for professional association membership (where available), or qualification relevant to role requirements
- Evidence of appropriate criminal and relevant history screening (refer to [Criminal History Screening Policy Directive](#) and/or section 3.7 below)
- Demonstration of appropriate professional experience and recency of practise for the role to be undertaken (usually via submission of curriculum vitae)
- Evidence of participation with relevant Continuing Professional Development (CPD), as per Registration Board requirements (registered professions) or to the level recommended by the Professional Association (self-regulated professions).
- Identified scope of practice (this is the Profession of the applicant, except where [advanced or extended scope of practice](#) is being undertaken, in which case full details of scope of practice must be provided and additional documentation, evidence and monitoring of competency will be required according to the specific scope of practice and LHN procedures)

In addition to the above credentialing requirements, Access Appointees must additionally provide:

- Signed declaration of conditions for an Access Appointment in SA Health (pages 1-2 of the Access Appointment application form);
- Appropriate Professional Indemnity coverage for the scope of practice being undertaken to the value of \$10,000,000 and Public Liability Insurance cover to the value of \$10,000,000. However, if this includes providing clinical services to Department of Veteran's Affairs clients please refer to the Commonwealth Department of Veteran Affairs for appropriate Professional Indemnity coverage and Public Liability Insurance cover amounts;

An AHP Manager or Senior AHP, ideally of the same profession, is required to check and validate all credentialing details and supporting documents prior to signing the application. It is then the responsibility of the applicant to ensure credentialing requirements are maintained throughout the credentialing approval period.

Electronic or hard copy original documents or certified copies of originals must be provided to confirm qualifications (for self-regulated professions) and criminal history screening. For registered professions, AHPRA has responsibility for verifying eligibility for current unrestricted registration status. The senior AHP or Manager should sight the AHPRA website to confirm registration status. For self-regulating professions, qualifications should be sighted and a copy of the degree parchment or final transcript is to be uploaded into the CSCPS.

Completed application forms should be submitted by the applicant to the senior AHP or Manager, who will then lodge the forms with the relevant Credentialing Officer or Credentialing Committee contact in the LHN/Statewide Service.

The applicant is considered to hold credentialing approval from the date the AHP Manager or Senior AHP has signed the declaration on the application form. Entry of details into the CSCPS Database (see section 3.3) and ratification of approval by Credentialing Committee may be finalised after the credentialing approval date.

3.2 RE-CREDENTIALING

Re-credentialing is the formal process to periodically review credentials of SA Health employees (following initial credentialing) to ensure qualifications, recency of practise, professional registration or professional association membership eligibility; disciplinary actions; criminal history screening; and performance review processes remain current.

Minimum details to be provided and verified upon re-credentialing include:

- Evidence of current registration/ongoing eligibility for professional association membership¹ – including consideration of recency of practice and continuing professional development as required for the profession;
- Continued compliance with criminal and relevant history screening required for the role;
- Any newly obtained qualifications required for identified scope of clinical practice; and
- The completion date of the current performance review and development plan.
- Compliance with SA Health Clinical Supervision Framework;

SA Health employed allied and scientific health professionals requiring re-credentialing should complete the [AHP re-credentialing form](#) in line with the review frequency set by the LHN/Statewide Service. Non-employees requiring credentialing beyond the initial approval period need to complete the [Access Appointment Credentialing Application form](#).

¹Confirmation of registration must be completed annually. If re-credentialing is not conducted annually, local processes to review this information via Workforce/HR/local management must be in place within the LHN.

3.3 RECORD OF CREDENTIALS (CSCPS Database)

Details of initial authentication, re-authentication of credentials and mutual recognition (see section 3.4) are to be recorded on the SA Health CSCPS database. This is a statewide database and is the formal record of credentialing details verified by SA Health.

The CSCPS for Allied and Scientific Health Professionals [User Guide](#) is available to support allied and scientific health professionals as well as administrative staff who are responsible for entering data on the CSCPS. This User Guide provides information as to which data entry fields are mandatory for allied and scientific health use as well as which document types should and should not be uploaded into the database.

3.4 MUTUAL RECOGNITION BETWEEN LHNS OR CLINICAL SERVICES

AHPs previously credentialed by another LHN or Statewide Service within SA Health will be granted mutual recognition of credentialing approval with supporting information recorded in the CSCPS database. The scope of practice may need to be adjusted according to the requirements and role within each LHN or Statewide Service, including additional supporting documentation (such as different criminal history clearances) if requirements vary between the roles being undertaken. When credentialing approval is granted via mutual recognition, the credentialing review date set by the primary committee will apply.

When the mutual recognition process occurs, appropriate documentation and notifications relevant to each LHN or Statewide Service must be maintained by each LHN the AHP is working in. The AHP must undergo review in each LHN in which they provide services. However it can be agreed (on a case-by-case basis) that the primary site conducts the review and if the two roles are sufficiently similar then this information is utilised by the secondary site in lieu of a separate review process. Once an AHP terminates employment from their primary site, their credential status should be transferred to the secondary site.

Where a Letter of Agreement is in place, this includes approval across all SA Health LHNS and Statewide Clinical Services and individual mutual recognition applications are not required.

3.5 MONITORING CLINICIANS' PRACTICE

Under section 1.23b of the NSQHS (version 2), SA Health is required to monitor clinician's practice to ensure they are operating within their designated scope of practice.

The [Professional Review and Development \(PR&D\) policy](#) forms a key part of this monitoring process. PR&D is a mandatory SA Health process which aims to provide a regular opportunity for discussion between the Manager and/or the Professional Supervisor and the clinician regarding:

- job performance requirements within the identified scope of practice;
- performance in the role over preceding months, including clinical practice outcomes and professional development; and
- future opportunities for professional development, potential for increased responsibility, and health care facility support for the health professional to maintain and improve performance.

Formal clinical supervision, as required by the [SA Health Clinical Supervision Framework](#) provides further opportunity for clinicians' practice to be monitored and ensure the designated scope of practice remains appropriate.

Information gathered as part of the PR&D and Clinical Supervision processes provides a basis for objective self-assessment by the AHP, in consultation with their supervisor and can be used to inform decisions relating to re-credentialing and identification of appropriate scope of practice.

3.6 MODIFICATION OR TERMINATION OF CREDENTIALS AND SCOPE OF PRACTICE

Evidence of loss of expertise or concerns regarding competence must be raised with the Allied Health Manager or Senior AHP and are to be addressed through the process outlined in the [SA Health Workforce Development framework](#) in the first instance. AHPs not employed by SA Health who have been granted an access appointment should be contacted directly by the senior AHP/

Manager/ site contact to discuss concerns, or through the employing locum agency or education provider where relevant.

Where it is believed an AHP from a registered profession has breached their professional standards of practice in such a way that constitutes *notifiable conduct*, registered health practitioners, their employers and education providers are mandated by law to report this to AHPRA (see: <https://www.ahpra.gov.au/notifications.aspx>). Notifiable conduct by registered health practitioners is defined as:

- practising whilst intoxicated by alcohol or drugs
- sexual misconduct in the practice of the profession
- placing the public at risk of substantial harm because of an impairment (health issue), or
- placing the public at risk because of a significant departure from accepted professional standards.

Where it is believed an AHP from a self-regulated or unregulated profession or employed under a Grandparent clause has breached professional standards of practice, a complaint can be reported through the relevant professional association if the AHP is a member or alternatively via the Health and Community Services Complaints Commissioner (HCSCC) South Australia.

All AHPs must inform the employer of any complaint or investigation made against them. It is the responsibility of the Allied Health Manager or Senior AHP to limit the AHP's scope of practice in accordance with the recommendations of the registration board, the professional association or the Health and Community Services Complaints Commissioner. The Manager or Senior AHP must update the CSCPS database under the AHP's Scope of Practice and enter 'Restrictions to Practice' in the Limitations/Conditions field and notify other LHNs involved via mutual recognition processes. Access appointments will be suspended for AHPs not employed by SA Health, where a complaint has been made or whilst an investigation is underway.

Further process information relevant to this and section 2.4 Compliance, is available through the [SA Health Safety Assessment Code](#) process.

3.7 CRIMINAL HISTORY SCREENING

SA Health has a duty of care to ensure that the risk of harm to patients/consumers or the organisation is minimised. Sound recruitment and employee management practices including criminal and relevant history screening are vital to maintain this duty of care. SA Health must comply with a number of legislative requirements for criminal history screening and information about these requirements is available via the [SA Health Criminal and Relevant History Screening Policy Directive](#) and via the [DHS Screening Unit](#). Additional information and resources relating to SA Health criminal history screening requirements and assessment of screening outcomes are available [here](#).

3.7.1 Prescribed Positions Only

For *prescribed positions*, as defined under the Child Safety (Prohibited Persons) Act or Commonwealth Aged Care Act, specific criminal history screening is required. Managers need to follow the [SA Health Criminal and Relevant History Screening Policy Directive](#) and DHS Screening Unit information to confirm what type of criminal history check(s) are required for prescribed positions in their teams. A position may require one or more type of criminal history check depending on the nature of the duties performed and the types of patients/consumers.

Working With Children

All employees, prospective employees and non-employees engaged to work in a prescribed position relating to children must undergo a Department of Human Services (DHS) [Working With Children Check \(WWCC\)](#) prior to commencing work and every 5 years thereafter. Legislative requirements and details of relevant prescribed positions are outlined in section 3.2 of the [SA Health Criminal and Relevant Screening Policy](#).

Where the role requires a WWCC under the Child Safety (Prohibited Persons Act), there is no legislative requirement for the AHP to *additionally* hold a National Police Certificate (NPC), unless the AHP is also working within a Commonwealth funded aged care service.

For noting: Prior to 1 July 2019, WWCC were known as DHS or DCSI Child-related employment screening and these checks remain valid until their expiry date (3 years from date of issue).

Commonwealth Aged Care Services

The Commonwealth Aged Care Act requires that Commonwealth funded aged care providers undertake *relevant* criminal history screening for individuals who are reasonably likely to have access to care recipients, whether supervised or unsupervised. Within SA Health, only some sites within the regional LHNs provide Commonwealth funded aged care services and this type of screening is only required for individuals working at those sites.

Section 3.3 of the [SA Health Criminal and Relevant History Screening Policy](#) requires employees and non-employees in prescribed positions under the Aged Care Act to “present a satisfactory National Police Certificate (NPC) from [SAPOL](#) or through an [accredited Crimtrac Provider](#) for aged care related work” prior to employment and every three years thereafter.

To meet the requirements for aged care related work the NPC should state ‘unsupervised contact’ or equivalent notation regarding access to vulnerable groups or aged persons.

3.7.2 All Other Positions (not prescribed as per 3.7.1)

National Police Check (NPC)

As per section 3.4 of the [SA Health Criminal and Relevant History Screening Policy](#), all prospective and current employees and non-employees *not covered* by the Child Safety (Prohibited Persons) Act are required to provide a satisfactory NPC from [SAPOL](#) or through an [accredited Crimtrac Provider](#) for the category of the role prior to their commencement within SA Health.

Section 3.4 of the [SA Health Criminal and Relevant History Screening Policy](#) further states:

There is no legislative requirement to *renew* the criminal history assessments of incumbents of positions not under the Child Safety (Prohibited Persons) Act or Aged Care Act.

All current employees working with vulnerable adults *may be requested* to undergo a screening assessment of their criminal records but such an assessment cannot be undertaken unless the employee agrees to the assessment.

For managers, information regarding assessment of risk relating to offences identified via an NPC is available via the [SA Health National Police Certificate Risk Management Matrix](#).

3.7.3 National Disability Insurance Scheme (NDIS) Registered Providers/Services

AHPs providing services as an NDIS Registered Provider may be additionally required to undergo DHS Disability Services Employment Screening. The requirement for this additional screening should be communicated to the AHP by the LHN/Statewide Service and relevant evidence provided as part of credentialing/re-credentialing in line with NDIS and service requirements.

3.8 APPEALS PROCESS

In the event an SA Health employed allied or scientific health professional is not satisfied with the outcome of a credentialing or re-credentialing application they may appeal the decision by:

- following the standard appeals procedure that exists within the recruitment process (new applicants only) or;
- requesting a review through an LHN Credentialing Committee to address such concerns or;
- following the review processes outlined in the Commissioner for Public Sector Employment [Review of Employment Decisions Guideline](#) where applicable.

4. Implementation & Monitoring

4.1 CREDENTIALING COMMITTEE

An AHP Credentialing Committee must be established to oversee the credentialing of allied and scientific health professionals within each LHN and Statewide Service. Where an allied health sub-committee is established at an individual health care facility, the terms of reference of the sub-committee must be amended to reflect the broader scope of application and be compatible with the committee’s Terms of Reference. See Attachments 2 and 3 for an outline of committee governance and responsibilities as well as the generic Terms of Reference.

Each LHN or Statewide Service is strongly encouraged to include policy implementation and evaluation as part of the LHN and Clinical Service Allied Health Credentialing Committee’s responsibilities and a consultative approach is encouraged throughout the process.









The role and function of these credentialing committees within the context of the clinical governance framework and existing credentialing processes for other professions (medical, dental, nursing and midwifery) will be determined by the individual LHN.

4.2 EVALUATION

Each LHN must establish and maintain processes to examine, record and review the credentials of allied and scientific health professionals. Regular reports should be utilised by the LHN or delegated committees to review compliance with the policy and any recommendations for improvement. For example:

- Total percentage of all AHPs with authenticated credentials at the time of appointment
- Total percentage AHPs with current authenticated credentials at 31 December each year.

5. National Safety and Quality Health Service Standards Second edition

 National Standard 1 Clinical Governance	 National Standard 2 Partnering with Consumers	 National Standard 3 Preventing & Controlling Healthcare-Associated Infection	 National Standard 4 Medication Safety	 National Standard 5 Comprehensive Care	 National Standard 6 Communicating for Safety	 National Standard 7 Blood Management	 National Standard 8 Recognising & Responding to Acute Deterioration
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6. Definitions

In the context of this document:

access appointment means the agreement by the LHN or Clinical Service for an external provider to practise within a SA Health facility.

AHP refers to allied or scientific health professionals as detailed in section 2.1 of this policy.

AHP Manager refers to an allied or scientific health professional who holds either operational or professional management responsibilities for the AHP being credentialed.

appointment means the employment or engagement of an Allied & Scientific Health Professional to provide services within an organisation according to conditions defined by general law and supplemented by contract.

authenticating credentials means the formal process used to verify the qualifications, experience, professional standing and other relevant professional attributes of professionals for the purpose of forming a view about their competence, performance and professional suitability to provide safe, high quality health care services within specific organisational environments.

competence means the demonstrated ability to provide health care services at an expected level of safety and quality.

credentials means the qualifications, professional training, professional experience, and training in professional practise, leadership, research, education, communication and teamwork that contribute to a professional's competence, performance and professional suitability to provide safe, high quality health care services. For the purposes of this policy and associated procedures, the professional registration and disciplinary actions, professional membership & accreditation, performance review and continuing practicing development are also regarded as relevant to credentials. Credentials may include documentation such as National Criminal History Record Check, indemnity insurance and curriculum vitae.

CSCPS means the SA Health Credentialing and Scope of Clinical Practice System for Health Practitioners. CSCPS is the statewide database used to record practitioners' qualifications, professional membership eligibility and required documents for authentication of an AHP's credentials and scope of clinical practice.

Executive Director Allied Health (ED AH) means the person titled Executive Director Allied Health or equivalent most senior allied health leadership role, regardless of title, operating within an individual LHN or within the Rural Support Service providing leadership across multiple LHNs.

indirect clinical contact means working in a role that requires accessing patient information, preparing or assisting other clinicians with patient related work, and providing clinical advice or clinical supervision to other clinicians.

Local Health Network (LHN) means one of the following; Central Adelaide Health LHN, Southern Adelaide LHN, Northern Adelaide LHN, Women's and Children's Health Network, Barossa Hills Fleurieu LHN, Yorke and Northern LHN, Flinders and Upper North LHN, Riverland Mallee Coorong LHN, Eyre and Far North LHN, South East LHN, SA Ambulance Service or the Department for Health and Ageing. These are the incorporated bodies which also include statewide services such as SA Pathology, SA Pharmacy and SA Medical Imaging within their corporate structures.

professional means an Allied or Scientific Health professional or manager who meets the profession's requirements for registration or eligibility for membership of a professional association.

professional practise means the professional activity undertaken by professionals for the purpose of investigating patient/consumer symptoms and preventing and/or managing illness, together with associated professional activities related to delivery of patient/consumer care.

re-authentication of credentials means the formal process used to reconfirm the qualifications, experience and professional standing (including history of and current status with respect to professional registration and disciplinary actions) of professionals, for the purpose of forming a view about their ongoing competence, performance and professional suitability to provide safe, high quality care services within specific organisational environments.

self-regulating profession means a model of regulation where there is no occupational licensing or registration law that requires members of a particular profession to be registered with a body that has statutory powers to regulate the profession. Self-regulatory models are valued as providing professional autonomy, ethical standards, flexibility, and providing governance by those with appropriate expertise through a professional association.

Senior AHP refers to an allied or scientific health professional who holds a more senior position than the AHP being credentialed. The Senior AHP must additionally be at least AHP3 level (or equivalent).

7. Associated Policy Directives / Policy Guidelines and Resources

This policy should be read in conjunction with the following SA Health policies and procedures (available at www.health.sa.gov.au/alliedandscientifichealth):

- SA Health AHP Credentialing Procedure Flowchart (Attachment 1)
- SA Health AHP Credentialing Governance Structure (Attachment 2)
- AHPs Initial Credentialing, Re-Credentialing and Mutual Recognition applications
- Application for an Access Appointment by a private , Non-Government Organisation or other Government Agency Allied Health Professional
- SA Health Credentialing and Scope of Clinical Practice System for Health Practitioners, Head of Unit Access or Credentialing Officer – User Manual (version 1.1)
- SA Health Credentialing and Scope of Clinical Practice System for Health Practitioners, User Guide: For AHPs.
- Governance Framework for Advanced Scope of Practice Roles And Extended Scope of Practice Roles in SA Health.

Other references and resources related to this policy include:

SA Health Standards and Accreditation in Health Care, 2019

<https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/clinical+resources/safety+and+quality/standards+and+accreditation+on+safety+and+quality>

Australian Commission on National Safety and Quality Health Service Standards, 2nd Ed, 2017

<https://www.safetyandquality.gov.au/our-work/assessment-to-the-nsqhs-standards/>

Credentialing and Defining the Scope of Clinical Practice for Medical and Dental Health Practitioner Policy (2018, Version 2.0) SA Health

https://www.sahealth.sa.gov.au/wps/wcm/connect/b82dca004e8840fa8f588f3a30168144/Directive_Credentialing_and_Defining_the_Scope+of+Clinical_Practice_for_Medical_Dental_Practitioners_v2.0_16.11.18.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-b82dca004e8840fa8f588f3a30168144-mEbQlbn

SA Health (Health Care Act) Human Resources Manual (2012) (*where alternative industrial tools are not available, refer to this manual for information*)

<http://inside.sahealth.sa.gov.au/wps/wcm/connect/5db83000440db5c0ba7dbf63794072bf/SA+Health+HR+Manual+WR-Workforce-20110225.pdf?MOD=AJPERES&CACHEID=5db83000440db5c0ba7dbf63794072bf>

SA Health Policy Performance Review and Development, Department for Health and Ageing

<http://inside.sahealth.sa.gov.au/wps/wcm/connect/non-public+content/sa+health+intranet/business+units/workforce/workforce+development+and+improvement/high+performance+culture/performance+review+and+development?contentIDR=9f057100443c37db8901c948adf210fe&useDefaultText=0&useDefaultDesc=1>

SA Health Clinical Governance Framework for Allied Health Professionals, 2018

<https://www.sahealth.sa.gov.au/wps/wcm/connect/2c243d1b-c092-4d87-a7f1-c5b04ba28829/ASHO+Clinical+Governance++2018+FINAL.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-2c243d1b-c092-4d87-a7f1-c5b04ba28829-mASp5e1>

SA Health Workforce Operations Advice: Minimum Qualification Requirements for Non-Executive SA Health Employees, February 2018

http://inside.sahealth.sa.gov.au/wps/wcm/connect/f33bf2004b5b3470bf3dbf49a48f268d/WOA0006-12_V2_Minimum+Qualification+Requirements+-WFO-M+Leigh-20120531.pdf?MOD=AJPERES&CACHEID=f33bf2004b5b3470bf3dbf49a48f268d

South Australian Modern Public Sector Enterprise Agreement: Salaried 2017

Code of Conduct for Certain Health Care Workers

<https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/health+education/system+improvement/unregistered+health+practitioners>

8. Document Ownership & History

Document developed by: Allied and Scientific Health Office, Clinical Collaborative, System Leadership & Design

File / Objective No.: 2012-09121 eA877505

Next review due: 28/02/2024 (usually 1-5 years time)

Policy history: Is this a new policy (V1)? **N**
 Does this policy amend or update an existing policy version? **Y**
 If so, which version? 3.3
 Does this policy replace another policy with a different title? **Y**
 If so, which policy (title)? Authenticating Allied Health Professionals Credentials Including Access Appointments Policy Directive

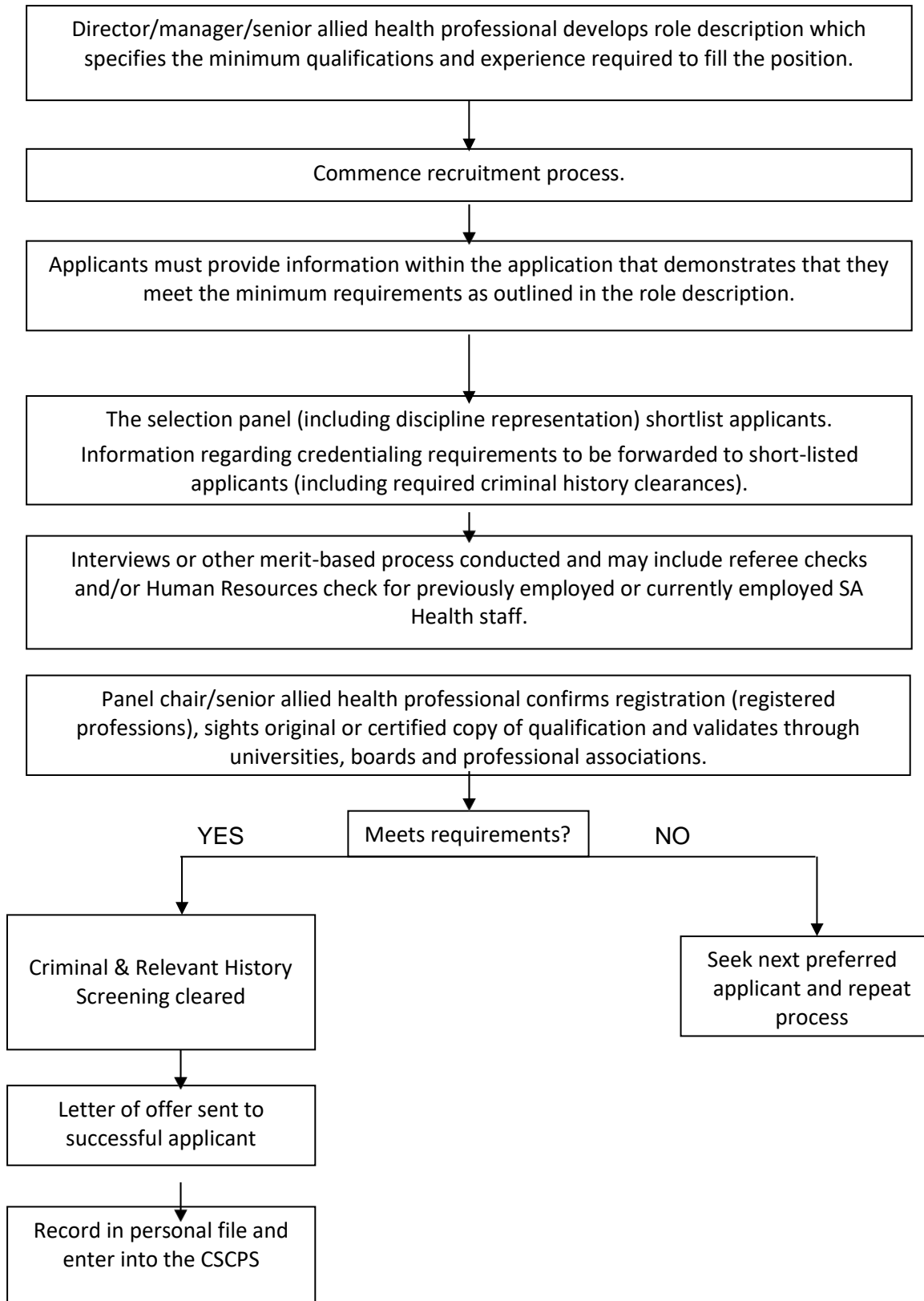
ISBN No.: 978-1-76083-231-5

Approval Date	Version	Who approved New / Revised Version	Reason for Change
21/02/2020	V3.4	Chief Allied and Scientific Health Officer, Allied and Scientific Health Office, System Leadership & Design	Inclusion of NSQHS standards, update of Access Appointment, Criminal History Check requirements and resource links
23/05/2018	V3.3	Chief Allied and Scientific Health Advisor, Allied and Scientific Health Office, System Performance	Addition of references to Dental Therapists and Allied Health Assistants, updates to multiple links/references
29/03/2016	V3.2	Chief Allied and Scientific Health Advisor, Allied and Scientific Health Office, System Performance	Removal of non-existent link and updating policy information
29/01/2015	V3.1	Chief Allied and Scientific Health Advisor, Allied and Scientific Health Office, System Performance	Addition of Criminal History Checks & Enterprise Agreement 2014
12/06/2014	V3	Chief Allied and Scientific Health Advisor, Allied and Scientific Health Office, System Performance	Amended new directive template, endorsed by DCE.
22/04/2014	V2.4	Chief Allied and Scientific Health Advisor, Allied and Scientific Health Office, System Performance	Amended new regulations.
31/05/2013	V2.3	Chief Allied and Scientific Health Advisor, Allied and Scientific Health Office, System Performance	Amended feedback from PE and AH Executive.
30/01/2013	V2.2	Chief Allied and Scientific Health Advisor, Allied and Scientific Health Office, System Performance	Addition of Access Appointments.
31/01/2011	V2.1	Chief Allied and Scientific Health Advisor, Allied and Scientific Health Office, System Performance	Approved by PE.
29/05/2010	V2.0	Chief Allied and Scientific Health Advisor, Allied and Scientific Health Office, System Performance	Amended comments from unions.
15/12/2009	V1.0	Chief Allied and Scientific Health Advisor, Allied and Scientific Health Office, System Performance	Original draft.

ATTACHMENT 1:

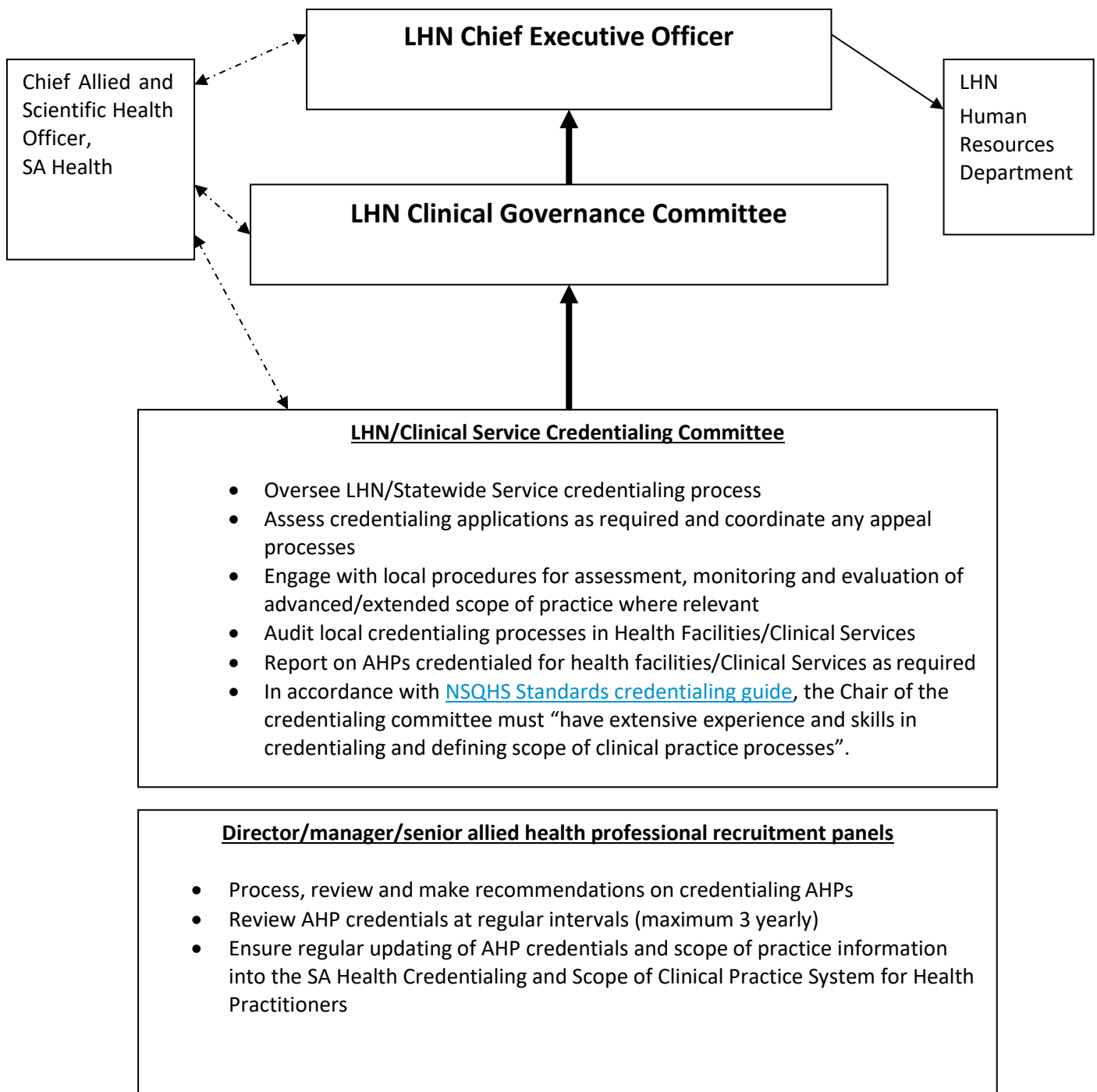
SA HEALTH AHP CREDENTIALING PROCEDURE FLOW CHART

New Appointment



ATTACHMENT 2:

SA HEALTH AHP CREDENTIALING GOVERNANCE STRUCTURE



ATTACHMENT 3: GENERIC TERMS OF REFERENCE ALLIED HEALTH CREDENTIALING COMMITTEE TERMS OF REFERENCE

NAME

The group shall be known as the [*Name of LHN*] Allied Health Credentialing Committee.

PURPOSE

The Credentialing Committee will ensure that the Credentialing for Allied & Scientific Health Professional Credentials Policy Directive is implemented and that a consistent effective system of credentialing for clinicians operates across the [*Name of the LHN*].

REPORTING RELATIONSHIPS

The Committee shall report to [*LHN.....*].

FUNCTION AND RESPONSIBILITIES

The Committee will:

1. Implement SA Health and [*LHN*] Policies and Procedures relating to credentialing and defining the scope of clinical practice for allied and scientific health professionals (“Practitioners”).
2. Oversee entry of Practitioner’s credentialing/scope of clinical practice data into the CSCPS.
3. Ensure appropriate documentation and notifications are maintained for any Practitioners recognised through the mutual recognition process and determine if any reviews are required.
4. Engage with local processes relating to approval, monitoring and evaluation of advanced/extended scope of practice where relevant.
5. Monitor and evaluate the credentialing process, including conducting annual review / audit of Credentialing Committee, to ensure standardisation of the credentialing process across the [*Name of LHN*].
6. Notify the CEO and /or Health Site General Manager and AH Executive Director (or equivalent) and provide relevant action plans for any Practitioners who have restrictions placed on their practice by AHPRA or the relevant professional association.
7. Monitor and review action plans of Practitioners who have restrictions placed on their practice.
8. Where the committee may be contemplating the reduction, suspension or termination of a Practitioner’s scope of clinical practice, the committee must notify the Practitioner in writing. Such notification must inform the Practitioner of the reasons for any such reduction, suspension or termination being contemplated and provide them with an opportunity to respond in writing within 14 days.
9. Coordinate the appeals process, convene an Appeals Committee as necessary, and receive recommendations from the Appeals Committee.
10. Ensure Practitioners understand and consent to the retention of information gathered as part of the credentialing and scope of clinical practice processes.
11. Fully document and keep confidential all committee proceedings unless directed otherwise by the Chair of the committee, this policy or by law, and
12. Conduct itself in good faith, according to the rules of natural justice, without conflicts of interest or bias, and in a manner that does not breach relevant legislation.

A Committee may also:

11. Ratify credentials for allied and scientific health professionals as defined by SA Health policy.

MEMBERSHIP

- the Chair, who is an AHP and is the appointee of the LHN CEO (who would usually be a Director of Allied Health or equivalent-level senior AHP)
- between one and six Senior AHPs, reflecting the number of staff and mix of clinical services provided within the LHN/Statewide Service
- a Human Resources Officer from the LHN (optional)
- a credentialed/experienced nominee of the relevant profession will be sought as required

The Committee maintains the ability to co-opt and seek advice as required, including legal advice.

OPERATING PROCEDURES

Approval of individual credentialing applications will be completed by the Allied Health Manager or Senior AHP as per local procedures. Ratification of credentialing approvals will be provided by the Credentialing Committee and such ratification may be granted by the Chair/Deputy Chair of the Committee for those clinicians commencing a service prior to the next meeting of the full Committee.

QUORUM

The quorum shall comprise half plus one of the members (or proxy) of the committee.

MEETINGS

As far as possible, notice of meetings and supporting papers shall be dispatched five (5) working days in advance of the meeting date.

The committee shall meet [*monthly/3 monthly*] according to date and time agreed by the committee members. The Chair may cancel a meeting if there is insufficient business to warrant holding a meeting. Additional meetings may be held at the determination of the Chair.

PROXY

A designated proxy from the same Clinical Service should be nominated to attend in the absence of a committee member. The chair shall be advised of the proxy prior to the meeting.

COMMITTEE EVALUATION

Terms of reference of this committee shall be reviewed annually.

RECOMMENDATIONS

Committee recommendations relating to individual applications are to be forwarded to the relevant Allied Health Manager or AHP Senior. The recommendations shall specify any conditions attached to the AHP's scope of clinical practice and the reasons for any limitations imposed by the committee. A copy of the recommendation will be retained on the AHP's personnel file.

.....
Signature of Chair

.....
Print Name

.....
Position Title of Chair

...../...../.....
Date