Introduction

The Adelaide Local Health Networks are committed to providing quality and safe care by ensuring its allied health clinicians are appropriately credentialed and have their scope of practice defined.

A procedure has been developed for allied health as an outcome of corporate EQuIP and in alignment with the recently released SA Health Authenticating Allied and Scientific Health Professionals’ Credentials Policy and Guideline for Regional Implementation.

What is credentialing?

Credentialing and defining scope of clinical practice are key corporate and clinical governance requirements, aiming to maximise quality of care and minimise clinical risk. The process of credentialing aims to ensure that all clinical staff are appropriately qualified and skilled to undertake the roles and responsibilities for which they are employed. Credentials are verified by recognised university degrees, registration by professional boards, membership of professional associations, certificates of training/courses completion and information from referee reports and professional indemnity history and status (Standard for credentialing and defining the scope of clinical practice, Australian Council for Safety and Quality in Health Care, 2004 www.safetyandquality.gov.au).

Who needs to be credentialed?

All tertiary trained allied health clinicians who are registered and/or eligible for membership of a professional allied health association, provide clinical services or clinical support services, have oversight of staff and students who provide clinical services, or undertake professional leadership roles are to complete the credentialing and defining scope of clinical practice procedure. This includes:

- New appointments at the time of application for a position.
- Current clinicians who have not previously been credentialed.
- External clinicians (Access Appointments, external contractors) who provide services within Local Health Networks or other clinical services.

The Allied Health professions for the purpose of Credentialing and Defining Scope of Clinical Practice includes three categories:

1. **Registered professionals** who must satisfy the requirements of registration, a legal process that bestows recognition of a minimum standard of training in a particular field.
   As at July 2011 these include:
   - Dental Hygiene, Therapy and Prosthetics
   - Occupational Therapy
   - Pharmacy
   - Physiotherapy
   - Podiatry
   - Psychology.
2. **Self-regulating professionals** who hold a qualification from an accredited university training program providing eligibility for membership of a professional association that sets and maintains standards of practice. As at July 2011 these include:

- Art Therapy
- Audiology
- Dietetics
- Exercise Physiology
- Medical Radiation (including Radiography, Sonography, Radiation Therapy and Nuclear Medicine)
- Music Therapy
- Orthotics and Prosthetics
- Social Work
- Speech Pathology.

3. **Staff employed under a Grandparent Clause.** These staff do not hold a qualification listed in the Commissioner’s Standard but are classified within the Allied Health Professions stream by virtue of an industrial agreement on a present position, present incumbent only basis.

**Recruitment and credentialing**

It is expected that the *Credentialing and Defining Scope of Clinical Practice procedure* will be implemented as part of the recruitment process and will be initiated via e-recruitment. There is no intention to duplicate, but rather extend and formalise much of what already occurs as part of recruitment. Pre-employment declarations issued by Human Resources will continue to be required.

**Credentialing and re-credentialing existing staff**

For the registered allied health professions, re-credentialing will occur as part of the annual confirmation of registration status. As for recruitment, there is no intention to duplicate processes, but rather extend and formalise much of what already occurs.

For the self-regulating professions, the requirements of the credentialing procedure may be new. As stated, the Local Health Networks and other clinical services are committed to high standards of safe and quality practice by ensuring their allied health professionals are appropriately credentialled for the duties they perform. As per the registered professions, re-credentialing will also be undertaken annually.

There is an expectation that as part of the commitment to quality and improving practice, that allied health professionals will participate in continuing professional development and be supported by the organisation to do so. Furthermore, the professional discipline manager or senior allied health professional will ensure that the clinician receives support and supervision commensurate with their level of experience and according to their scope of practice. Annual performance review and development plans also form part of the credentialing requirements.
Defining scope of clinical practice

Defining scope of practice follows on from credentialing and involves delineating an individual’s clinical responsibilities based on their professional qualifications and experience.

The allied health professional associations are concerned with maintaining professional standards through accreditation of the various degree programs. Accreditation of the program assures the quality of the training and by inference, the quality of the practising professionals. In order to graduate as a qualified allied health professional, there is a range of core competencies determined by the professional body that need to be demonstrated by each individual clinician. Demonstration of these core competencies then enables the allied health professional to practice within the boundaries or scope of practice determined by the relevant professional association.

The personal scope of practice afforded each clinician in a particular clinical context is dependent on the individual’s experience and competency level. This is largely defined by the individual’s job and person specification and position classification level.

It is anticipated that determination of an individual’s scope of clinical practice, level of supervision required and the associated professional development plan are determined by the professional discipline manager or senior allied health professional at the local level in consultation with the individual clinician.

For the purposes of the Credentialing and Defining Scope of Clinical Practice procedure for allied health, defining scope of practice is to be recorded by exception. That is, by the identification of advanced and extended roles only that require additional training and demonstration of competency before being credentialled to practice. This is in preference to detailing each area considered to be a routine part of a profession’s scope of practice or having individualised scope of practice documents.

Advanced practice is understood to be an advance in knowledge, skill or competency within the traditional scope of the profession’s practice. In some cases a structured process of training and demonstration of competency is required before the clinician’s scope of practice can include the advanced area.

Extended scope of practice is defined as an emerging practice area that has not traditionally been within the scope of the profession’s practice. Where extended roles are to be undertaken, it is assumed that the appropriate protocols and approvals have been predetermined with the relevant professional group and management within the Local Health Network or clinical service.

Time frames for implementation

It is anticipated that the credentialing and defining scope of clinical practice process will commence from 1 July 2011 for all new appointments.

Existing registered allied health professions will be credentialled progressively at the time of the next round of registration for 2012.

Credentialing of existing self-regulating allied health professions and those employed under a grandparent clause will commence from 1 September 2011 with completion expected by 30 June 2012.
Credentialing documents and storage of data


- SA Health Authenticating Allied and Scientific Health Professionals’ Credentials Policy and Guidelines for Regional Implementation.
- Adelaide Local Health Networks Credentialing and Defining Scope of Clinical Practice Procedure – Allied Health.
- Allied Health Credentialing and Re-Credentialing Application Forms.
- Allied Health Credentialing and Defining Scope of Clinical Practice Information Sheet.

A centralised state-wide database to store credentialing information of all health professionals is currently under development. In the short-medium term until centralised data entry and storage processes are determined, the allied health manager or senior allied health professional is responsible for keeping local discipline credentialing data, providing an annual status report to the Local Health Network Director of Allied Health by 31 January each year.

Further information

Discipline specific information and support is available by contacting the following people:

- Audiology – Brenna Eckert (FMC)
- Dietetics – Mike Davies (TQEH)
- Exercise Physiology – Bob Barnard (Hampstead Centre)
- Medical Imaging – Ian Mays (RAH), Georgina Upton (BreastScreen SA)
- Nuclear Medicine – Max Bellon (RAH)
- Occupational Therapy – Sandra Parr (LMH), Sharyn Chaplin (RGH)
- Orthotics & Prosthetics – Sally Cavenett (RGH)
- Pharmacy – Sharon Goldsworthy (TQEH)
- Physiotherapy – Gill Bartley (Central/Northern LHN Primary Health Care), Tony Hewitt (RGH)
- Podiatry – Cathy Loughry (RAH), Dolores Pilkington (RGH)
- Psychology – Kathryn Collins (RAH)
- Radiation Therapy – Adeline Lim (RAH)
- Social Work – James Chaousis (Mental Health)
- Speech Pathology – Christine Beal (Modbury Hospital)
- Sandy Dunn - DASSA
- Susan Waters - Central/Northern LHN Primary Health Care

For more information contact:

Heather Baron
Allied Health
Central Adelaide Local health Network
Telephone: 0466 150 012