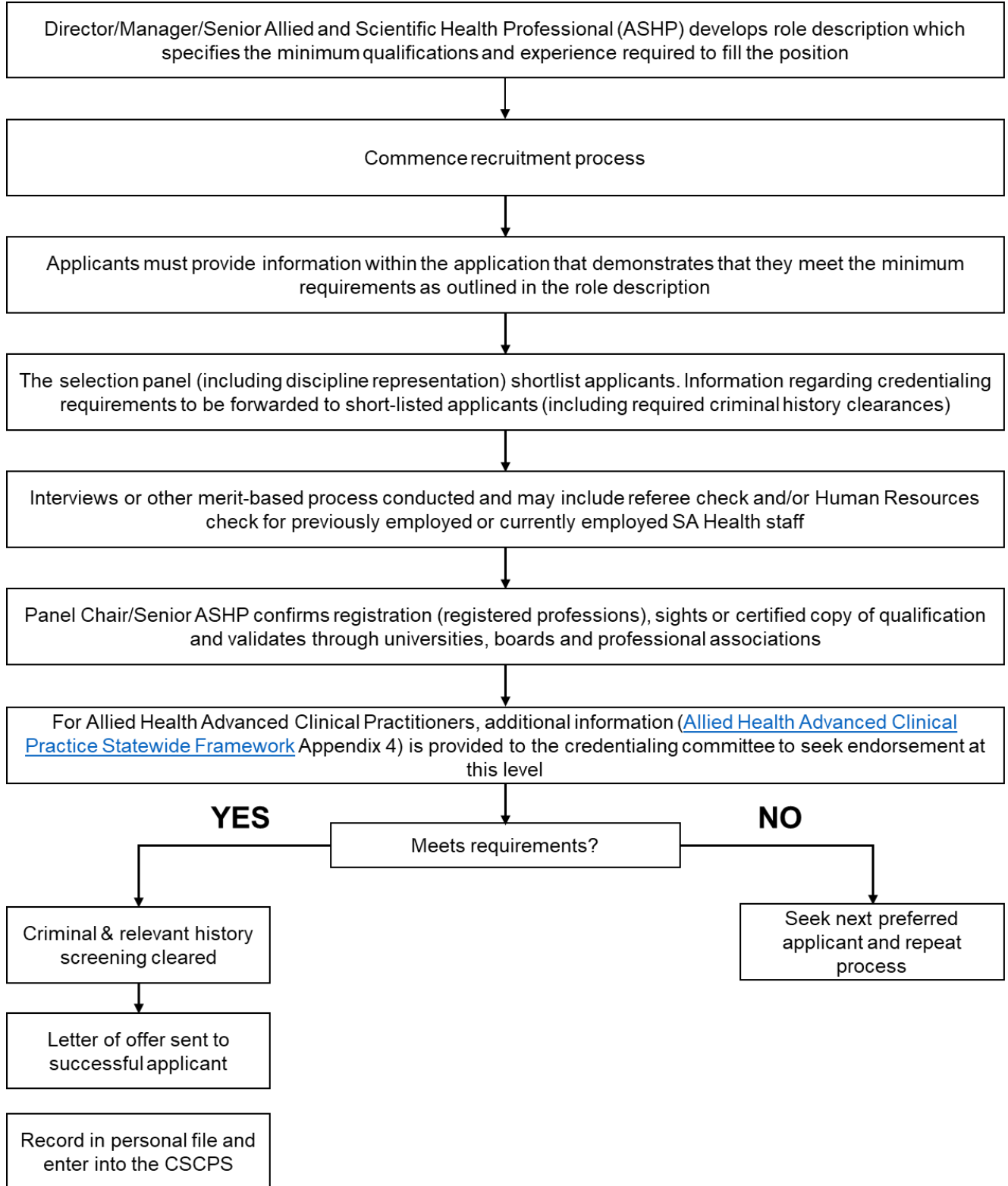
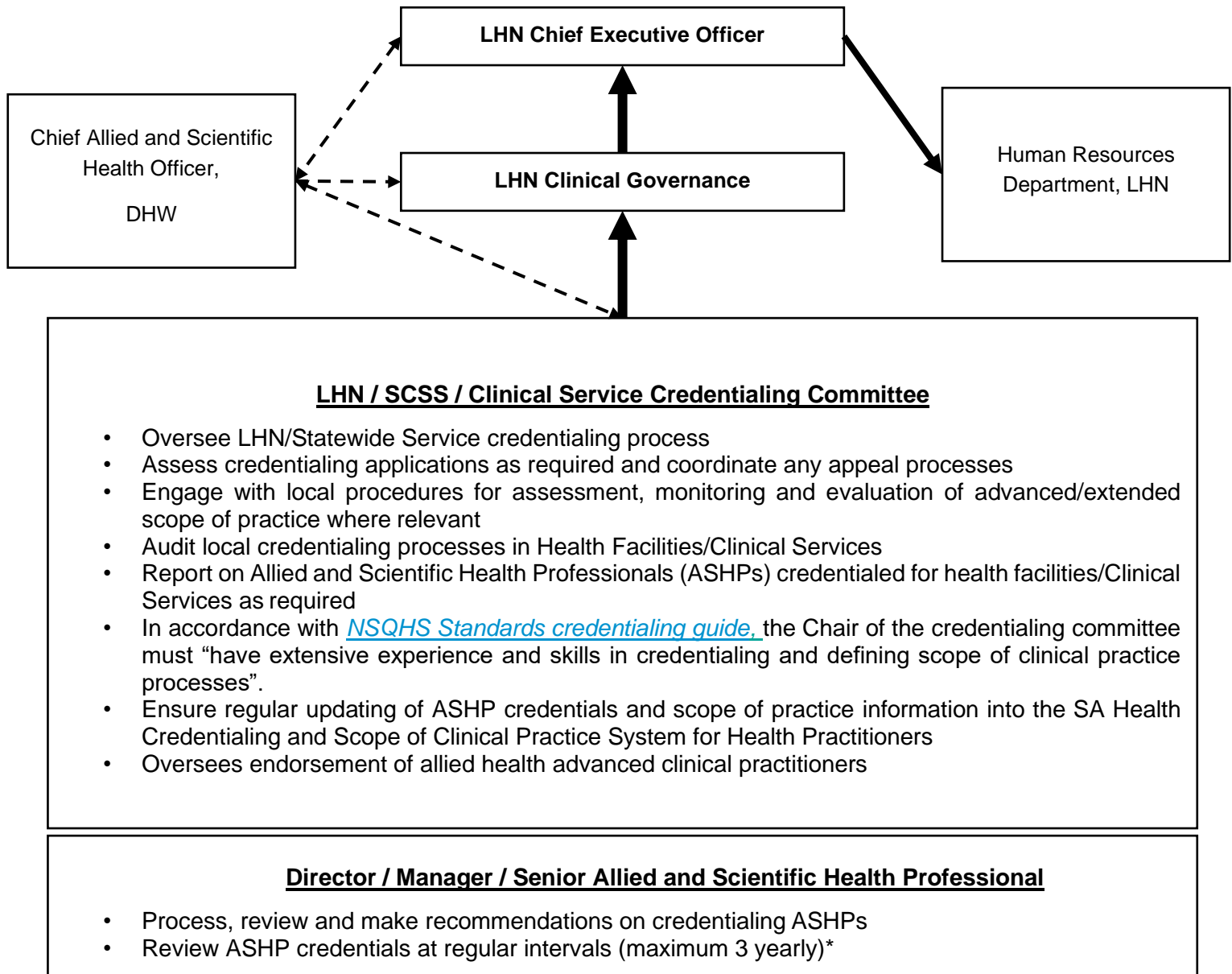


Credentialing and Defining Scope of Clinical Practice for Allied & Scientific Health Professionals Toolkit

Tool 1 - SA Health Allied and Scientific Health Professionals Credentialing Procedure Flow Chart



Tool 2 - SA Health Allied and Scientific Health Credentialing Governance Structure



* Scientific staff employed by SA Pathology must be re-credentialed if changing roles or updating scope of practice – otherwise are exempt from re-credentialing in line with *Credentialing and Defining Scope of Clinical Practice for Allied & Scientific Health Professionals Policy*, Section 3



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Tool 3 – Local Health Network / SCSS Allied and Scientific Health Professionals Credentialing Committee Terms of Reference 2023

NAME

The group shall be known as the [Name of LHN or statewide service] Allied and Scientific Health Credentialing Committee.

PURPOSE

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

REPORTING RELATIONSHIPS

The Committee shall report to [LHN].

FUNCTION AND RESPONSIBILITIES

The Committee will:

- > Support implementation of SA Health and [LHN or statewide service] Policies and Procedures relating to credentialing and defining the scope of clinical practice for allied and scientific health professionals (ASHPs) within [LHN or statewide service].
- > Oversee entry of ASHP's credentialing/scope of clinical practice data into the CSCPS database.
- > Ensure appropriate documentation and notifications are maintained for any ASHPs recognised through the mutual recognition process and determine if any reviews are required. Documents will be held by the Line Manager and be available on request.
- > Engage with local processes relating to approval, monitoring and evaluation of advanced / extended scope of practice and / or advanced clinical practice where relevant.
- > Monitor and evaluate the credentialing process, including conducting annual review / audit of Credentialing Committee, to ensure standardisation of the credentialing process across the [Name of LHN or statewide service].
- > Notify the CEO and /or Health Site General Manager and AH Executive Director (or equivalent) and provide relevant action plans for any ASHPs who have restrictions placed on their practice by AHPRA, Health & Community Services Complaints Commissioner (HCSCC) or the relevant professional association.
- > Monitor and review action plans of ASHPs who have restrictions placed on their practice.
- > Where the committee may be contemplating the reduction, suspension or termination of a ASHP's scope of clinical practice, the committee must notify the ASHP in writing. Such notification must inform the ASHP of the reasons for any such reduction, suspension or termination being contemplated and provide them with an opportunity to respond in writing within 14 days.
- > Coordinate the appeals process, convene an Appeals Committee as necessary, and receive recommendations from the Appeals Committee.
- > Provide advice to relevant LHN units or statewide services to ensure ASHPs understand and consent to the retention of information gathered as part of the credentialing and scope of clinical practice processes.
- > Fully document and keep confidential all committee proceedings unless directed otherwise by the Chair of the committee, this policy or by law, and
- > 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.
- > Ratify credentials for all ASHPs as defined by SA Health policy, including those seeking advanced or extended scope.

MEMBERSHIP

- The Chair, who is an ASHP and is the appointee of the LHN CEO or statewide service ... (who would usually be a Director of Allied Health or equivalent-level senior ASHP)
- Between one and six Senior ASHPs, reflecting the number of staff and mix of clinical services provided within the LHN/Statewide Service
- A Human Resources Officer from the LHN or statewide service (optional)



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- Credentialed/experienced nominee of the relevant profession will be sought as required in cases where the committee is assessing advanced/extended scope, ratifying credentials or undertaking a credentialing appeals process.

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

OPERATING PROCEDURES

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

QUORUM

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

MEETINGS

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

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

PROXY

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

COMMITTEE EVALUATION

Terms of reference of this committee shall be reviewed every two years.

RECOMMENDATIONS

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

.....
Signature of Chair

.....
Print Name

.....
Position Title of Chair

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

