Authenticating SA Health Allied Health Professional (AHP) Credentials Including Access Appointments Policy Directive

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1. Policy Statement

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

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

The objective of the SA Health Authenticating Allied Health Professionals (AHP) Credentials including Access Appointments policy is to outline the minimum requirements to credential AHPs employed by SA Health or accessing SA Health facilities.

2. Roles and Responsibilities

2.1 SCOPE
SA Health is committed to ensuring that all AHPs have the appropriate and recognised credentials to provide services relevant to their area of professional responsibility. This is an essential platform for the safety and best care of patients and consumers.

2.1.1 Registered Professions
Registered professions are legislated to meet the requirements of registration. This ensures recognition of a minimum standard of training in a particular field. Registration is through the relevant Professional Board of the Australian Health Practitioner Regulatory Agency (AHPRA). AHPs in registered professions are not permitted to practise in clinical or clinical supervisory roles without holding current registration with their respective Board via AHPRA. For non-clinical roles, AHPs are not required to be registered with AHPRA but must hold an appropriate degree or equivalent qualification which entitles registration.

As at July 2018 registered AHPs employed by SA Health include:
- Dental Therapist
- Medical Radiations Professionals (including Diagnostic Radiography, Radiation Therapy and Nuclear Medicine)
- Occupational Therapists
- Optometrists
- Pharmacists
- Physiotherapists
- Podiatrists
- Psychologists

2.1.2 Self-Regulated Professions
Following qualification from an accredited university course or training program, AHPs in self-regulated professions working in clinical, clinical supervision or non-clinical roles will be eligible for
membership of their professional association. This sets and maintains standards of practise for each of these professions. Being eligible for membership provides evidence that an individual has completed a minimum standard of training in a particular profession. Participation in an accredited continuing professional development program (where available) is desirable as part of eligibility for professional association membership.

As at July 2018 self-regulated AHPs include:
- Art Therapists
- Audiologists
- Dietitians & Nutritionists
- Epidemiologists
- Exercise Physiologists
- Genetic Counsellors
- Music Therapists
- Orthoptists¹
- Orthotist and Prosthetist²
- Perfusionists
- Social Workers
- Sonographers
- Speech Pathologists

For noting:
- **Diabetes Educators** with an allied health background need to be credentialed against the registered or self-regulating requirements depending on their profession, and demonstrate membership of the Australian Diabetes Educators Association.
- **Medical Scientists and Grant Funded Scientists** who are considered self-regulated are currently credentialed against this policy. This has been the responsibility of SA Pathology.

¹Orthoptists: are required to be registered with the Australian Orthoptic Board for employment in SA Health.
²Orthotics and Prosthetics: at time of approval of this policy version May 2018, eligibility for membership of Australian Orthotics and Prosthetics Association is not mandatory for SA Health employment.

2.1.3 Unregulated Professions
Unregulated professions include any profession that is not registered or self-regulated, who may be classified as an AHP (under a Grandfather clause), Professional Officer, or others such as Allied Health Assistant, OPS, TGO or ASO and provide clinical services to patients or consumers. It is strongly recommended that these groups undertake credentialing; however the applicability of credentialing should be decided by the employee’s line manager. Other than AHPs under a grandfather clause these employee groups are not usually the responsibility of local AHP Managers or the AHP Credentialing Committee.

Minimum recommended standards for Unregulated Allied and Scientific Health Professionals include an annual Performance Review and Development Plan, line management supervision and adherence to the SA Code of Conduct for Unregistered Health Practitioners available via the SA Health internet site:


2.1.4 Employed under Grandparent Clause
Individuals who do not hold a qualification listed for the AHP classification stream in the SA Health Workforce Operations Advice: Minimum Qualification Requirements for Non-Executive SA Health Employees, 2012 may have been classified under this stream in the SA Modern Public Sector
To be credentialed, these staff must provide evidence of all of the following:

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

2.1.5 Access Appointments

An Access Appointment occurs when a service is provided within an SA Health facility by an externally-employed AHP approved by that LHN or clinical service. The employing agency is responsible for demonstrating that the credentialing requirements stipulated by the LHN or clinical service are met by the AHP. External providers (access appointees) may include individual private AHPs, Non-Government Organisations (NGOs), other government agencies (such as the Department for Education and Child Development or the Department for Communities and Social Inclusion), or training facilities such as universities providing Clinical Supervisors and Educators.

It is the responsibility of the professional (authorised clinician on access appointment application) or senior Allied Health Manager to ensure credentialing requirements have been met by the external agency including:

- Scope and purpose of the Access Appointment;
- Signed declaration of Conditions for an Access Appointment in SA Health;
- Appropriate Professional Indemnity coverage for the privileges sought to the value of $10,000,000 and Public Liability Insurance cover to the value of $10,000,000. However, if this includes providing clinical services to Department of Veteran’s Affairs clients please refer to the Commonwealth Department of Veteran Affairs for appropriate Professional Indemnity coverage and Public Liability Insurance cover amounts; and

2.2 ROLES AND RESPONSIBILITIES

2.2.1 Chief Executive

The Chief Executive has ultimate responsibility for the effective implementation of this policy. As far as is reasonably practicable, the Chief Executive must ensure that:

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

2.2.2 Directors, Managers and Supervisors

Directors, Allied Health Managers and senior AHPs (AHP3 or above) have direct responsibility for:

- implementing the policy;
- ensuring all job and person specifications detail appropriate credentials and required scope of practice prior to recruitment;
- assessing credentials of all new appointments (permanent, temporary, and casual contracts);
- assessing credentials of current AHP employees;
- assessing re-credentialing applications;
- ensuring the uploading and updating of AHPs credentials and scope of clinical practice information and documents into the CSCPS; and
- adequately informing staff about the policy and the consequences of non-compliance.

In situations where:

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

The Director of Allied Health or Allied Health Line Manager in the LHN or Clinical Service will need to credential the AHP and define scope of practice to the AHP’s primary profession. AHPs requesting extended or advanced scope of practice may look across LHN or Clinical Services for an AHP of the same profession with higher classification.

The Allied Health Manager or Senior AHP must monitor and review clinical credentials. This includes implementation of recording and reviewing procedures to:

- ensure systems are in place for AHPs to undertake sufficient practice to maintain their skills in their various areas of practice;
- record the completion of any additional training by an AHP in the CSCPS that may entitle the AHP to additional clinical credentials;
- ensure AHPs have the opportunity to regularly undertake continuing professional development and any special training associated with any conditional granting of credentials, where necessary;
- respond to reports of incidents associated with the AHP’s treatment or care of patients/consumers within the health service;
- respond to the outcome of complaints or claims made against any AHP concerning treatment or care of patients/consumers within the health service;
- bring to the attention of the LHN Director of Allied Health any matter which may reflect on any AHP’s continued ability to effectively and safely practice; and
- bring to the attention of the registration board/professional association/Health and Community Services Complaints Commissioner, and the LHN Director of Allied Health, any matter which may indicate that an AHP’s ability to effectively and safely practice is seriously compromised (see section 2.3 for details).

2.2.3 Employees
Employees are responsible for:
- participating in the implementation of this policy;
- complying with this policy and local procedures; and
- providing accurate and timely information.

2.3 CHANGES TO CLINICAL CREDENTIALS AND SCOPE OF PRACTICE
Evidence of loss of expertise or concerns regarding competence must be raised with the Allied Health Manager or Senior AHP and are to be addressed through the PR&D process in the first instance. Externally employed AHPs who have been granted an access appointment should be contacted directly to discuss concerns, as well as discussion with their line manager.

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

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

Where it is believed an AHP from a self-regulated profession or employed under a Grandparent clause has breached professional standards of practice, a complaint can be reported through the relevant professional association if the AHP is a member or alternatively via the Health and Community Services Complaints Commissioner.
All AHPs must inform the employer of any complaint or investigation made against them. It is the responsibility of the Allied Health Manager or Senior AHP to limit the AHP’s scope of practice in accordance with the recommendations of the registration board, the professional association or the Health and Community Services Complaints Commissioner. Additionally, the Manager or Senior AHP must update the CSCPS database under the AHP’s Scope of Practice and enter ‘Restrictions to Practice’ in the Limitations/Conditions field. Access appointments will be suspended for externally employed AHPs where a complaint has been made or whilst an investigation is underway.

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

2.4 COMPLIANCE
Compliance with this policy is mandatory. All AHPs with direct or indirect clinical contact as part of their role must undergo the credentialing process and have a defined scope of clinical practice prior to practising in a public health care facility. If an AHP refuses to comply with this policy the AHP is in breach of this policy and should be managed according to the Managing Poor Performance process as described in the SA Health (Health Care Act) Human Resources Manual. In the case of an access appointee, access will not be granted to SA Health sites.

In the event that an individual refuses to comply with the credentialing procedure, the Manager or Senior AHP will advise LHN Chief Executive Officer (CEO) or nominated delegate such as the Director of Allied Health and the Chief Allied Health and Scientific Officer (CASHO) in writing. The LHN CEO, CAHSO or nominated delegate will formally write to the AHP requesting submission of an application. The individual will have fourteen days to respond. If the response is considered unsatisfactory, the LHN CEO or nominated delegate will restrict or suspend the scope of practice until the necessary documentation is provided. The LHN CEO or nominated delegate will inform the AHP in writing of the determination and of the appeals process.

For modification, reduction, suspension or termination of scope of practice parameters, refer to the Credentialing and Defining the Scope of Clinical Practice for Medical and Dental Practitioners Policy (2012, Version 1.3) as a guide.

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

For all registered, self-regulated and unregulated AHPs, authentication of credentials involves processes to ensure the quality and safety of services. These include:

• demonstration of registration or qualification leading to eligibility for professional association membership (where available);
• continuing professional development;
• clinical supervision
• annual performance review and development plans aligned with service delivery

3.1 RECORD OF CREDENTIALS
Details of initial authentication and re-authentication of credentials are to be documented on the SA Health Credentialing and Scope of Clinical Practice System for health practitioners (CSCPS) database. This is a statewide database and it is expected that mutual recognition of credentialing approvals across the LHNs will occur (see section 3.5).
The CSCPS for Allied and Scientific Health Professionals User Trainer Guide is available and provided to the senior clinical and administrative staff responsible for entering data on the CSCPS.

For initial credentialing, original documents are to be sighted and primary sources are to be contacted to verify documentation for self-regulated professions. The degree parchment, final transcript or certified copy is to be scanned (maximum electronic file size 1 MB) and uploaded into the CSCPS. For registered professions, AHPRA has responsibility for verification and demonstration of current unrestricted registration status.

The credentialing process includes documentation of current scope of practice, verification of continuing professional development and the employee’s current performance review and development plan (see section 3.6).

3.2 SUPERVISION
As the current requirements for registration and membership of associations vary (depending on the profession), it is essential to ensure consistency across the professions through formal clinical supervision processes. Transparency in practice (such as observed practice) is ideal for ensuring an AHP continues to develop skills and improve practice.

All AHPs are expected to participate in formal supervision processes as described in the SA Health Allied Health Clinical Supervision Framework 2014, available here: http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/clinical+resources/allied+and+scientific+health/professional+development+and+training+in+allied+health

3.3 SELECTION AND RECRUITMENT
An AHP of the same profession and more senior in level to the vacant position (usually AHP 3 or above) is to be involved in the selection processes of new employees to assist in identifying strengths, gaps in knowledge and identification of supports required. As requirements for registration and accreditation vary, evidence of recent practise needs to be considered with a robust supervision plan initiated for those identified as requiring further skill development. Appointment to a position is subject to the authentication of the applicant’s AHP credentials and scope of clinical practice. The CSCPS database should be accessed to confirm credentialing status for AHPs credentialed by a different SA Health facility when roles are sufficiently similar (refer mutual recognition section 3.5). Refer to Attachment 1 for the SA Health Authenticating AHPs Credentials Procedure Flow Chart for New Appointments.

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

For the purpose of forming a view about ongoing competence, performance and professional suitability to provide safe, high quality services in SA Health facilities, all AHPs must have credentials authenticated every 1 or 3 years at a minimum dependent on specific LHN processes (the re-credentialing application form should be used).

In LHNs with a 3 year credentialing cycle, registered professions must also have registration with AHPRA checked annually. For self-regulated AHPs, the ‘ineligible list’ provided by the relevant Professional Association must be checked annually by the AHP’s manager to confirm the AHP’s continued eligibility for membership.

Minimum requirements to be entered into the CSCPS upon re-credentialing include:
- Proof of current registration/accreditation/eligibility for professional association membership (to be completed annually);
- Any newly obtained qualifications required for clinical practice; and
- The completion date of the current performance review and development plan.
3.5 MUTUAL RECOGNITION BETWEEN LHNS OR CLINICAL SERVICES
AHPs previously credentialed by another LHN or Clinical Service within SA Health will be recognised with supporting information recorded in the CSCPS database. The Allied Health Manager or Senior AHP may request a copy of supporting documents from the relevant LHN or Clinical Service but this is not required. The scope of practice may need to be adjusted according to the requirements of each LHN or Clinical Service and the incumbent’s new role.

Where an AHP has previously been credentialed, the initial review date will apply within the mutual recognition process.

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

3.6 PERFORMANCE REVIEW AND DEVELOPMENT (PR&D)
PR&D is a mandatory SA Health process which aims to provide a regular opportunity for discussion between the Manager and/or the Professional Supervisor and the clinician regarding:

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

The Department for Health Performance Review and Development Policy is applicable to all persons employed by SA Health. The policy highlights the strong link between the organisation’s objectives and the contribution of the employee to their team and work unit, and the important role that each employee plays in the achievement of these objectives. It provides opportunity for employees to develop their skills, knowledge and job performance and to enhance their career opportunities.

Information gathered as part of the PR&D cycle provides a basis for objective self-assessment by the individual AHP, in consultation with their supervisor and can be used to inform decisions that relate to the re-credentialing process.

3.7 CRIMINAL HISTORY SCREENING
SA Health has a duty of care to ensure that the risk of harm to clients, patients or the organisation is minimised. Sound recruitment and employee management practices including criminal history and relevant history screening are vital to maintain this duty of care.

Current SA Health policy requires all prospective and current employees and contractors to have a satisfactory National Police Check (NPC) prior to employment, and further relevant criminal history screening as per LHN requirements every 3 years thereafter. For further information relating to NPC screening visit https://www.police.sa.gov.au/services-and-events/apply-for-a-police-record-check.

All employees, prospective employees and contractors engaged to work in a prescribed position must also undergo a Department for Communities and Social Inclusion (DCSI) criminal history screening prior to commencing work, and every 3 years thereafter. A prescribed position includes any role undertaking duties of a nature prescribed by legislation or by SA Health Policy. This generally includes working with children, vulnerable adults or in a Commonwealth funded Aged Care facility.
SA Health managers will need to use the DCSI guide to determine what type of criminal history check(s) are required for prescribed positions in their teams. There are four types of criminal history check available to SA Health through DCSI Screening Unit:

- Child-related employment screening;
- Vulnerable person-related employment screening;
- Aged Care Sector employment screening; and
- General Employment Probity check.

A position may require one or more type of DCSI check depending on a number factors including:

- Nature of duties performed;
- Types of clients/patients; and
- Access to medical records.


SA Health must comply with legal requirements for criminal history assessments under the Children’s Protection Act 1993, Children’s Protection Regulations 2010 and the Aged Care Act 1997. For access to the current Criminal and Relevant History Screening Directive, SA Health visit the Inside SA Health intranet and go to policies, all policies A-Z.

### 3.8 APPEALS PROCESS

In the event the AHP is not satisfied with the determination of credentialing or re-credentialing they may appeal the decision by:

- following the standard appeals procedure that exists within the recruitment process (new applicants only) or;
- requesting a review through a LHN Credentialing Committee or Clinical Service Committee to address such concerns or;
- following the Administrative Decision Grievance Procedure in accordance with Part 3-1-3 of the SA Health Human Resource Manual.

### 4. Implementation & Monitoring

#### 4.1 CREDENTIALING COMMITTEE

An AHP Credentialing Committee must be established at each LHN to be responsible for the oversight of the credentialing of AHPs. Where an allied health sub-committee is established at an individual health care facility, the terms of reference of the sub-committee must be amended to reflect the broader scope of application and be compatible with the committee’s Terms of Reference. See Attachment 3 for an example generic Terms of Reference.

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

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

#### 4.2 EVALUATION

There are established processes to examine, record and review the credentials of AHPs within LHNs or Clinical Services. Regular reports are utilised by the LHN or delegated committees to review compliance with the policy and any recommendations for improvement. For example:

- Total percentage of all AHPs with authenticated credentials at the time of appointment
- Total percentage AHPs with current authenticated credentials at 31 December each year.
5. National Safety and Quality Health Service Standards

Please note these National Standards above apply until 31 December 2018. The National Standards below will be implemented from 1 January 2019.

6. Definitions

In the context of this document:
access appointment means the agreement by the LHN or Clinical Service for an external provider to practise within a SA Health facility.

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

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

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

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

CSCPS means the SA Health Credentialing and Scope of Clinical Practice System for Health Practitioners. CSCPS is the statewide database used to record practitioners’ qualifications, professional membership eligibility and required documents for authentication of an AHP’s credentials and scope of clinical practice.
Local Health Network (LHN) means one of the following; Central Adelaide Health LHN, Southern Adelaide LHN, Northern Adelaide LHN, Women’s and Children’s Health Network, Country Health SA LHN, SA Ambulance Service or the Department for Health and Ageing. These are the incorporated bodies which also include statewide services such as SA Pathology, SA Pharmacy and SA Medical Imaging within their corporate structures.

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

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

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

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

7. Associated Policy Directives / Policy Guidelines and Resources

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

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

Other references and resources related to this policy include:

SA Health Standards and Accreditation in Health Care, 2012

Australian Commission on National Safety and Quality Health Service Standards, 2012

Credentialing and Defining the Scope of Clinical Practice for Medical and Dental Health Practitioner Policy (2012, Version 1.3) SA Health


SA Health Policy Performance Review and Development, Department for Health and Ageing
SA Health Allied Health Clinical Supervision Framework, 2014

SA Health Workforce Operations Advice: Minimum Qualification Requirements for Non-Executive SA Health Employees, December 2012

South Australian Modern Public Sector Enterprise Agreement: Salaried 2017


8. Document Ownership & History

Document developed by: Allied and Scientific Health Office, Office for Professional Leadership, System Performance

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Next review due: 30/06/2021 (usually 1-5 years time)

Policy history:
Is this a new policy (V1)? N
Does this policy amend or update an existing policy version? Y
If so, which version? 3.2
Does this policy replace another policy with a different title? N
If so, which policy (title)? n/a

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ATTACHMENT 1:
SA HEALTH AUTHENTICATING AHP CREDENTIALS PROCEDURE FLOW CHART

New Appointment

Director/manager/senior allied health professional develops role description 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 role description.

The selection panel, including discipline representation, shortlist applicants. Information regarding credentialing requirements to be forwarded to short-listed applicants.

Interviews or other merit-based process conducted and may include referee checks and/or Human Resources check for previously employed or currently employed SA Health staff.

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

YES  Meets requirements?  NO

National Criminal History Record Check cleared

Letter of offer sent to successful applicant

Record in personal file and enter into the CSCPS

Seek next preferred applicant and repeat process
ATTACHMENT 2:

AUTHENTICATING AHPS’ CREDENTIALS GOVERNANCE STRUCTURE

- Oversee LHN/Clinical Services credentialing process
- Assess credentialing applications as required and coordinate any appeal processes
- Audit local credentialing processes in Health Facilities/Clinical Services
- Report on AHPs credentialed for health facilities/Clinical Services as required

Director/manager/senior allied health professional recruitment panels

- Process, review and make recommendations on credentialing AHPs
- Review AHP credentials annually
- Ensure annual updating of AHP credentials and scope of practice information into the SA Health Credentialing and Scope of Clinical Practice System for Health Practitioners
ATTACHMENT 3:

GENERIC TERMS OF REFERENCE

AHP CREDENTIALLING COMMITTEE TERMS OF REFERENCE

NAME
The group shall be known as the [Name of LHN] AHPs Credentialing Committee.

PURPOSE
The Credentialing Committee will ensure that the SA Policy for Authenticating Allied Health Professional’s Credentials including Access Appointments for AHPs is implemented and that a consistent effective system of credentialing for clinicians operates across the [Name of the LHN].

REPORTING RELATIONSHIPS
The Committee shall report to [LHN …………………………………………].

FUNCTION AND RESPONSIBILITES

The Committee will:
1. Implement SA Health Policy and [LHN] Policies and Procedures relating to credentialing and defining the scope of clinical practice.
2. Oversee the entry of AHP credentialing and scope of clinical practice data into the CSCPS.
3. Monitor and evaluate the credentialling process, including conducting annual review / audit of Credentialling Committee, to ensure standardisation of the credentialling process across the [Name of LHN].
4. Notify the CEO and /or Health Site General Manager and Chief Allied Health and Scientific Officer and provide relevant action plans for practitioners who have restrictions placed on their practice by AHPRA or the relevant professional association.
5. Monitor and review action plans of Practitioners who have restrictions placed on their practice.
6. Where the committee may be contemplating the reduction, suspension or termination of an AHP’s scope of clinical practice, the committee must notify the AHP in writing. Such notification must inform the AHP of the reasons for any such reduction, suspension or termination being contemplated and provide the AHP with an opportunity to respond in writing within 14 days.
7. Coordinate the appeals process, convene an Appeals Committee as necessary, and receive recommendations from the Appeals Committee.
8. Ensure AHPs understand and consent to the retention of information gathered as part of the credentialling and scope of clinical practice processes.
9. Fully document and keep confidential all committee proceedings unless directed otherwise by the Chair of the committee, this policy or by law, and
10. Conduct itself in good faith, according to the rules of natural justice, without conflicts of interest or bias, and in a manner that does not breach relevant legislation.

A Committee may also:
11. Ratify credentials for all AHPs as defined by the SA Health policy.

MEMBERSHIP
• the Chair who is the appointee of the LHN CEO (who would usually be the LHN Director of Allied Health)
• at least three Directors of Allied Health/Senior AHP Managers, reflecting the mix of clinical services provided within the LHN
• a Human Resources Officer from the LHN
• an credentialed and experienced nominee of the relevant profession will be sought as required

The Committee maintains the ability to co-opt and seek advice as required, including legal advice.
OPERATING PROCEDURES
Temporary ratification may be granted by the Chair/Deputy Chair of the Committee for those clinicians commencing a service prior to the next meeting of the full Committee. Applications will be tabled at the committee for final ratification.
Applications will be assigned to, and reviewed by, a group of reviewers who present the applications for discussion at the next committee meeting.
Chair and Deputy Chair appointed on rotational basis.

QUORUM
The quorum shall comprise two thirds of the members (or proxy) of the committee.

MEETINGS
As far as possible, notice of meetings and supporting papers shall be dispatched five (5) working days in advance of the meeting date.
The committee shall meet [monthly/3 monthly] according to date and time agreed by the committee members. The Chair may cancel a meeting if there is insufficient business to warrant holding a meeting. Additional meetings may be held at the determination of the Chair.

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

COMMITTEE EVALUATION
Terms of reference of this committee shall be reviewed annually.

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

Chair
Position: .................................  Date: .................................

Print Name