SA Health

# Credentialling and Scope of Clinical Practice System for Medical and Dental Practitioners

Credentialling Officer – User Manual Version 2



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#### Purpose of this document

This document is intended to provide guidance for the use of the SA Health Credentialling and Scope of Clinical Practice System (CSCPS). It is intended for users of the system that have Credentialling Officer level access for medical/ dental practitioners.

It is not intended to provide LHN guidance regarding the credentialling process. For information on process please refer to local policy or the Policy for Credentialling and Defining the Scope of Clinical Practice for Medical and Dental Practitioners.

#### System overview

The Credentialling and Scope of Clinical Practice System (CSCPS) is a web based application that is used to maintain a consistent, secure and centralised data set of information pertaining to Health Practitioners Credentials and Scope of Clinical Practice.

#### System access and log in

The CSCPS is available from the SA Health intranet via Corporate Programs. Once you click on the link, you will be asked to enter your usual computer user name and password. Remember to enter **had\** before your user name (for those not on Windows 7).

| Windows Security |   | 23   |
|------------------|---|------|
| Connecting to    | credentialling.sahealth.sa.gov.au.                              |      |
|                  | User name<br>Password<br>Domain: HAD<br>Remember my credentials |      |
|                  | ОК Са   | ncel |

Click 'OK' and you will see the CSCPS welcome page. Click the 'Logon' button in the top corner of the screen to enter the system.



### Navigating the site

The CSCPS uses standard navigation principles as these are common among other applications and familiar to most computer users. Navigation tabs at the top of the page make it clear where a user is going and which tab is currently selected.

| Add Record                    | Search         | Reports             | Adminis         | stration      | Logout               |                 |              |        |       |
|-------------------------------|----------------|---------------------|-----------------|---------------|----------------------|-----------------|--------------|--------|-------|
| Search - Please enter det     | ails to sea    | rch for Healt       | h Profess       | ionals        |                      |                 |              |        |       |
| Unique Identifier             |                |                     |                 |               |                      |                 |              |        |       |
| Status                        |                | •                   |                 |               |                      |                 |              |        |       |
| Last Name                     |                |                     |                 |               |                      |                 |              |        |       |
| First Name                    |                |                     |                 | Preferred     | Name                 |                 |              |        |       |
| Registration Number           |                |                     |                 |               |                      |                 |              |        |       |
| Profession                    |                | •                   | 1               |               |                      |                 |              |        |       |
| Local Health Network (LHN)    |                |                     |                 | •             |                      |                 |              |        |       |
| Committee                     |                |                     | •               |               |                      |                 |              |        |       |
| Credential                    |                |                     | •               |               |                      |                 |              |        |       |
| SOP Health Unit & Departments |                |                     | •               |               |                      |                 |              |        |       |
| Employee ID                   |                |                     |                 | Credentia     | s Due Within         |                 | •            |        |       |
| Contract Number               |                |                     |                 | Evidence (    | ue Within            |                 | •            |        |       |
| Primary Committee             |                |                     | •               | Registratio   | on Due Within        |                 | •            |        |       |
| Current Practicing in CHSA    |                | •                   |                 |               |                      |                 |              | Search | Clear |
|                               |                |                     |                 |               |                      |                 |              |        |       |
| © 5/                          | A Health Crede | ntialling and Scope | of Clinical Pra | actice System | for Health Practitio | oners (v1.11 (2 | 27/02/2013)) |        |       |

- > Navigation between areas of the application is done through tabs at the top of the pages.
- > For fields where multiple options are available drop down lists are used.
- > Blue buttons are used to allow the submission of form data or to undertake an action in the system.
- > Tab keys on your keyboard allow easy navigation between fields.

### Edit functions

There are common editing functions throughout the system. Depending on your access you will only be allowed to edit or delete certain records. When you see either of the two icons shown below then you are able to edit that data item. If you believe that you should be able to edit other data in the system but the system does not allow you to do this, contact the System Administrator to check your access set up.



This icon will allow you to edit the displayed record. Click the 'Edit' icon and the data fields will open where you can make the edits required.

This icon will allow you to delete the data. If you click the 'Delete' icon you will then be prompted to confirm the deletion.

The '**Show History**' blue button at the bottom of each screen will display a list of any edits made to information contained on that screen and who made the edits. If you wish to hide this information on the screen click the '**Hide History**' button.

| Edit     | Delet       | e C        | ountry | Туре               | Date Issued          |       | Document Upload   |                 |
|----------|-------------|------------|--------|--------------------|----------------------|-------|-------------------|-----------------|
| No Crim  | inal Histor | y Found    |        |                    |                      |       |                   |                 |
| ualifica | ations      |            |        |                    |                      |       |                   |                 |
|          |             |            |        | Post Nominal       | Year Obtained        |       |                   | Document Upload |
| No Qua   | lifications | Found      |        |                    |                      |       |                   |                 |
| Add A    | ddress      | Upload Pho | to Edi | t Personal Details | Add Criminal History | Check | Add Qualification |                 |
|          |             |            |        |                    |                      |       |                   |                 |

#### Blue buttons

Use the blue buttons located at the bottom of each screen to enter information into a practitioners record.

While it is not mandatory to enter data into each tab it is recommended that as much data as is available is entered for each health practitioner.

When you select a blue button to enter information there will be mandatory data requirements for each section indicated by a '\*'next to the data item. If you attempt to save a record without completing the mandatory requirements you will be prompted to enter the required data.

| Add Address | Upload Photo | Edit Personal Details |        | Add Cr   | iminal History Check | Add Qualification |
|-------------|--------------|-----------------------|--------|----------|----------------------|-------------------|
| Show        | History      | Add/Edit ID           | Add/Eo | lit LSPN |                      |                   |

#### Save / cancel

Use these buttons to save entered information or cancel and return to the practitioners record.



# Uploading documents

There are a number of places in the system where you are able to upload a document to provide evidence of the credentialling process. Each document can be a maximum of 4MB. Document places include:

- > Qualifications
- > Criminal History Check
- > Credential
- > Scope of Practice
- > Continuing Professional Development.

When you see 'Document Upload' in the system, this is where the document can be added. Click '**Upload**' to search your network for the correct image or document.

| Document Upload | Upload | Clear |  |
|-----------------|--------|-------|--|
|                 |        |       |  |

#### Show expired records

The CSCPS hides expired records from view. If you need to see all expired records tick the "Show Expired" box. To hide from view simply untick the box.

| Show E   | xpired Regist                       | rations 🔲       |
|----------|-------------------------------------|-----------------|
| eciality | Reg. Expiry                         | More<br>Details |
| ıl       | 30/03/2013                          | No              |
| Sh       | ow Expired Li                       | cences 🔲        |
|          |                                     |                 |
| Show Ex  | pired Accredi                       | itations 🔲      |
| Accr. E  | kpiry                               |                 |
| Show E   | <b>xpired Membe</b><br>Member Expir | erships 🔲<br>Iy |
|          |                                     |                 |

### Date format

Whenever you are required to enter a date into the system you can either use the calendar tool displayed next to the data box or you can enter the date manually. When clicking on the calendar tool the current month's calendar will be displayed Click on the date required and it will populate the data box. If entering the date manually the correct format is DD/MM/YYYY.

| 0  | Mar | ▼ 2013 |    |    | •  | O  |
|----|-----|--------|----|----|----|----|
| Su | Мо  | Tu     | We | Th | Fr | Sa |
|    |     |        |    |    | 1  | 2  |
| 3  | 4   | 5      | 6  | 7  | 8  | 9  |
| 10 | 11  | 12     | 13 | 14 | 15 | 16 |
| 17 | 18  | 19     | 20 | 21 | 22 | 23 |
| 24 | 25  | 26     | 27 | 28 | 29 | 30 |
| 31 |     |        |    |    |    |    |

### Searching for a health practitioner

The process of adding information to a practitioner's record or adding a new practitioner to the system always starts with searching for the practitioner you require. Practitioners should only be in the system once. Separate records from different clinical areas are added to the same individual record.

To search for a Health Practitioner:

- > Click on the top search button
- > Enter the data you have for the practitioner, you do not need to complete all fields only one field is required to start a search.

Practitioners' names do not need to be entered fully. You can narrow the search by entering the practitioners' first name or initial.

| Add Record                              | Search Reports Administration Logout   |              |
|---|--|--------------|
| Search - Please enter de                | etails to search for Health Professionals  |              |
| Unique Identifier                       |  |              |
| Status                                  | Active   |              |
| Last Name                               | test   |              |
| First Name                              | Preferred Name   |              |
| Registration Number                     |  |              |
| Profession                              | ×  |              |
| Local Health Network (LHN)              | Central Adelaide Local Health Network  |              |
| Committee                               |  |              |
| Credential                              |  |              |
| SOP Health Unit & Department            | 15   |              |
| Employee ID                             | Credentials Due Within   | •            |
| Contract Number                         | Evidence Due Within  |              |
| Primary Committee                       | Registration Due Within  |              |
| Current Practicing in CHSA              |  | Search Clear |
| Practitioner ilealth                    |  |              |
| Name Profession                         | Credential Credential Expiry Status Reminde  | r Letter     |
| <u>Mrs Testa TEST</u> Medical Practitic | oner RAH - Medical : 25/07/2013 462 days to expiry Not Active Renewal<br>Dermatology CEH - Medical : 03/07/2014<br>General Practice CEH - Medical : 25/06/2012<br>Dermatology CEH - Medical : 25/06/2012 | Letter       |

Clicking the 'Search' blue button searches for any matching practitioners.

The results of the search are displayed at the bottom of the screen. The result listing shows the practitioner's name, their profession, credentials entered in the system, expiry time, status and links to generate renewal reminder letters.

- > A green flag will display against a practitioner's name if their credential is due to expire within two months.
- > An orange flag will display if the practitioner's credential is due to expire within one month.
- > A red flag will display if the credential has already expired.

Click on the underlined practitioner's name to enter their record.

### Adding a new health practitioner

Before a new practitioner is added to the system the above search should be performed to ensure the individual does not already exist in the system. **Failure to do this will result in a duplicate.** If they are not in the system, then clicking on the '**Add Record**' button at the top of the page will take you to the '**Add Person Record**' form:

| Add Record                     | Search Reports                        | Administration Logout   |                  |
|--------------------------------|---------------------------------------|-------------------------|------------------|
| dd Person Record               |                                       |                         |                  |
| lease search the database to e | nsure that the person record does not | already exist.          |                  |
| ersonal Details                |                                       |                         |                  |
| Title                          | •                                     | Status *                |                  |
| Last Name *                    |                                       | Intern / Trainee *      |                  |
| First Name *                   |                                       | Profession *            |                  |
| Middle Name                    |                                       | Contract Number         |                  |
| Nee (Prev. Last Name)          |                                       | SA Health Employee      |                  |
| Prev. First Name               |                                       | Currently Practice CHSA |                  |
| Preferred Last Name            |                                       |                         |                  |
| Preferred First Name           |                                       |                         |                  |
| Date of Birth *                |                                       | Gender                  | •                |
| ontact Details                 |                                       |                         |                  |
| Address Type                   | •                                     | Contact Phone           |                  |
| Address Line 1                 |                                       | Mobile                  |                  |
| Address Line 2                 |                                       | Email                   |                  |
| Suburb                         |                                       | Preferred Contact       | •                |
| Postcode                       |                                       |                         |                  |
| State                          | •                                     |                         |                  |
| Mailing Address                |                                       |                         |                  |
|                                |                                       |                         | Add Record Clear |

Only the fields indicated with a red '\*' are mandatory. Once the data has been added and the '**Add Record**' blue button clicked the data is entered into the database and the main practitioner information page will be displayed. Data not entered at this stage can be entered at a later time through the main record. See following information regarding each field.

#### **PERSONAL DETAILS: \* indicates mandatory fields**

\*Status – this is a mandatory field, select appropriate status from the drop down list

Active - Practitioner is currently working and is required to be credentialled

Not Active - Practitioner is currently not working

No Longer Practicing – Practitioner is no longer practicing

Retired – Practitioner has retired from working

Resigned – Practitioner has resigned and is not currently working

**Not Required** – the record has mistakenly been entered into the system and is not required to be credentialled. The System Administrator will periodically remove records with the status set to 'Not Required' from the system.

Extended Leave - Practitioner is on extended leave (e.g. long service leave).

**Temporary** – Practitioner status was set to temporary following initial migration of data into the system. This status should be changed to 'Active' or 'Not Required' following initial review of record.

Title - select appropriate title from the drop down list

\*Last Name – this is a mandatory field, enter the Practitioner's last name. This can be entered using lower case, once the record has been saved this will be changed to Upper Case.

\*First Name – this is a mandatory field, enter the Practitioner's first name. This can be entered using lower case, once the record has been saved this will be changed to Title Case.

**Middle Name** – if available enter Practitioner's middle name. This can be entered using lower case, once the record has been saved this will be changed to Title Case.

**Nee (Previous Last Name)** – if available enter Practitioner's previous last name. This can be entered using lower case, once the record has been saved this will be changed to Upper Case. \*\*Please note that this field is displayed on the view only screen – if the Practitioner does not wish this to be viewed by SA Health staff they will need to request that it is not recorded.

**Previous First Name** – if available enter Practitioner's previous first name. This can be entered using lower case, once the record has been saved this will be changed to Title Case.

**Preferred Last Name** – if available enter Practitioner's preferred last name. This can be entered using lower case, once the record has been saved this will be changed to Upper Case. Please note, the system is unable to search for preferred last name. Recommendation-include preferred last name in brackets in the last name category.

**Preferred First Name** – if available enter Practitioner's preferred first name. This can be entered using lower case, once the record has been saved this will be changed to Title Case.

**\*Date of Birth** – this is a mandatory field. You can either use the calendar tool to enter the date of birth or manually enter the date.

Intern / Trainee – select 'Yes' if the Practitioner is an intern or trainee or 'No' if not.

\***Profession** – this is a mandatory field, select appropriate professional group, note this is the overarching professional category. When you enter a credential or scope of practice for a Practitioner you will be able to select a discipline.

Allied and Scientific Health – includes both registered and self-regulated professions

**Dental Practitioner** 

Medical Practitioner

Nursing and Midwifery – Nurse Practitioners and Eligible Midwives only

Paramedicine - this category is currently not in use

**Unregulated** – Unregulated professional groups including Lifestlye Advisors, Health Promotion Officers, Counsellors.

**Contract Number** – for non-SA Health employees you can enter their relevant contract number if needed. This is a free text field.

SA Health Employee – if Practitioner has a CHRIS number select 'Yes', if not select 'No'

Currently Practice in CHSA – if the Practitioner works in Country Health check this box

CHSA Practicing Status – if the above box was checked then select appropriate status

**Visiting** – A doctor providing services to a hospital who is usually employed by another health network/hospital and who works on a sessional or fee for service basis. Visiting doctors can work regular or irregular sessions or in blocks of time including on call periods.

**Resident** – A doctor appointed or contracted to a permanent position in a country hospital/health service, who also resides in the local area.

Locum – A doctor temporarily appointed to a short term role or vacancy in a hospital/health service.

Gender - select appropriate gender from drop down list

#### CONTACT DETAILS: If person contact details are unavailable please use employment contact details.

Address Type - select appropriate address type from the drop down list

Address Line 1 – enter street address

Address Line 2 – if required enter further street address

Suburb – enter Suburb

Postcode – enter postcode

State - select appropriate State from drop down list

Mailing Address - select 'yes' from drop down list if this is the postal address for the Practitioner or 'no' if not

Contact Phone – enter a contact phone number, preferred format is 88 8888 8888

Mobile – enter a mobile phone number, preferred format is 8888 888 888

Email – enter Practitioners email address, the system will ensure you enter a correct email format

Preferred Contact - select from drop down list the Practitioner's preferred method of contact.

**Date of Appointment** – use the calendar tool or manually enter the date they commenced work for SA Health.

### Health practitioner information page

The home page for a practitioner record is displayed below. Whatever information was entered in the 'Add Record' page will be displayed on the Personal Details tab. You can now edit this information or include additional information.

| Unique Identifier       | TES5010282               | Status                  | inee               | Not Active             |                |                |
|-------------------------|--------------------------|-------------------------|--------------------|------------------------|----------------|----------------|
| hame                    | mis icol, lesta          | Profession              | inee               | Medical Practitione    | r              |                |
|                         |                          | Contract Nu             | umber              | 96959 69595            |                |                |
| Gender                  | Male                     | SA Health E             | mployee            | Yes                    |                |                |
| Date of Birth           | 27/06/2012               | Currently P             | ractice CHSA       | No                     |                |                |
| Primary Committee       | RAH - Medical            | LSPN                    |                    | 0573:FMC               |                |                |
|                         |                          |                         |                    |                        |                |                |
| Personal Details Reg//  | Accr/Memb Insurance      | Credential              | SOP Approva        | I CPD App              | peals Progress |                |
| Contact Details         |                          |                         |                    |                        |                |                |
| Edit Delete Address Typ | e Address1               | Address2                | Suburb             | Postcode               | State Mailin   | g address      |
| 🦋 🗙 Home                | Test St                  |                         | TEST SURBURB       | 5064                   | SA Yes         |                |
| Contact Phone           | 82685695                 |                         |                    |                        |                |                |
| Mobile                  | 0101032530               |                         |                    |                        |                |                |
| Email                   |                          |                         |                    |                        |                |                |
| Preferred Contact       |                          |                         |                    |                        |                |                |
|                         |                          |                         |                    |                        |                |                |
| Criminal History Check  |                          |                         |                    |                        |                |                |
| Edit Delete Country     |                          |                         |                    |                        |                | Doc<br>Upk     |
| 🥟 🗙 Australia           |                          | SA Govt: D<br>Inclusion | epartment for Comm | unities and Social     | 03/03/2013     |                |
| Qualifications          |                          |                         |                    |                        |                |                |
| Edit Delete Qualificat  |                          | Post Nominal            |                    | /ear<br>Obtained Award |                | Docur<br>Uploa |
| Bachelor of Surgery     | of Medicine, Bachelor of |                         | 2                  | 003 Flinder            | University     | E              |
|                         |                          |                         |                    |                        |                |                |

The first two boxes display the addresses and contact details that have been entered for the Practitioner. The next box contains information regarding the **Criminal History Check** status of the Practitioner and the final box displays the Qualifications of the Practitioner.

#### Edit address

To add a new address click the **'Add Address'** blue button at the bottom of the screen. A new screen will open where you can enter the information.

| dit Address     |      |             |
|-----------------|------|-------------|
| Address Type    |      |             |
| Address Line 1  |      |             |
| Address Line 2  |      |             |
| Suburb          |      |             |
| Postcode        |      |             |
| State           | SA 💌 |             |
| Mailing Address | Yes  |             |
|                 |      |             |
|                 |      | Save Cancel |

### Upload photo

The **'Upload Photo'** blue button will allow you to add a digital image of the Practitioner. **Ensure the correct image of the Health Practitioner is uploaded into the system.** This is not mandatory however your local Credentialling Committee may mandate this practice. The image uploaded must be in a jpeg, gif or png format.

| Upload Practitioner | Photo X       |
|---------------------|---------------|
| Upload Image *      | Browse        |
|                     | Upload Cancel |

### Edit personal details

The **'Edit Personal Details'** blue button will allow you to edit the Practitioner's personal details displayed on the screen, other than address which has already been discussed. See 'Adding a new Health Practitioner' for further information on each field.

| Edit Personal Details |               |                         | ×                    |
|-----------------------|---------------|-------------------------|----------------------|
| Title                 | Dr 🔻          | Status *                | Active •             |
| Last Name *           | TEST          | Intern / Trainee *      | No T                 |
| First Name *          | Test          | SA Health Employee      | Yes •                |
| Middle Name           |               | Contract Number         |                      |
| Nee (Prev. Last Name) |               | Profession *            | Medical Practitioner |
| Prev. First Name      |               | Contact Phone           |                      |
| Preferred Last Name   |               | Mobile                  |                      |
| Preferred First Name  |               | Email                   |                      |
| Gender                | Male <b>T</b> | Preferred Contact       | T                    |
| Date of Birth *       | 27/06/2012    | Currently Practice CHSA |                      |
| Primary Committee     | CALHN Medical |                         |                      |
| Date of Appointment   |               |                         |                      |
|                       |               |                         |                      |
|                       |               |                         | Save Cancel          |
|                       |               |                         |                      |

# Adding the primary committee

The **'Primary Committee'** is entered on the 'edit personal details' screen. This is where you allocate one Credentialling Committee to act as the primary owner of the Practitioner's record.

| Add Address | Upload Photo | Edit Perso | onal Details | Add Cr   | iminal History Check | Add Qualification |
|-------------|--------------|------------|--------------|----------|----------------------|-------------------|
| Show        | History      | Add/F      | Add/E        | dit LSPN |                      |                   |
|             |              |            |              |          |                      |                   |

**The system will only allow you to choose between the committees assigned against the Practitioner's Credentials and/or Scope of Clinical Practice.** If the Practitioner does not yet have a Credential or Scope of Clinical Practice entered you will not be able to allocate the 'Primary Committee'. Once a committee has been entered for a Credential and/or Scope of Clinical Practice then this field will be automatically populated by that committee. If another committee is entered on their record then select the appropriate committee from the drop down list.

| Edit Personal Details |               |                         | ×                    |
|-----------------------|---------------|-------------------------|----------------------|
| Title                 | Dr •          | Status *                | Active •             |
| Last Name *           | TEST          | Intern / Trainee *      | No T                 |
| First Name *          | Test          | SA Health Employee      | Yes T                |
| Middle Name           |               | Contract Number         |                      |
| Nee (Prev. Last Name) |               | Profession *            | Medical Practitioner |
| Prev. First Name      |               | Contact Phone           |                      |
| Preferred Last Name   |               | Mobile                  |                      |
| Preferred First Name  |               | Email                   |                      |
| Gender                | Male V        | Preferred Contact       | ¥                    |
| Date of Birth *       | 27/06/2012    | Currently Practice CHSA |                      |
| Primary Committee     | CALHN Medical | ]                       |                      |
| Date of Appointment   |               |                         |                      |
|                       |               |                         |                      |
|                       |               |                         | Save Cancel          |
|                       |               |                         | //                   |

For example if a Practitioner has been credentialled by the RAH Medical Credentialling Committee and has a Scope of Clinical Practice approved by both the RAH and QEH Credentialling Committees, the drop down box will only list these two committees for you to select between. **Agreement between the two committees should be reached as to which one will be the Primary Committee for that Practitioner.** In most cases this will be a logical decision based on the practitioner's primary place of employment. However in some cases an arbitrary decision may need to be made. In general the Primary Committee will be responsible for the ongoing credentialling of the Practitioner.

You can change the primary committee allocated to a Practitioner using the 'Edit Personal Details' blue button. However you should only ever change the primary committee if the other committee has accepted ownership of the Practitioner and is notified of the change being made.

# Criminal history check

**'Add Criminal History Check'** allows you to add details regarding the Practitioners criminal history check (CHC). Complete all fields as required and only upload the clearance email.

| Add Criminal History ( | heck               | ×            |
|------------------------|--------------------|--------------|
| Country *              | Australia          | T            |
| Type *                 | DCSI Child-related | ¥            |
| Date Issued *          | 05/01/2015         |              |
| Document Upload        |                    | Upload Clear |
|                        |                    |              |
|                        |                    | Save Cancel  |

### Add qualification

**'Add Qualification'** is where you enter details regarding a Practitioner's qualifications such as their primary qualification and any subsequent qualifications. Please upload and classify each type of verified, scanned PDF copy of the qualification. Qualifications must be entered separately and in chronological order.

- > Qualification description of qualification i.e. Bachelor of Medicine, Bachelor of Surgery.
- > Post Nominal Post nominal letters allowable for the Practitioner's qualifications i.e. MBBS, FRACS.
- > Year Obtained Enter the year the qualification was obtained.
- > Awarding Institution Enter the University or Institution that awarded the qualification.

| dd Qualification        |  |        |       |        | × |
|-------------------------|--|--------|-------|--------|---|
| Qualification *         |  |        |       |        |   |
| Post Nominal            |  |        |       |        |   |
| Year Obtained           |  |        |       |        |   |
| Awarding<br>Institution |  |        |       |        |   |
| Document<br>Upload      |  | Upload | Clear |        |   |
|                         |  |        |       |        |   |
|                         |  |        | Save  | Cancel |   |

### Add/edit CHRIS employment number

**'Add/Edit ID'** allows you to either add a CHRIS employee number for a Practitioner or to edit an existing employee ID. If adding new employee ID firstly select the required CHRIS organisation from the drop down list. Please note this list reflects CHRIS organisations and not the current LHN structure. Then enter the employee ID number and click 'Save' to save the new ID.

If editing an existing employee ID, select the CHRIS Organisation of the ID you wish to edit, the employee ID number will automatically populate the next data box. Edit the employee ID number as required.

| Add/Edit Personal Id  | lentifier |                         |             | ×           |
|-----------------------|-----------|-------------------------|-------------|-------------|
| Edit Delet            | e         | Chris Organisation      | Employee ID |             |
| No Employee ID Detail | s Found   |                         |             |             |
| A00                   |           |                         |             |             |
|                       |           | Add Personal Identifier |             |             |
| Chris Organisatio     | n •       |                         |             |             |
|                       |           |                         |             | Save Cancel |
| Manimoutone           |           |                         |             | Close       |

The employee ID number will be visible in the personal details Tab.

You can enter more than one employee ID for a Practitioner. For those Practitioners with more than one ID, their ID will be shown in blue and underlined in the personal details section of their information page. When you hover the cursor over the employee ID a pop up box will say 'View Employee IDs'. If you click on this box you will be able to view all of the Employee IDs for the Practitioner.

| Add Record        | Search Reports  | Administration          | Logout                              |  |
|-------------------|-----------------|-------------------------|-------------------------------------|--|
| Unique Identifier | TES5010282      | Status                  | Not Active                          |  |
| Name              | Mrs TEST, Testa | Intern / Trainee        | No                                  |  |
|                   |                 | Contract Number         | Medical Practitioner<br>96959 69595 |  |
| Gender            | Male            | SA Health Employee      | Yes                                 |  |
| Date of Birth     | 27/06/2012      | Currently Practice CHSA | No                                  |  |
| Employee ID       | FMC:1549758 1A  |                         |                                     |  |
| Primary Committee | RAH - Medical   | LSPN                    | 0573:FMC                            |  |

# Add/edit LSPN

The LSPN (Location Specific Practice Number) is a unique identification number which is required to be submitted as a part of each medicare claim for diagnostic imaging or radiation oncology services. If required click blue button and enter in relevant information.

| Add Record        | Search Reports  | Administration          | Logout               |
|-------------------|-----------------|-------------------------|----------------------|
| Unique Identifier | TES5010282      | Status                  | Not Active           |
| Name              | Mrs TEST, Testa | Intern / Trainee        | No                   |
|                   |                 | Profession              | Medical Practitioner |
|                   |                 | Contract Number         | 96959 69595          |
| Gender            | Male            | SA Health Employee      | Yes                  |
| Date of Birth     | 27/06/2012      | Currently Practice CHSA | No                   |
| Employee ID       |                 |                         |                      |
| Primary Committee | RAH - Medical   | LSPN                    | 0573:FMC             |

The LSPN number will automatically appear on the practitioners main information page. You can add more than one LSPN. For practitioners with more than one LSPN, their LSPN will be shown in blue and underlined in the personal details section of their information page. If you click on this blue text you will be able to view all LSPN's for the Practitioner.

# Registration/accreditation/membership

The second tab contains information regarding the Practitioner's Registrations, Licences, Accreditations and Memberships. Not all sections will need to be completed for each Practitioner, only those that are relevant for that Practitioner. For registration/ accreditation/ membership the system will always display the last entry regardless of its expiry date.

| ed Registratio |
|----------------|
|                |
| cpiry M<br>D   |
| 014 <u>Y</u> e |
| Expired Licen  |
|                |
|                |
| d Accreditati  |
|                |
|                |
| ed Members     |
| ber Expiry     |
|                |
|                |
|                |
|                |
|                |

# Add registration

'Add Registration' will allow you to enter a Practitioner's registration details. This section is only used for Australian

Health Practitioner Regulation Agency (AHPRA) Registrations.

- 1. Profession select the appropriate profession for the Practitioner
- 2. Registration Board this will automatically be entered after profession selection
- 3. Registration number -free text field to enter registration number. This needs to be in the identical 12 digit format to how it is listed in the practitioner's record on the AHPRA website.
- 4. Registration type this will match the AHPRA registration type. Depending on what is selected a further box may then appear which requires further detail, for example if 'Specialist' is selected under registration type then you will be required to enter the Specialty.
- 5. Expiry date enter registration expiry date
- 6. Endorsements, Conditions, Undertakings, Notations and Reprimands free text fields to enter information as per the Practitioner's AHPRA registration information.

| Add Registration       |      |      | :      |
|------------------------|------|------|--------|
| Profession *           | <br> |      | •      |
| Registration<br>Board  |      |      |        |
| Registration No. *     |      |      |        |
| Registration<br>Type * |      |      | •      |
| Expiry Date *          |      |      |        |
| Endorsements           |      |      | *      |
|                        |      |      | -      |
| Conditions             |      |      | *      |
|                        |      |      | -      |
| Undertakings           |      |      | *      |
|                        |      |      | -      |
| Notations              |      |      | *      |
|                        |      |      | *      |
| Reprimands             |      |      | *      |
|                        |      |      | -      |
|                        |      | _    |        |
|                        |      | Save | Cancel |

### Add licence

**'Add Licence'** will allow you to enter licence information for any practitioner (e.g. Radiologist, radiographer) that require a Radiation Licence from the Environment Protection Authority. Complete all required fields.

| Add Licence Info | rmation 🗶   |
|------------------|-------------|
| Licence *        | ×           |
| Licence No *     |             |
| Expiry *         |             |
| Conditions       | ^<br>^      |
|                  |             |
|                  |             |
|                  | Ŧ           |
|                  | Save Cancel |
|                  | Save Cancer |

#### Add accreditation

**'Add Accreditation'** will allow you to enter accreditation information for the Practitioner. Complete all required information.

| Accreditation * |      |  |  |
|-----------------|------|--|--|
| Accredited *    | -    |  |  |
| Accreated       |      |  |  |
| Accreditation   |      |  |  |
|                 | <br> |  |  |
| Expiry *        |      |  |  |
|                 |      |  |  |

# Add professional association

**'Add Professional Association Membership'** will allow you to enter the Practitioner's professional association memberships. Complete all relevant and required information available.

| Professional<br>Association * |   |  |  |
|-------------------------------|---|--|--|
| Eligible *                    | - |  |  |
| Member *                      | - |  |  |
| Member Type                   |   |  |  |
| Member<br>Number              |   |  |  |
| Member Expiry                 |   |  |  |
|                               |   |  |  |

#### Insurance

The third tab relates to Practitioners that are required to have their own professional indemnity cover i.e. for services offered to private patients in the public health system which are outside of their employment contract.

You can enter more than one Insurance policy.

| Inique Identifier | TES5010282      | Status            | No        | ot Active           |                        |
|-------------------|-----------------|-------------------|-----------|---------------------|------------------------|
| ame               | Mrs TEST, Testa | Intern / Trainee  | No        | ,                   |                        |
|                   |                 | Profession        | Me        | edical Practitioner |                        |
|                   |                 | Contract Number   | 96        | 959 69595           |                        |
| ender             | Male            | SA Health Employ  | ree Ye    | 85                  |                        |
| ate of Birth      | 27/06/2012      | Currently Practic | e CHSA No | )                   |                        |
| mployee ID        | -               |                   |           |                     |                        |
| rimary Committee  | RAH - Medical   | LSPN              | 05        | 73:FMC              |                        |
| 1                 |                 |                   |           |                     |                        |
| Personal Details  | leg/Accr/Memb   | Credential SOP    |           |                     |                        |
| Insurance         |                 |                   |           |                     | Show Expired Insurance |
| Edit Insurance Co | ompany Policy   | Type Policy N     |           |                     | Procedural Details     |
| Eclipse           | Full            | 753 258           | 9877 1 A  | 29/03/2013          |                        |

Select the **'Add Insurance'** blue button to enter Insurance details. Complete all relevant fields. There is a free text Box for Procedural details.

| Add Insurance          |      | ×      |
|------------------------|------|--------|
| Insurance<br>Company * |      |        |
| Policy Type *          |      |        |
| Policy No.*            |      |        |
| Expiry *               |      |        |
| Procedural<br>Details  |      | *      |
|                        |      | ~      |
|                        |      |        |
|                        | Save | Cancel |

# Credential

The fourth tab is where a practitioner's Credentialling status information is located. If the practitioner has already had a credential entered and it is still current it will be displayed under 'Credentials'. If it has expired you will need to the check the 'Show Expired Credentials' box to display.

As a Credentialling Officer, you will be able to edit an existing credential if your Credentialling Committee was assigned as the primary committee. Credentialling Officers from other committees will only be able to view this information.

| Add Record  | Search   | Reports                                      | Administ                         | ration                             | Logout                                      |   |  |
|---|--|--|----------------------------------|------------------------------------|---|---|--|
| Unique Identifier   | TES5010282   |  | Status                           |                                    | Not Active                                  |   |  |
| Name  | Mrs TEST, Tes  | sta  | Intern / Traine                  | e                                  | No  |   |  |
|   |  |  | Profession                       |                                    | Medical Practition                          | er  |  |
| Candan  |  |  | Contract Num                     | ber                                | 96959 69595                                 |   |  |
| Gender<br>Date of Birth   | Male<br>27/06/2012   |  | SA Health Em                     | pioyee                             | Tes   |   |  |
| Employee ID   | 2110012012   |  |                                  | CHOC CHOM                          |   |   |  |
| Primary Committee   | RAH - Medica   |  | LSPN                             |                                    | 0573:FMC                                    |   |  |
|   |  |  |                                  |                                    |   | 31104   | capit ou or ou o |
| Edit Categorisation   | Specialty / Clinica<br>Domain<br>General Practice                | <sup>II</sup> Sub-Specialty<br>GP Supervisor | Date 20/06/2012                  | Expiry<br>03/07/2014               | Committee                                   | Limitations /<br>Conditions<br>test Limitations and               | Additional Document<br>Information Upload  |
| Edit Categorisation<br>Medical Practitioner<br>Medical Practitioner | Specialty / Clinica<br>Domain<br>General Practice<br>Dermatology | <sup>I</sup> Sub-Specialty<br>GP Supervisor  | Date<br>20/06/2012<br>27/06/2012 | Expiry<br>03/07/2014<br>25/07/2013 | Committee<br>QEH - Medical<br>RAH - Medical | Limitations /<br>Conditions<br>test Limitations and<br>conditions | Additional Document<br>Information Upload<br>No  |

Please note that SA Health Credentialling Committees mutually recognise credentialling processes from other committees. Only enter a new credential for a practitioner if it is a different Credential Category to the current approved credential.

- 1. Category select the category from the drop down list that the Practitioner has been credentialled as. Following the initial selection further boxes may then display depending on the category. For example if 'Specialist Medical Practitioner' is selected as the first credentialling category, you will then be required to enter a 'Specialty' and then for some specialties you will be required to enter a 'Sub-specialty'. A full list of the credential categories is provided in Appendix 1.
- 2. Date Credentialled- enter the date that the Credentialling Committee approved the credential
- 3. Expiry enter the date the credential will expire
- 4. Committee select the approving committee from the drop down list
- 5. Limitations/Conditions free text field to enter any limitations or conditions on the credential
- 6. Additional Information select 'Yes' if you hold additional information regarding the Practitioner's credentialling status that is not entered onto the CSCPS
- 7. Comments free text field to enter comments (only the Credentialling Officers assigned to the approving committee will be able to view these comments).

| Add Credential              |    |   |        |       |        | × |
|-----------------------------|----|---|--------|-------|--------|---|
| Category *                  |    |   |        |       | •      |   |
| Date Credentialed *         |    |   |        |       |        |   |
| Expiry *                    |    | Ð |        |       |        |   |
| Committee *                 |    |   |        |       | •      |   |
| Limitations /<br>Conditions |    |   |        |       | *      |   |
|                             |    |   |        |       |        |   |
|                             |    |   |        |       |        |   |
| Additional Information      | No |   |        |       | ÷      |   |
| Comments                    |    |   |        |       | *      |   |
|                             |    |   |        |       |        |   |
|                             |    |   |        |       |        |   |
|                             |    |   |        |       | -      |   |
| Document Upload             |    |   | Upload | Clear |        |   |
|                             |    |   |        |       |        |   |
|                             |    |   |        | Save  | Cancel |   |
|                             |    |   |        |       |        | 1 |

#### Letters:

There are four options to create letters from this screen. These are:

**Credentialling Approved** – this will generate a letter addressed to the Health Practitioner with the details of their credential approval.

**Credentialling Renewal** – this will generate a letter addressed to the Health Practitioner advising them that their credential approval is due to expire and that they are required to renew this.

**Credentialling and Scope of Practice Approved** – this will generate a letter addressed to the Health Practitioner with the details of their credential and scope of practice approval.

**Credentialling and Scope of Practice Renewal** – this will generate a letter addressed to the Health Practitioner advising them that their credential and scope of practice approval is due to expire and that they are required to renew this.

#### To generate a letter:

- 1. Click on the required letter button
- 2. A new screen will open where you will be required to select the credential and scope of practice record that will be included in the letter
- 3. Select the required records and click the blue 'View Letter' button
- 4. You will then be prompted to either 'Open' the letter or 'Save' the letter
- 5. Click 'Open' and the letter will be opened as a Word format. You can edit the document as required.

| Credentialling Approved<br>Select Credential to Include in<br>Credentialling Category | the Letter   | apiry Date   |
|---|--|--------------|
| Medical Practitioner  | File Download  | 55 Jul 2013  |
| Medical Practitioner  | Do you want to open or save this file?   | 20 Jul 2014  |
| Senior Medical Practitioner   |  | 25 Jun 2012  |
| -   | Name: CreateApproveLetter.doc  |              |
|   | Type: Microsoft Word 97 - 2003 Document, 42.3KB  |              |
|   | From: credentialling.sahealth.sa.gov.au  |              |
|   | Open Save Cancel   |              |
|   | While files from the internet can be useful, some files can potenti<br>harm your computer. If you do not trust the source, do not open or<br>save this file. <u>What a the set</u> ? | ualty<br>or  |
|   | (  |              |
|   |  |              |
|   |  | View Letters |
|   |  |              |

Credentialling and Scope of Clinical Practice System for Medical and Dental Practitioners

# Scope of Clinical Practice (SOP)

The fifth tab is where Scope of Clinical Practice information is maintained. If the Practitioner has already had a SOP entered and it is still current it will be displayed.

Depending on your level of access you may be able to edit an existing SOP, but only if it was assigned to your Credentialling Committee. For example the Practitioner below has a SOP approved by the SALHN-Medical Credentialling Committee. Therefore only Credentialling Officers assigned to the SALHN-Medical committee will be able to edit this SOP. Credentialling Officers from other committees will be able to view these details but will not have editing rights.

|  | Search                 | Reports  | Administ                    | ration            | Logout                          |                            |  |
|--|------------------------|--|-----------------------------|-------------------|---------------------------------|----------------------------|--|
| Inique Identifier                                  | TES5010282             |  | Status                      |                   | Not Active                      |                            |  |
| lame   | Mrs TEST, Test         | a  | Intern / Train              | ee                | No                              |                            |  |
|  |                        |  | Profession                  |                   | Medical Practitioner            |                            |  |
|  | Mala                   |  | Contract Nun                | nber              | 96959 69595                     |                            |  |
| ate of Birth                                       | Male 27/06/2012        |  | SA Health Em                | pioyee            | No                              |                            |  |
| mplovee ID   | 21100/2012             |  | Surrenuy Pla                | ICHOC CHIAN       |                                 |                            |  |
| rimary Committee                                   | RAH - Medical          |  | LSPN                        |                   | 0573:FMC                        |                            |  |
| Committee  |                        |  |                             | ▼ GO              | Clear                           |                            | Show Expired SOP                                 |
| Health Unit  |                        |  |                             |                   |                                 |                            | Show Expired bor                                 |
| Health Unit<br>Edit Committee                      | Health Unit            | Service /<br>Division                            | Clinical Unit               | SOP               | Date<br>Effective               | Expiry Date Per            | f Review Doc. More<br>Upload Detail              |
| Health Unit<br>Edit Committee<br>P NALHN - Medical | Health Unit<br>Modbury | Service /<br>Division<br>Division of<br>Medicine | Clinical Unit<br>Geriatrics | SOP<br>Full Scope | Date<br>Effective<br>05/03/2013 | Expiry Date Per 30/03/2013 | f Review Doc. More<br>Upload Detail<br><u>No</u> |

- > If there is a large amount of text saved into the SOP field, only the first few lines of the SOP will display on the screen. Click the cursor on the underlined text and a new box will open displaying the full SOP text.
- > At the end of the SOP display is a 'More Details' heading, if **'Yes'** is displayed under the heading then there are other details for this SOP that are not displayed on the screen. Click on the **'Yes'** and the full SOP page will be displayed.
- > As some Practitioners may have a number of SOPs entered on the system from a variety of Committees, there is the ability to only display the SOPs that are relevant to one Committee. If you wish to show only the SOPs relevant to the one Committee select the appropriate committee from the drop down box, if required you will then be able to select an appropriate Health Unit related to that Committee in the 'Health Unit' box underneath. Click 'GO' and the SOPs displayed will be limited to only those matching the selected Committee and/or Health Unit. Click 'Clear' to display all SOPs again.

To add a new SOP click the 'Add Scope of Practice' blue button.

- Committee select the approving committee from the drop down list. Once the committee is selected it will then allow you to select a Health Unit belonging to that committee. If available you are then able to enter a Service Unit and Clinical Unit. The Health Unit is mandatory.
- 2. SOP enter the information regarding the Practitioners approved scope of clinical practice. This is a free text field.
- 3. Date Effective enter the date that the Credentialling Committee approved the SOP
- 4. Review Date enter the date the SOP will expire. This should not exceed the date that the practitioner's credentials expires. It can be for a shorter duration.
- 5. Performance Review and Development Plan enter the date the Practitioner had their most recent performance review
- 6. Limitations/Conditions free text field to enter any limitations or conditions on the SOP
- 7. Additional Information select yes if you hold additional information regarding the Practitioner's SOP status that is not entered onto the CSCPS
- 8. Currently Practice this field is used to identify those Practitioners that may no longer be working but have a current SOP. Select 'yes' if the Practitioner is currently practicing or 'no' if they are not.
- 9. Short Term this field is used to flag those Practitioners with a short term SOP only i.e. visiting specialists. Select the appropriate reason from the drop down list for the short term SOP.
- 10. Admitting Rights If the Practitioner has admitting rights select 'yes' from the drop down list or 'no' if they do not.

| Add Scope of Prac                          | tice |   |        |       | ×      |
|--|------|---|--------|-------|--------|
| Committees *                               |      |   |        |       |        |
| SOP *                                      |      |   |        |       | *      |
| Date Effective *                           |      |   |        |       |        |
| Expiry Date *                              |      |   |        |       |        |
| Date<br>Performance<br>Review<br>Completed |      | 0 |        |       |        |
| Limitations /<br>Conditions                |      |   |        |       | *      |
| Additional<br>Information                  |      |   |        |       |        |
| Currently<br>Practice                      |      |   |        |       |        |
| Short Term                                 |      |   |        | •     |        |
| Admitting Rights                           | •    |   |        |       |        |
| Document<br>Upload                         |      |   | Upload | Clear |        |
|  |      |   |        |       |        |
|  |      |   |        | Save  | Cancel |

#### Letters:

There are two options to create letters from this screen. These are:

**SOP Approved** – this will generate a letter addressed to the health Practitioner with the details of their SOP approval.

**SOP Renewal** – this will generate a letter addressed to the health Practitioner advising them that their SOP approval is due to expire and that they are required to renew their SOP.

To generate a letter: Please see page 22 for instructions on how to generate letters.

#### Approval

The sixth tab is where information regarding the Approval process is maintained. To edit or delete an existing Approval, select the appropriate editing icon displayed. To add a new approval process, click the **'Add Approval'** blue button.

| Add Record            | Search R         | eports Administrati | ion L   | ogout        |                  |           |
|-----------------------|------------------|---------------------|---------|--------------|------------------|-----------|
| Jnique Identifier     | TES5010282       | Status              |         | Not Active   |                  |           |
| lame                  | Mrs TEST, Testa  | Intern / Trainee    |         | No           |                  |           |
|                       |                  | Profession          |         | Medical Prac | ctitioner        |           |
|                       |                  | Contract Numbe      | r       | 96959 6959   | 5                |           |
| Sender                | Male             | SA Health Emplo     | yee     | Yes          |                  |           |
| mployee ID            | 2//06/2012       | Currently Practic   | CE CH3A | NO           |                  |           |
| rimary Committee      | RAH - Medical    | I SPN               |         | 0573 EMC     |                  |           |
| Personal Details Reg  | Accr/Memb Insura | nce Credential SOP  | Approva | I CPO        | Appeals Progress |           |
| Edit Committee        | Letter Sent      | Form Received       | Revie   | ew Date      | Approved         | Checklist |
| No Approval Found     |                  |                     |         |              |                  |           |
| Add Approval Sho      | w History        |                     |         |              |                  |           |
| Letters Generated Log |                  |                     |         |              |                  |           |
| Delete Letter Type    |                  | Date Generated      |         |              |                  |           |
| X Credentialing App   | roval            | 27/03/2013          |         |              |                  |           |
|                       |                  |                     |         |              |                  |           |

Complete all relevant and required sections.

| Add Approval   | ×                               |
|--|---------------------------------|
| Committee *  | •                               |
| Date reminder letter sent                                      |                                 |
| Date application form received                                 |                                 |
| Date application to be reviewed by<br>Credentialling Committee |                                 |
| Date application approved by<br>Credentialling Committee       |                                 |
| Requirement Checklist  |                                 |
| Board Registration   | Section 57 Scan                 |
| Curriculum Vitae   | Independent Reference Checks    |
| Continuing Prof. Dev. (e.g. CME, MOPS)                         | Certified Copy of Qualification |
| Internet / Media Search  | Immunity Clearance              |
| C Other  |                                 |
|  |                                 |
|  | Save Cancel                     |

#### Requirement Checklist

tick items that have been undertaken during the credentialling process, for example if the Practitioners CV was reviewed, referee checks completed and board registration confirmed then these items would be selected. If you wish to include another item then select 'Other' and enter a description in the free text field.

# Continuing Professional Development (CPD)

The seventh tab is where information regarding Continuing Professional Development (CPD) is maintained.

| SA Health Credentialling and Scope of Clinical Practice<br>System for Health Practitioners |                               |   |   |   |
|--|-------------------------------|---|---|---|
| Add Record   | Search Repor                  | ts Administration   | Logout  |   |
| Unique Identifier<br>Name  | TES5010282<br>Mrs TEST, Testa | Status<br>Intern / Trainee<br>Profession<br>Contract Number | Not Active<br>No<br>Medical Practitioner<br>96959 69595 |   |
| Gender   | Male                          | SA Health Employee  | Yes   |   |
| Date of Birth  | 27/06/2012                    | Currently Practice CHSA                                     | No  |   |
| Employee ID  |                               |   |   |   |
| Primary Committee  | RAH - Medical                 | LSPN  | 03  |   |
| Personal Details Reg   | Accr/Memb Insurance           | Credential SOP Appro  | val CPD Appeals P                                       | rogress   |
| Edit Delete Course / Ev  | videnc <del>e</del>           | Entity  | Due Date  | Date Attended /<br>Evidence Upload<br>Provided Upload |
| 💉 🗙 test course  | evidence                      | test entity   | 10/08/2012  | 27/05/2012  |
| Add CPD Show His   | tory                          |   |   |   |

To edit or delete an existing CPD, select the appropriate editing icon displayed. To add a new a CPD process, click the **'Add CPD'** blue button and complete all relevant fields.

| Course / Evidence *                   |   |        |       |  |
|---------------------------------------|---|--------|-------|--|
| Entity                                |   |        |       |  |
| Due Date                              | D |        |       |  |
| Date<br>Attended/Evidence<br>Provided |   |        |       |  |
| Oocument Upload                       |   | Upload | Clear |  |

# Appeals

The eighth tab is where information regarding an Appeal Meeting and Limitation of Practice is maintained.

| Add Record Search   Unique Identifier TESS0100   Name TEST ALL   Name TEST ALL   Health Health   Gender Female   Date of Birth 01/01/196   Employee ID Primary Committee   Personal Details Reg/Accr//Memb   Appeal Meeting Edit   Edit Committee   No Appeal Meetings Found | Reports Admin   58 Status   ED HEALTH, Test Allied Intern / Tra   Profession Contract N   SA Health SA Health I   5 Currently I   Ilied Health LSPN | istration Logo<br>Ac<br>ainee No<br>n Ali<br>lumber<br>Employee Ye<br>Practice CHSA No | ut<br>tive<br>led and Scientific Health<br>is |        |
|--|---|--|---|--------|
| Jnique Identifier TESS0100<br>Name TEST ALL<br>Health<br>Gender Female<br>Date of Birth 01/01/190<br>Employee ID<br>Primary Committee WCHN - A<br>Personal Details Reg/Accr/Memb<br>Appeal Meeting<br>Edit Committee Lo  | 58 Status<br>ED HEALTH, Test Allied<br>Profession<br>Contract N<br>SA Health<br>5 Currently I<br>lied Health LSPN                                   | Ac<br>ainee No<br>n Ali<br>lumber<br>Employee Ye<br>Practice CHSA No                   | tive<br>ied and Scientific Health<br>is       |        |
| lame TEST ALL<br>Health<br>Dender Female<br>Date of Birth 01/01/196<br>Imployee ID<br>Primary Committee WCHN - A<br>Personal Details Reg/Accr/Memb<br>Appeal Meeting<br>Edit Committee Lo<br>No Appeal Meetings Found  | ED HEALTH, Test Allied Intern / Tra<br>Profession<br>Contract N<br>SA Health I<br>5 Currently I<br>llied Health LSPN                                | ainee No<br>n Ali<br>lumber<br>Employee Ye<br>Practice CHSA No                         | ied and Scientific Health                     |        |
| Gender Female<br>Date of Birth 01/01/196<br>Employee ID<br>Primary Committee WCHN - A<br>Personal Details Reg/Accr/Memb<br>Appeal Meeting<br>Edit Committee Lo<br>No Appeal Meetings Found   | Profession<br>Contract N<br>SA Health I<br>5 Currently I<br>lied Health LSPN  | n Alli<br>lumber<br>Employee Ye<br>Practice CHSA No                                    | ied and Scientific Health                     |        |
| Sender Female<br>Date of Birth 01/01/196<br>imployee ID<br>Primary Committee WCHN - A<br>Personal Details Reg/Accr/Memb<br>Appeal Meeting<br>Edit Committee Lo<br>No Appeal Meetings Found   | Contract N<br>SA Health<br>5 Currently<br>lied Health LSPN  | lumber<br>Employee Ye<br>Practice CHSA No  | s   |        |
| iender Female<br>Pate of Birth 01/01/196<br>Imployee ID<br>Primary Committee WCHN - A<br>Personal Details Reg/Accr/Memb<br>Appeal Meeting<br>Edit Committee Lo<br>No Appeal Meetings Found   | SA Health  <br>5 Currently  <br>llied Health LSPN   | Employee Ye<br>Practice CHSA No  |   |        |
| Ate of Birth 01/01/196<br>Imployee ID<br>Primary Committee WCHN - A<br>Personal Details Reg/Accr/Memb<br>Appeal Meeting<br>Edit Committee Le<br>No Appeal Meetings Found   | 5 Currently   | Practice CHSA No   | <b>I</b>                                      |        |
| Imployee ID<br>Primary Committee WCHN - A<br>Personal Details Reg/Accr/Memb<br>Appeal Meeting<br>Edit Committee Lo<br>No Appeal Meetings Found   | lied Health LSPN  |  |   |        |
| rrimary Committee WCHN - A<br>Personal Details Reg/Accr/Memb<br>Appeal Meeting<br>Edit Committee Lo<br>No Appeal Meetings Found  | llied Health LSPN   |  |   |        |
| Appeal Meeting<br>Edit Committee Lo<br>No Appeal Meetings Found  | Insurance Credential  | SOP Approval   | CPD Appeals Progres                           |        |
| Edit Committee Lo<br>No Appeal Meetings Found  |   |  | Cro Appeala Progres                           |        |
| No Appeal Meetings Found   | tter Sent App   | eal Meeting Date   | Com   | iments |
|  |   |  |   |        |
| Limitation of Practice   |   |  |   |        |
| Edit Committee   | Date of Limitation of Practice  |  | Comm  | ents   |
| No Limitation of Practice Found  |   |  |   |        |
|  |   |  |   |        |

Complete all relevant fields and enter any comments in the free text field.

| Committee *            | • |
|------------------------|---|
| Letter Sent            |   |
| Appeal Meeting<br>Date |   |
| Comments               | ~ |
|                        |   |
|                        |   |
|                        |   |

#### Add limitation of practice

| Add Limitation of                         | Practice |  |      | ×      |
|---|----------|--|------|--------|
| Committee *                               |          |  | •    |        |
| Date of<br>Limitation of<br>Practice *    |          |  |      |        |
| Reason for<br>Limitation of<br>Practice * |          |  |      | *      |
|   |          |  |      | -      |
|   |          |  | Save | Cancel |

#### Progress

The final tab 'Progress' allows you to enter comments regarding the progress of the credentialling process for that Practitioner. The progress notes can be used to capture information that cannot be recorded in other fields within the database. Click the **'Add Progress'** blue button to enter comments.

| Add Record                       | Search               | leports Adr             |                         | Logout        |                  | 271168 |
|----------------------------------|----------------------|-------------------------|-------------------------|---------------|------------------|--------|
| Unique Identifier                | TES5010858           | Status                  |                         | Active        |                  |        |
| Name                             | TEST ALLIED HEALT    | H, Test Allied Intern / | Trainee                 | No            |                  |        |
|                                  | Trouble -            | Profess                 | sion                    | Allied and So | cientific Health |        |
| Gender                           | Female               | Contrac<br>SA Heal      | t Number<br>th Employee | Yes           |                  |        |
| Date of Birth                    | 01/01/1965           | Current                 | tly Practice CHSA       | No            | _                |        |
| Employee ID<br>Primary Committee | WCHN - Allied Health | LSPN                    |                         |               |                  |        |
| Personal Details Reg             | g/Accr/Memb Insura   | nce Credential          | SOP Appro               | val CPD       | Appeals Progr    | ess    |
| Edit Dele                        | te                   | Date                    | Progress Not            | es            |                  |        |
| No Progress Found                |                      |                         |                         |               |                  |        |

Enter the current date and any other relevant information. This information can be viewed by all people with Medical/ Dental Credentialling Officer Level access to the credentialling system.

| Add Progress    |      | ×      |
|-----------------|------|--------|
| Progress Date * |      |        |
| Notes *         |      | *      |
|                 |      | Ŧ      |
|                 | Save | Cancel |

# Reports

The top link to **'Reports'** shows a list of reports available to you with a short description about each. Click the blue button to select and customise the report.

| SA H   | Health Cr                                      | edentialli                       | ng and Sco                  | be of Clinical Practi                  | ce 🛞  |
|--|--|----------------------------------|-----------------------------|--|---|
| Syst   |  | eaim Pra                         | culioners                   |  | Government<br>of South Australia<br>SA Health |
| Add Record   |  | Reports                          | Administration              | Logout                                 |   |
| The following are a li   | st of Reports                                  | that are ava                     | ilable.                     |  |   |
| Practitioner Report  |  |                                  |                             |  |   |
| This report allows you to report<br>exclude expired credentials from | over Practitioners ar<br>the report.           | nd their Credentials             | for a Profession, Committe  | e, LSPN or LHN. Users are able to      | Practitioner Report                           |
| Credentials Report   |  |                                  |                             |  |   |
| This report allows you to report<br>expiry and exclude expired Cred  | over Credentials for<br>lentials.              | a Profession, Comr               | nittee or LHN. Users are al | ble to view those that are approaching | Credential Report                             |
| Scope of Practice Rep  | ort  |                                  |                             |  |   |
| This report allows you to report<br>approaching expiry and exclude   | over Scope of Pract<br>expired Scope of Pr     | ice for a Profession<br>ractice. | n, Committee, LSPN or LHN   | Users are able to view those that are  | SOP Report                                    |
| Registration Report  |  |                                  |                             |  |   |
| This report allows you to report<br>approaching expiry and exclude   | over Registrations for<br>expired registration | or a Profession, Con<br>s.       | mmittee, LSPN or LHN. Use   | rs are able to view those that are     | Registration Report                           |
| Insurance  |  |                                  |                             |  |   |
| This report allows you to report<br>approaching expiry and exclude   | over Credentials for<br>expired insurances     | a Profession, Comr               | mittee, LSPN or LHN. Usere  | are able to view those that are        | Insurance Report                              |
| Criminal History Check   | t i i i i i i i i i i i i i i i i i i i        |                                  |                             |  |   |
| This report allows you to report<br>approaching expiry.              | over Credentials for                           | a Profession, Comr               | mittee, LSPN or LHN. Users  | are able to view those that are        | CHC Report                                    |

Each report screen will have a range of options to select from to customise the report. Select the appropriate option from one or more of the drop down lists. If you need the report to display expired records select Include Expired box.

| SOP Report                    |   |
|-------------------------------|---|
| Status                        | Active                                    |
| Profession                    | Medical Practitioner V                    |
| Local Health Network (LHN)    | Central Adelaide Local Health Network     |
| Primary Committee             | CALHN Medical                             |
| Current Practicing            | <b>T</b>                                  |
| SA Health Employee            | <b>T</b>                                  |
| LSPN                          | ▼   |
| Credential                    | <b></b>                                   |
| SOP Health Unit & Departments | <b></b>                                   |
| SOP Due Within                | <b>T</b>                                  |
| SOP Due                       | то  |
| SOP Effective                 | То  |
| Current Practicing in CHSA    | <b>v</b>                                  |
| CHSA Practicing Status        | <b>v</b>                                  |
| Include Expired               |   |
| Back Clear                    | Select Fields Export to Excel Open Report |

The Reports open in the CSCPS. You can export the report into an Excel, PDF or Word format for use.

|               | of1 ▷ ▷∥ | \$ 100%    | •       | Find   Next     | ۵ | \$ |
|---------------|----------|------------|---------|-----------------|---|----|
| SA Health     | Credenti | alling and | Scope o | f Clinical Prac | * |    |
| Credentialled | ł        |            |         |                 |   |    |

You may customise a report further by selecting "Select Fields" and adding or removing items.

| Report Ficius | 11 items selected  | Remove all |  | Add all                         |
|---------------|--|------------|--|---------------------------------|
|               | Name Committee Nacht Unit  | -          | Mobile<br>Email  | + ^<br>+                        |
|               | Heath Unit Service Unit Clinical Unit SOP Description Effective Date Expiry Date Performance Review Date Admit Right |            | Status<br>Primary Owner<br>Previous First Name<br>Prefored First Name<br>Preferred Last Name<br>Preferred Contact<br>Contract Number | +<br>+<br>+<br>+<br>+<br>+<br>+ |
|               | Note: Field sorting is only available for Export to  | Excel      |  | ок                              |
| ude Expired   |  |            |  |                                 |

# Administration

Credentialling Officer level access will enable you to update the organisational structure for your assigned site. For example the SALHN Credentialling Officer will only be able to edit the organisation tree for SALHN – **Please discuss** organisational changes required with the System Administrator before modifying.

To change organisational structure click on the **'Administration'** tab at the top of the screen. The only option available to you will be **'Organisation'**.

| SA He<br>Syste  | ealth Cre<br>em for He | edentialli<br>ealth Pra | ng and Scop<br>ctitioners | e of Clinical Practice | Gevernment<br>ef South Australia<br>SA Health |
|-----------------|------------------------|-------------------------|---------------------------|------------------------|---|
| Add Record      |                        | Reports                 | Administration            |                        |   |
| Organisation    |                        |                         |                           |                        |   |
| Organisation    |                        |                         |                           |                        |   |
| A Health        |                        |                         |                           |                        |   |
| Skilledian      |                        |                         |                           |                        |   |
|                 |                        |                         |                           |                        |   |
|                 |                        |                         |                           |                        |   |
|                 |                        |                         |                           |                        |   |
|                 |                        |                         |                           |                        |   |
|                 |                        |                         |                           |                        |   |
|                 |                        |                         |                           |                        |   |
|                 |                        |                         |                           |                        |   |
|                 |                        |                         |                           |                        |   |
|                 |                        |                         |                           |                        |   |
|                 |                        |                         |                           |                        |   |
|                 |                        |                         |                           |                        |   |
|                 |                        |                         |                           |                        |   |
|                 |                        |                         |                           |                        |   |
| Add Edit Delete |                        |                         |                           |                        |   |

Click 'SA Health' to drop down the next layer of organisations and so on. The Organisation Tree follows the following structure: **SA Health – LHN – Cluster – Health Unit – Service/Division – Clinical Unit** 

Not all LHN's use 'Cluster' and therefore their structure will skip from LHN – Health Unit. If you hover the cursor over a heading it will display what level that organisation is.

Clicking each level will then show you the next level underneath. If the organisation is displayed with a 'folder' icon then you know that there are more layers underneath. If the organisation is displayed with a 'page' icon then there are no further layers

| Add Record           | Search           | Reports           | Administration | Logout |  |
|----------------------|------------------|-------------------|----------------|--------|--|
| rganisation          |                  |                   |                |        |  |
| ganisation           |                  |                   |                |        |  |
|                      |                  |                   |                |        |  |
| Adelaide Metron      | olitan Mental H  | ealth Directorate |                |        |  |
| Central Adelaide     | Local Health N   | etwork            |                |        |  |
| CALHN Primar         | y Health Care    |                   |                |        |  |
| GP Plus HCC -        | Woodville        |                   |                |        |  |
| 🖻 🎩 Hampstead Re     | ehabilitation Ho | spital            |                |        |  |
| a 🌗 Pregnancy Ad     | visory Centre    |                   |                |        |  |
| 🖻 퉬 Surgery          |                  |                   |                |        |  |
| Þ 퉫 RAH              |                  |                   |                |        |  |
| 🖻 🎩 St Margaret's    |                  |                   |                |        |  |
| 🖻 뷀 Statewide Sei    | vices            |                   |                |        |  |
| 🖻 🍑 тден             |                  |                   |                |        |  |
| 🖻 📕 Country Health L | ocal Health Net  | work              |                |        |  |
| Þ 🏓 DASSA            |                  |                   |                |        |  |
| Department for H     | Health and Age   | ing               |                |        |  |
| Northern Adelaid     | le Local Health  | Network           |                |        |  |
| SA Ambulance S       | ervice           |                   |                |        |  |
| Southern Adelaid     | de Local Health  | Network           |                |        |  |
| 🖻 🏴 Women's and Ch   | hildren's Health | Network           |                |        |  |
|                      |                  |                   |                |        |  |

You can edit the name of an organisation by clicking on the required organisation to be edited and then clicking on the **'Edit'** blue button.

You can add a new organisation. To do this select the parent organisation, click 'Add' and enter the organisation name and correct level within the tree.

You can delete an organisation by using the **'Delete'** button; however you are only able to do this if the organisation is not in use. For example if a Practitioner has a SOP record allocated against that organisation, you will need to edit the Practitioner's record before deleting the organisation in the tree.

# System Administrator Contact Details

Please contact the System Administrator for assistance with any of the following:

- > Problems encountered using the system
- > Changes required to the system, including new items to be added to drop down lists
- > Access to the system and setting up new users
- > Training

#### CSCPS@health.sa.gov.au

#### Ph: 8226 6422

If the System is not available outside of normal business hours please contact the Hospital After Hours ICT Support Group for assistance.

# For more information

SA Health Safety and Quality Unit 11 Hindmarsh Square Adelaide SA 5000 Telephone: 08 8226 6422 www.sahealth.sa.gov.au/safetyandquality



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