Guideline

Authenticating Allied and Scientific Health Professionals’ Credentials: Guidelines for Regional Implementation

Policy developed by: Public Health and Clinical Coordination
Approved at Portfolio Executive on: 18 February 2011
Next review due: July 2012

Summary
The primary objective of this guideline is to ensure SA Health Regions/health sites have systems in place that provide management and clinicians clear procedures for credentialling by:

- Demonstrating a clear understanding of roles, responsibilities and accountability regarding adherence to the SA Health Authenticating Allied and Scientific Health Professionals’ Credentials Policy
- Recognising and acknowledging the range of training, experience and competency criteria required for different Allied and Scientific Health Professions
- Centralised monitoring of the quality of services being provided by permitting regular review of credentialling of clinical practice.

Keywords
Credentials, Credentialling, Allied and Scientific Health, Allied Health Guidelines for Implementation

Policy history
Is this a new policy? Y
Does this policy amend or update an existing policy? N
Does this policy replace an existing policy? N
If so, which policies?

Applies to
All SA Health Portfolio
All Department of Health Divisions
All Health Regions
AHS, CYWHS, Country Health SA, SAAS
Any Allied or Scientific Health Professional treating or assessing SA Health clients as part of an SA Health service

Staff impact
All Staff, Management, Admin, Students; Volunteers
All Clinical, Allied and Scientific Health, Dental, Mental Health, Pathology

PDS reference
G0101

Version control and change history

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Authenticating Allied and Scientific Health Professional’s Credentials

Regional Implementation Guidelines

Allied and Scientific Health
Overview/Procedure Description

The primary objective of this procedure is to ensure SA Health Regions/health sites have systems in place that provide management and clinicians clear guidelines for credentialling by:

- Demonstrating a clear understanding of roles, responsibilities and accountability regarding to adherence to the SA Health Authenticating Allied and Scientific Health Professionals’ Credentials Policy
- Recognising and acknowledging the range of training, experience and competency criteria required for different Allied and Scientific Health Professions
- Centralised monitoring of the quality of services being provided by permitting regular review of credentialling of clinical practice.

Areas of Responsibility

Regional Credentialling Committees are accountable to the Chief Executive Officer for ensuring that the regional clinical credentialling system is implemented, monitored and evaluated.

Regional/Area Health Service Allied Health Advisor/Director (or equivalent) is accountable for the implementation and monitoring at the regional/area level and ensuring systems are in place.

Director/Manager/senior professional of an allied or scientific health service are accountable for the administrative compliance with the management of the SA Health Authenticating Allied and Scientific Health Professionals’ Credentials Policy.

Clinicians are responsible for the provision of all information (as per SA Health Authenticating Allied and Scientific Health Professionals’ Credentials Minimum Requirements Checklist Attachment 1) to ensure credentials can be authenticated.

Procedure Detail

New Appointments

All new appointments are to be made in accordance with the regional HR Recruitment and Selection Policy.

The Convenor/Chair of the Recruitment Panel must ensure that at the time of an offer of a formal interview the applicant is provided with a copy of the following:

- SA Health Authenticating Allied and Scientific Health Professionals’ Credentials Policy
- SA Health Authenticating Allied and Scientific Health Professionals’ Credentials Guideline for Regional Implementation or equivalent regional document

The Convenor/Chair of the Recruitment Panel must ensure that at the time of interview/referee check that the Authenticating Allied and Scientific Health Professionals’ Credentials Minimum Requirements Checklist is completed.

This will include confirming registration (registered professions), sighting original or certified copies of qualifications (self-regulating professions) and validating documents through Universities, Boards and Associations records either by phone or via the relevant
websites. See appointment procedure flow chart (Attachment 2).

**Referees**
The Convenor/Chair of the Recruitment Panel or Director/Manager/senior professional of an allied or scientific health service may consider it appropriate to contact referees, other clinicians with whom the applicant has worked recently, any recent employing body, or relevant professional association/college and relevant registration board, in order to verify the applicant's professional standing.

The Convenor/Chair of the Recruitment Panel or Director/Manager/senior professional allied and scientific health services may consult with any relevant person who has knowledge of the training or experience of the applicant, especially in the case of interstate and overseas applicants.

**Additional information**
In order to make a determination of the application, the Convenor/Chair of the Recruitment Panel or Director/Manager/senior professional allied or scientific health service may need to contact the applicant for additional information.

**Current Allied and Scientific Health Professionals**
The authenticating credentials process applies to all Allied and Scientific Health professionals not just newly appointed staff.

Therefore, Allied and Scientific Health professionals currently working within SA Health regions/health sites irrespective of skills, knowledge, experience and status should be provided with a copy of the documents below and provide the necessary supporting documentation:

- SA Health Authenticating Allied and Scientific Health Professionals’ Credentials Policy
- SA Health Authenticating Allied and Scientific Health Professionals’ Credentials Guideline for Regional Implementation or equivalent regional document

**Recognition of Credentials from other Regions**
Clinicians credentialed in one Region within the last 12 months will be recognised by other Regions.

**Appeal Process in relation to Authenticating Credentials**
In the event the Allied or Scientific Health Professional is not satisfied with the determination of authenticating credentials he/she may appeal the decision through either of the channels below:

1. request review through the Regional Credentialling Committee; or
2. follow the Administrative Decision Grievance Procedure in accordance with the Part 3 of the DH (incorporated Hospitals and Health Centres) Human Resource manual

**Emergencies**
Notwithstanding the categories of clinical credentials granted to a clinician by the Regional Credentialling Committee or delegate, a clinician would in an emergency situation, if no other suitably credentialed clinician was available, be entitled to perform
whatever acts or procedures are deemed necessary to preserve the health and life of a patient.

**Overseas qualifications**

Overseas qualified Allied and Scientific Health professionals may be registered by their appropriate Board/Association on an interim or conditional basis for a period of time until the professional completes appropriate accreditation (e.g. as recommended or required by the relevant registration board or association) within a specified timeframe.

The Director/Manager/senior professional allied or scientific health service shall require proof of satisfactory completion of training within fourteen (14) days of completion and hence successful Registration or acceptance of Eligibility for Membership of Association status.

Failure to provide the documentation within the specified timeframe may result in the termination of the contract.

**Recommended Duration of Credentialling**

In the case of new applicants and subsequent renewals, the period of credentialling will ordinarily be for a period of one year.

**Changes to Clinical Credentials**

Evidence of loss of expertise, concerns regarding competence, failure to complete necessary professional re-entry requirements, or concerns arising out of performance review, must be referred promptly to the Director/Manager/senior professional allied or scientific health service for a review of credentials. If concerns remain after the review these are to be forwarded to the Regional Credentialling Committee.

Credentials can only be revoked or reduced by the Regional Credentialling Committee where evidence warrants it and following formal advice to the clinician, who should be given an opportunity to comment before action is taken. It may also be necessary to advise the relevant registration board or Association where concerns about a clinician's competence have required action to limit or revoke credentials.

It is important that the principles of natural justice be observed when contemplating these actions.

**Monitoring and Review of Clinical Credentials**

**Clinicians practice**

The Director/Manager/senior professional, allied or scientific health service must implement, record and review procedures to:

- Ensure clinicians perform sufficient procedures to maintain their skills in their various areas of practice
- Record the completion of any additional training by a clinician which may entitle him/her to apply for additional clinical credentials
- Ensure clinicians regularly undertake continuing education and any special training associated with any conditional granting of clinical credentials, where necessary.
- Identify and investigate reports of any incidents associated with any clinician’s treatment or care of patients/consumers within the health service.
- Investigate the outcome of complaints or claims made against any clinician concerning treatment or care of patients/consumers within the hospital or service.
- Bring to the attention of the Regional/Area Health Allied Health Advisor/Director (or equivalent), any matter which may reflect on any clinician’s continued ability to effectively exercise clinical credentials.
- Bring to the attention of the Registration Board, the Regional Credentialling Committee and the Regional/Area Health Allied Health Advisor/Director (or equivalent), any matter which may indicate that a clinician’s ability to effectively exercise clinical credentials is seriously compromised.

Procedure for Reducing or Revoking Clinical Credentials for Reasons of Incapacity

In normal circumstances, clinicians should be aware of their own limitations and will refrain from providing services if temporarily incapacitated.

Where the incapacity is of more than a transient nature, the Director/Manager/senior professional of the allied or scientific health service should refer the matter to Human Resources in order to determine whether the clinician has breached his/her employment contract.

Procedure for Managing Non-compliance

Where a clinician has refused, or is not able to comply with a request to re-authenticate credentials the following process will occur:

Director/Manager/senior professional allied or scientific health service will immediately advise the clinician in writing that they are not to undertake work with patients/clients until re-authentication of credentials is completed.

Director/Manager/senior professional allied or scientific health service will immediately advise the Chair of the Regional Credentialling Committee in writing.

The Chair of the Regional Credentialling Committee (or delegate) will formally write to the clinician who is non compliant and request in writing reason for their non compliance. The clinician will be given fourteen (14) days to respond.

The Chair of the Regional Credentialling Committee having considered the clinician’s response, if provided within the specified period, and further having deemed the clinician’s response to be unsatisfactory, will write to the Executive Director Allied Health Services/ Regional Allied Health Advisor who, in consultation with Human Resources and the Chief Executive Officer, may terminate employment.

The Executive Director Allied Health Services/ Regional Allied Health Advisor will inform the clinician in writing of the determination and advise the clinician of the appeal process in relation the Administrative Decision Grievance Procedure defined in Part 3 of the DH (incorporated Hospitals and Health Centres) Human Resource manual.
References
> SA Health Authenticating Allied and Scientific Health Professionals’ Credentials Policy
> SA Health Authenticating Allied and Scientific Health Professionals’ Credentials Minimum Requirements Checklist

Change History
Any printed version of this document may have been superseded. The current version of this document and all SA Health Regional Procedure Documents can be accessed via SA Health intranet site [www.health.sa.gov.au/alliedandscientifichealth](http://www.health.sa.gov.au/alliedandscientifichealth)

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SA Health Authenticating Allied and Scientific Health Professionals’ Credentials
Guideline for Regional Implementation

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SA Health Authenticating
Allied & Scientific Health Professionals’ Credentials
Minimum Requirements Checklist
For Managers/senior allied health professionals/cha irs recruitment panels

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This is Attachment 1 in SA Health Authenticating Allied & Scientific Health Professionals Credentials Guideline for Regional Implementation
This is Attachment 1 in SA Health Authenticating Allied & Scientific Health Professionals Credentials Policy
New Appointment

Director/manager/senior professional allied health develops job and person specification which specifies the minimum qualifications and experience required to fill the position

Commence recruitment process

Applicants must provide information within the application that demonstrates that they meet the minimum requirements as outlined in the job and person specification.

Selection panel shortlist applicants
Information regarding credentialling requirements to be forwarded to short-listed

Interviews conducted including referee checks
Applicant brings supporting documentation to interview.

Panel chair/senior allied health professional confirms registration (registered professions), sights original or certified copy of qualification (self-regulating professions) and validates through universities, boards and professional associations.

YES

Letter of offer sent to successful applicant

Record in personal file and on CHRIS or credentialling database

NO
Does not meet requirements

Seek next preferred applicant and repeat process