SA Health

Credentialling and Scope of Clinical Practice System: Allied & Scientific Health Professionals User Guide

Allied Health User Guide

Purpose of this document

This document provides guidance to managers or administrative staff entering information on the SA Health Credentialing & Scope of Clinical Practice System (CSCPS) for allied and scientific health professions.

System Overview

CSCPS is a web based application that contains information relating to Health Practitioners Credentials and Scope of Clinical Practice. The CSCPS records credentialing information for medical and dental practitioners as well as allied and scientific health professionals. As such, there are some fields and tabs that are not used when entering allied and scientific health professional information.

System Issues & Assistance

After reading the following instructions, if you remain uncertain about how to enter data or require other assistance (e.g. adding items to drop down lists, accessing the system, training, etc.) please contact <u>Health.Credentialling@sa.gov.au</u>.

System Access and Log In

The CSCPS is available on all SA health computers via-Start / All Programs / Corporate programs / SAH applications / Credentialing & Scope of Clinical Practice When opening the application you may need to enter your HAD username and password.





Searching for a Health Practitioner

<u>Always start by searching for the Health Practitioner you require</u>, regardless of whether you are completing initial credentialing (and expect to create a new record) or are re-credentialing an existing practitioner.

To search for a Health Practitioner:

• Click on the top search button.

- Enter part of the Surname and their first initial and click search.
- Click on the correct Health Practitioner from the search result below.
- The results of the search are displayed at the bottom of the screen.

If result does not appear as expected confirm the spelling and try alternate spellings before moving on.

Add Record	Search Reports	Administration		
Search - Please enter det	alis to search for Health P	rotessionais		
Unique Identifier				
Status	×			
Last Name	test			
First Name	te	Preferred Name		
Registration Number				
Profession				
Local Health Network (LHN)	Women's and Children's Local He	ealth Network		
Committee				
Credential		×		
SOP Health Unit & Departments		•		
Employee ID		Credentials Due Within		
Contract Number		Evidence Due Within		-
Primary Committee		Registration Due Within		•
Current Practicing in CHSA			Se	arch Cle

Adding a new Health Practitioner

Before adding a new entry, you must always search for the Health Practitioner you require.

Only when you have confirmed the practitioner does not have an existing record should you add them manually. A search must be performed to ensure the practitioner does not already exist in the system. **Failure to do this will result in a duplicate that cannot be deleted.**

In order to manually add a practitioner to the system:

- Select the 'add record' tab.
- Complete all mandated information marked with a red asterisk.
- Select if the practitioner is an SA Health employee or not
- Select 'add record'.

Please note Allied Health is not recording home address and personal contact numbers.

Details of credentialing for all allied and scientific health professionals (including employees of SA Health and Access Appointees) should be added to the CSCPS database.

The only exception to this is workers attending sites under a letter of agreement process, for whom details are stored within their external organisation database.

SA H Syste	lealth Credential em for Health Pr	ling and Scop actitioners	e of Clinica	al Practice	Government of South Australia SA Health
Add Record	Search Reports	Administration	Logout		
Add Person Record Please search the database to e Personal Details	nsure that the person record does i	not already exist.			
Title	•	Status *		•	
Last Name *		Intern / Ti	rainee	•	
First Name *		Professio	un *		•
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		•	
Contact Details					
Address Type	•	Contact P	hone		
Address Line 1		Mobile			
Address Line 2		Email			
Suburb		Preferred	I Contact	· ·	
Postcode					
State					
Mailing Address	•				
				Add Record	Clear

DATA ENTRY FOR CREDENTIALS AND SCOPE OF PRACTICE

For allied and scientific health entries it is only necessary to complete the following tabs:

- 1. Person details
- 2. Registration/Accreditation/Membership
- 3. Insurance (access appointees only)
- 4. Credential
- 5. Scope of Practice (SOP)



1. Personal Details

This section records a practitioner's Personal Details, Criminal History Check and Qualifications.

() to poly the second	Search Repor	ts Administration	Logout	
Unique Identifier	TES5005109	Status	Active	
lame	Dr TEST , Test	Intern / Trainee		
		Profession Contract Number	Medical Practitioner	
Gender	Male	SA Health Employee	Ves	
Date of Birth	01/01/1972	Currently Practice CHSA	No	
Employee ID	CYH:1234			
Primary Committee	SALHN - Medical	LSPN	0573.FMC	
Contact Details Edit Delete Address Ty	pe Address1 Finders Medical Ce	Address2	Suburb Postcode State Mailing	address
Contact Details Edit: Delete Address Ty	pe Addresst Finders Medical Ce 86 8866 8888 email@hesth.sa	Address2 entre 1. gov. au	Suburb: Postcode State Mailing	address
Contact Details Edit Dolote Address Ty X Work Contact Phone Mobile Email Preferred Contact Criminal History Check	pe Address1 Finders Medical Ce 86 8868 8888 email@heath.sa	. Address2 entre 1.gov.au	Suburb: Postcode State Mailing	address
Contact Details Edit Delete Address Ty X Work Contact Phone Mobile Email Preferred Contact Criminal History Check Edit Delete	pe Address1 Finders Medical Ce 88 8868 8888 email@heath.sa Country	. Address2 entre 3.gov.au Type Date Issued	Suburb Postcode State Mailing Document Upload	address
Contact Details Edit Delete Address Ty Contact Phone Mobile Email Preferred Contact Criminal History Check Edit Delete No Criminal History Found	pe Address1 Finders Medical Ce 88 8868 8888 email@heath.se Country	Address2 entre 3.gov.au Type Date Issued	Suburb Postcode State Mailing	address
Contact Details Edit. Defect Address Ty Contact Phone Mobile Email Preferred Contact Criminal History Check Edit Defete No Criminal History Found Qualifications	pe Address t Finders Medical Ce 86 8888 8888 email@heath.sa Country	Address2 entre 3.gov.au Type Date Issued	Suburb Postcode State Mailing Document Upload	address
Contact Details Edit: Delete Address Ty Contact Phone Mobile Email Preferred Contact. Criminal History Check Edit Delete No Criminal History Found Qualifications Edit Delete Qualified	pe Address t Finders Medical Ce 88 8888 8888 email@heath.sa Country *	Address2 entre 1. pov. su Type Date Issued mainal Year Obtained	Suburb Postcode State Mailing Document Upload Awarding Institution Documen	address

1.1 Personal Details

Ensure that all personal details are accurate and edit if needed by clicking the "Edit Personal Details" button. Allied Health does not record home address or personal phone details. The 'primary committee' field will automatically populate once a scope of practice is entered in the SOP tab.

1.2 Criminal History Check

Click the "Add Criminal History Check" button.

Enter all information regarding the country, type, date of issue, date of expiry and reference number of each criminal history clearance that has been provided.

Under 'type' – select the relevant option from the drop down list. If the applicant has provided an NPC issued by an ACIC Approved Provider (not SAPOL), select "other", specify "NPC" as type, then enter the issuing agency in the 'Agency Provider' field (e.g. Fit2Work, National Crime Check, etc.)

DHS/DCSI clearance certificates should be uploaded to the system.

NPC certificates should NOT be uploaded as they remain the property of the practitioner and upload may constitute a breach of the person's privacy.

1.3 Qualifications

<u>For registered professions</u>: If details of qualifications have been provided these can be entered into the relevant field (not mandatory as this information is verified by AHPRA upon registration).

<u>For self-regulating professions</u>: It is mandatory to record details of qualification and upload to the CSCPS e.g. copy degree parchment or final transcript scanned in (maximum size 1 MB).

<u>For unregulated professions:</u> If a qualification is required for the role, details should be entered and uploaded to the CSCPS e.g. Cert IV parchment or final transcript scanned in (maximum size 1 MB).

For all professions with advanced or extended scope of practice: If evidence has been provided of additional qualifications permitting advanced/extended scope of practice, this should be detailed in the Qualifications field and documents should be uploaded.

2. Registration / Accreditation / Membership

This tab contains information regarding the Practitioner's Registration, Licence, Accreditation and Membership. The system will always display the previous entry for Registration, Accreditation and Membership regardless of the expiry date.

2.1 Registration— for registered professions only (Medical Radiation including radiography/radiation therapy/nuclear medicine technology, Occupational Therapy, Pharmacy, Physiotherapy, Podiatry, Psychology).

Complete all known fields, including profession, registration number, type and expiry date.

- **2.2 Licence** for Medical Radiation professions only (Radiographers, Radiation Therapists, Nuclear Medicine Technologists).
- 2.3 Accreditation for self-regulated professions only where a formal accreditation program exists (for example; Accredited Practicing Dietitian through Dietitians Association of Australia or Accredited Mental Health Social Worker through Australian Association of Social Workers). All known fields including accreditation type/title, number and expiry date required.
- **2.4 Membership** for self-regulated professions only. The practitioner's eligibility for membership of the relevant Professional Association must be recorded.

		ts Administration	Logout	
Unique Identifier	TES5005399	Status	Not Required	
Name	Mr IESI3, Test	Intern / Trainee Profession	Allied and Scientific Health	
		Contract Number	access	
Gender	Male	SA Health Employee	Yes	
Date of Birth	01/04/1975	Currently Practice CHSA	No	
Employee ID	<u>.:345</u>	1.001		
Primary Committee	Allied Health	LSPN		
Edit Delete Profession	Registration Regi Board No. Psychology Board of Australia 1236	stration keg. Type / Sub-Division Type	Speciality Sub Speciality Reg.	Expiry Det
Edit Delete	Licence	Licence No.	Expiry Conditions	v Expired Licenc
No Licence Details Found				rad Acaraditatia
No Licence Details Found			Show Expi	red Accreditatio
No Licence Details Found Accreditation Edit Delete	Accreditation	Accredited	Accr. No. Accr. Exp	iry
No Licence Details Found Accreditation Edit Delete No Accreditation Details Found	Accreditation d	Accredited	Show Expi Accr. No. Accr. Exp	iry
No Licence Details Found Accreditation Edit Delete No Accreditation Details Foun Professional Association M	Accreditation d lembership	Accredited	Show Expi Accr. No. Accr. Exp Show Exp	iry
No Licence Details Found Accreditation Edit Delete No Accreditation Details Foun Professional Association M Edit Delete Professio	Accreditation d lembership nal Association	Accredited Eligible Member Mem	Show Expi Accr. No. Accr. Exp Show Exp nber Type Member No. M	ired Membershi ember Expiry

3. Insurance (Access Appointees/non-employees only)

If the credentialing application is for an Access Appointment (i.e. non-employee of SA Health), details of professional indemnity insurance must be added to the CSCPS.

Under the 'Insurance' tab, add details of insurance company, policy type, policy number and expiry.

4. Credential

The practitioner's credentialing status is recorded in this tab.

If the practitioner has a current credentialing approval, this will be displayed under 'Credentials' section. If credentialing approval has expired, click the 'Show Expired Credentials' box to view details.

Name	Mr 1EST3, Test	Intern / Trainee Profession Contract Number	Allied and Scientific Health	
Gender Date of Birth	Male 01/04/1975	SA Health Employee	Yes No	
Employee ID Primary Committee	ACC:345 SAMI - Allied Health			
Personal Details Reg/A	Accr/Memb Insurance	Credential SOP App	oroval CPD Appeals Prog	ress
Edit Delete Categorisatio	n Specialty / n Clinical Domain Sub-S	Specialty Date Expiry	Committee Limitations	Additional Docum Information Upload
Registered Profession	Physiotherapy	- 04/06/2012 03/06/2	2013 CHSALHN - Allied Health	No

To add a new credentialing approval, click the 'Add Credential' button. Complete all mandatory fields (*) and other relevant details as needed.

Edit Credential	X	Category – select from Registered, Self-regulated or Unregulated profession.
Category *	Registered Profession 💌	Specialty/Clinical Domain – select appropriate Profession
Domain *	Physiotherapy O4/06/2012	Dated Credentialed - enter date the Manager signed the credentialing application form.
Expiry *	03/06/2013 EE CHSALHN - Allied Health	Expiry Date- will vary dependent on LHN processes (e.g. 1 year, 3 year, or in line with profession-specific cycle, length of contract etc.)
Limitations / Conditions	A	Committee – enter the relevant Credentialing Committee for the practitioner's Local Health Network or Health Service.
Additional Information	T No	Limitations/ Conditions- the Manager or Senior Allied Health Professional will document conditions in Part 7 of the application form and
Comments		these should be entered in the relevant field Limitation/conditions must be recorded on the CSCPS in the Limitations/Conditions box. Allied Health is only required to write <u>'Restrictions to</u> <u>Practice'</u> if limitations or conditions apply. Details about the limitations/conditions should not be recorded within the CSCPS
Document Upload	Upload Clear	Document Upload – upload the credentialing application form

5. Scope of Clinical Practice (SOP)

To add a new SOP, click the **'Add Scope of Practice'** button. To update or change SOP details, click the edit icon.

rimary Committee	WCHN - Allied Health	LSPN				
Personal Details Re	g/Accr/Memb Insura	nce Credential	SOP Approval	CPD Appe	eals Progr	ress
Committee			•			
Health Unit			▼ GO	Clear		Show Expired SOP
Edit Delete Committee	e Health Unit Ser Divi	vice / Clinical Ur sion	nit SOP	Date Effective	Expiry Date	Perf Review Doc. More Upload Detai
WCHN - Allie Health	Women and Children's Health Ed Network - Reh Primary and and Population Health	ability, Speech abilitation ^P athology Allied Health	speech pathology	14/08/2012	13/08/2013	No

Complete all fields indicated below in red circle:

Edit Scope of Pract	tice	
Committees*	WCHN - Allied Health	
Health Unit *	Women and Children's He	alth Network - Primary and Population Health
Service Unit	Disability, Rehabilitation a	nd Allied Health
Clinical Unit		•
SOP *	speech pathology	Approved SOP is documented in the 'Declaration by Professional Manager/Senior AHP' section on the application form.
Date Effective *	14/08/2012	Date Effective is date the application form was approved by the manager. Expiry Date should match the credentialing
Expiry Date *	13/08/2013	approval expiry date completed on Credential tab.
Date Performance Review Completed		Enter the date that Performance Review and Development was completed (see Part 6 of the application form). PR&D document is not to be uploaded.
Additional		Limitations/Conditions (as needed. Manager will document limitations/conditions in Part 5 of the application form. Any limitation must be recorded on the CSCPS inserted in the Limitations/Conditions box. Allied Health is only required to write 'Restrictions to Practice' if limitations or conditions apply.
Currently Practice	•	
Short Term		•
Admitting Rights	•	
Document Upload		Upload Clear
		Save Cancel

UPLOADING DOCUMENTS

There are a number of places in the system where you it is possible to upload a document to provide evidence of the credentialing process. These include:

- Qualifications required for self-regulating professions and individuals employed under a grandparent clause, and for any Practitioner (registered, self-regulated or unregulated) qualified to undertake advanced or extended scope
- Criminal History Check DO NOT upload criminal history screening documents due to privacy restrictions
- Credential application form should be uploaded
- Scope of Practice no upload required
- Continuing Professional Development no upload required

For noting:

Any documents containing personal details must not be uploaded as these documents will be visible on the View Only screen. Allied Health is not required to upload any documents in the Scope of Practice tab.