

October 2026

Credentialing and scope of clinical practice for medical and dental practitioners

OFFICIAL

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Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

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ISBN 978-1-76069-475-3 (pdf/online/MS word)

Available at the [Safer Care Victoria website](https://www.safercare.vic.gov.au) <https://www.safercare.vic.gov.au>



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Purpose

The Victorian public expects that all medical and dental practitioners working in health services are appropriately trained, qualified and skilled to undertake the care and services they provide. Health service leaders have a responsibility to ensure robust clinical governance processes are in place and that practitioners' individual scopes of practice align with the health service's specific capability.

Target audience

This policy is for leaders of health service organisations who are responsible for credentialing and setting scope of practice for medical and dental practitioners with independent responsibility for patient care. It offers robust guidance at the site, shared network and regional levels. It applies to public and private health services and hospitals, including day procedure units and community health services.

The requirements outlined in this document are consistent with:

- the Australian Commission on Safety and Quality in Health Care guidelines for credentialing and defining scope of practice
- the National Safety and Quality Health Service Standards.

It also supports compliance with s 8 of the Health Services (Health Service Establishments) Regulations 2024.

The policy applies to public and private medical and dental practitioners regardless of contractual status (permanent, temporary or visiting) or the time fraction (full-time, part-time, honorary or sessional) of their appointment.

For the purposes of this document all references to 'practitioners' can be taken to mean *medical and dental practitioners*, except where it may be specified otherwise.

Health services must have processes in place to:

- formally assess the credentials and determine the scope of practice of all practitioners every 3 years
- set the scope of practice for all practitioners before starting work at the health service
- assess the competence and performance of all practitioners in between formal cycles
- assess and review services provided by each practitioner in line with the service's capability and patient acuity.

When applied to **dental practitioners** the policy allows a dentist to provide clinical services at a Victorian health service under the [Dental Board of Australia's Guidelines for scope of practice](#).

Health services may consider the credentialing and scope of practice of a dentist under various circumstances. These include, but are not limited to:

- dentists employed by any health service with dental services on a locum (casual), part-time or full-time basis

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- private dentists seeking to use health service operating theatres – usually for patients needing treatment under general anaesthetic or intravenous sedation.

Locum agencies must undertake robust credentialing. Agencies should therefore follow the credentialing and scope of clinical practice processes outlined in this policy when onboarding practitioners.

Background

The *Credentialing and scope of clinical practice for senior medical practitioners policy* was refined in 2020 to specifically address declared statewide emergencies such as natural disasters and global pandemics.

This 2026 revision aims to strengthen guidance on best practice clinical governance principles aligned with the 5 domains of the [Victorian clinical governance framework](#) to ensure robust and consistent credentialing and scope of practice processes are in place across Victorian healthcare organisations.

Health services must also meet the Australian Commission on Safety and Quality in Health Care Standards.

Policy

This policy provides the basis for a consistent approach to credentialing and defining the scope of clinical practice for practitioners and their contracted health service(s) where they have, or wish to obtain, visiting rights by:

- providing clear guidance on best practice principles for credentialing practitioners
- strengthening governance for ongoing review and evaluation of practitioners' engagement and professional conduct between formal credentialing events
- ensuring a robust, risk-based approach to credentialing and scope of practice.

Governance and process

All Victorian health services must have access to a credentialing committee, typically convened by the director of medical services (DMS) or an appropriately authorised senior medical leader. Committees should meet at least quarterly to ensure all appointments are reviewed within 3 months of starting work.

Members of credentialing committees must:

- have relevant expertise
- understand the role of the committee
- not have any conflicts of interest.

Where completely eliminating conflicts of interest is impractical, all conflicts must be declared. Health services must institute mitigation strategies to minimise risks as much as possible. Members should recuse themselves from decision-making on their own credentialing. Appropriate external members may be co-opted where necessary to avoid conflicts of interest or to access specialist expertise.

For private hospitals and day procedure units, the chair of the credentialing committee must be free from conflicts of interest (including financial) that may have a perceived or actual impact on their independence. Small health services (including sole practitioner clinics) must use an independent peer medical or dental practitioner (respectively) who has no financial interest in the health service.

The credentialing committee must verify key information to confirm each practitioner's credentials and capacity to safely undertake the designated scope of practice. It is essential the information sought (and the way in which it is sought):

- validates credentials
- supports the committee's ability to critically analyse any information about credentials
- ensures the practitioner's scope of practice aligns with the health service's capability and patient acuity.

While the credentialing committee is responsible for operationalising credentialing and scope of practice, the health service board, DMS and chief executive officer (CEO) should maintain oversight to ensure these processes are followed.

Organisations may individualise governance structures and reporting arrangements to best suit their needs and circumstances.

It is the responsibility of everyone in the healthcare organisation, including boards and executives, to sustain a culture of psychological safety. This will empower staff to raise performance concerns in a supportive and constructive environment. Refer to the [Victorian safety culture guide](#) for more information.

Credentialing may occur at the local, sub-regional, regional or state level. Partnerships between health services, including private hospitals and day procedure units, are encouraged to support a more resource-efficient approach. These partnerships help create a shared credentialing and review process. This approach streamlines the complexities that arise at the intersection of credentialing, scope of practice, performance management and Enterprise Agreement requirements – particularly when practitioners work across multiple services.

When a Local Health Service Network (LHSN) credentialing committee undertakes credentialing for its member health services, it must have a rigorous local process. This process ensures the health service is responsible for clearly defining and managing each practitioner's credentialing and scope of clinical practice. It must consider input from the service's senior leadership or regional directors of medical services. It must also align with the service's capability framework and the statewide role delineation framework.

Note that assessing a practitioner's credentialing and scope of clinical practice is not a performance review. While the process is informed by performance reviews, the focus is on strengthening governance and reducing risk to support high-quality care.

Roles and responsibilities

The health service board

- Provides oversight, assurance and accountability that credentialing and scope of clinical practice processes are robust, effective and align with Victorian and national policies and standards.
- Provides oversight, assurance and accountability that critical credentialing and scope of practice activities are undertaken (for example, peer reviews, multidisciplinary team meetings and mortality and morbidity meetings).
- Provides oversight and assurance of systems to track healthcare outcomes and patient experience to support performance measurement and benchmarking and to facilitate annual practitioner performance discussions.
- Supports the CEO, DMS (or equivalent) and senior leadership to identify the needs and capabilities of the health service.
- Together with senior leadership, is responsible for monitoring and evaluating initiatives to manage medical workforce risks and clinical practice risks to the health service.
- Monitors credentialing and scope of practice data to ensure effective implementation and continuous improvements.
- Notifies the Australian Health Practitioner Regulation Agency (Ahpra) of any significant departures from accepted professional standards that may place the public at risk (this is a shared responsibility).
- Provides oversight of semi-regular audits to ensure effective credentialing and scope of practice processes and timely notification of changes in conditions of a practitioner's registration.

The health service CEO (or equivalent)

- Helps facilitate credentialing and scope of clinical practice processes that are robust, effective and align with Victorian and national policies and standards.
- Helps ensure critical credentialing and scope of practice activities are undertaken (for example, peer reviews, multidisciplinary team meetings and mortality and morbidity meetings).
- Supports oversight of systems that track healthcare outcomes and patient experience, to strengthen performance measurement, benchmarking and annual practitioner performance discussions.
- Works with the board to identify health service needs and capabilities in line with service capability frameworks and the role delineation framework.
- Oversees risks and potential for patient harm associated with different types of care delivered within the organisation.
- Identifies and manages medical and dental workforce risks and clinical practice risks.
- Ensures robust credentialing processes and monitoring systems are in place.
- Notifies the board of urgent appointments made outside of routine processes.
- Ensures the committee reviews urgent appointments within one calendar month.
- Evaluates the effectiveness and efficiency of credentialing processes and systems to inform improvements.

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- Notifies Ahpra of any significant departures from accepted professional standards that may place the public at risk (this is a shared responsibility).
 - Supports oversight of semi-regular audits to ensure effective credentialing and scope of practice processes and timely notification of changes in conditions of a practitioner's registration.

Credentialing committee

- Verifies the identity of applicants.
- Verifies that practitioners have current, appropriate qualifications.
- Ensures practitioners have the knowledge, skills and recency of practice to the requirements and capabilities of the health service.
- Accesses information from relevant external sources such as Ahpra, referees, healthcare complaints authorities, annual insurance renewals, internet searches and any conditions or exemptions on insurance.
- Confirms a practitioner's continuing professional development (CPD) compliance, participation in safety and quality activities (such as peer reviews) and performance review feedback.
- Identifies any personal, legal or professional impediments to practitioners.
- Formally reviews credentialed practitioners at least every 3 years.
- Based on formal reviews, makes credentialing and scope of clinical practice recommendations to the DMS and CEO for their approval and the health service board for their oversight.
- Notifies Ahpra of any significant departures from accepted professional standards that may place the public at risk (this is a shared responsibility).
- Ensures all credentialing and scope of practice processes comply with relevant confidentiality and privacy requirements.

Directors of medical services (or equivalent)

- Are responsible for all credentialing and scope of clinical practice decisions for all practitioners working within their health service.
- Authorise individual position descriptions and terms of appointment before appointing or reappointing practitioners.
- Ensure an appropriate scope of practice framework is in place that defines the potential scope for each practitioner craft group in line with the organisation's service capability framework.
- Ensure all practitioners regularly take part in peer review activities that provide feedback, set expectations, align goals and foster a culture of safety and continuous improvement in the health service.
- Ensure the healthcare organisation sustains a culture of psychological safety, enabling all staff to raise performance concerns in a supportive and constructive environment.
- Ensure systems to track healthcare outcomes and patient experience to support performance measurement and benchmarking and to facilitate annual practitioner performance discussions.
- Conduct semi-regular audits to ensure effective credentialing and scope of practice processes and timely notification of changes in conditions of a practitioner's registration.

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- Notify Ahpra of any significant departures from accepted professional standards that may place the public at risk (this is a shared responsibility).
 - Are aware of any practitioner health issues that could influence the scope of their clinical practice or affect patient safety and notify Ahpra if required.
 - Notify the health service board of urgent appointments.
 - Convene the credentialing committee.
 - Ensure the terms of reference for the credentialing committee align with this policy.
 - Medical and dental practitioners
 - Are responsible for being appropriately qualified, registered and experienced for the practice they undertake.
 - Maintain professional standard requirements relevant to their area of practice.
 - Disclose any personal, legal or professional impediments that could affect safe practice.
 - Immediately notify all relevant health services where they are providing services of any conditions, undertakings, endorsements, notations or reprimands imposed on their practice by Ahpra.
 - Notify the health service as soon as practicable (within 24 hours) of any breaches or required actions outside their scope of practice (for example, in emergency situations).
 - Engage in health service clinical quality and safety activities, including informal and formal peer review activities, to provide feedback, set expectations, align goals and foster a culture of safety and continuous improvement in the health service.
 - Are provided with clear terms of appointment.
 - Are aware of the requirements and capabilities of the health service and that these may change over time.
 - Notify Ahpra of any significant departures from accepted professional standards that may place the public at risk (this is a shared responsibility).

Credentialing process

All practitioners must complete the formal credentialing and scope of clinical practice process on appointment and before providing clinical services.

Credentials and definitions of scope of clinical practice are specific to the individual practitioner and the health service. These should include qualifications gained through appropriate and recognised training and the subsequent experience in the specific areas for which the practitioner seeks to be credentialed.

The applicant must be provided with a position description (or equivalent) detailing:

- clear terms of appointment
- core competencies
- duties
- expected participation in clinical quality and safety activities in the health service.

The document should also outline the health service's capabilities and service offerings.

Credentialing committee

The committee undertakes and advises on the processes of credentialing and defining scope of clinical practice:

- before the start date or reappointment of a practitioner
- at recredentialing
- at unscheduled reviews of credentialing and scope of clinical practice
- on request for reviews of determinations
- on introducing new technologies or clinical practices.

Credentialing committee responsibilities for credentialing

- Make recommendations to the CEO and DMS for credentialing and scope of clinical practice for individual practitioners.
- Determine the type and level of information required for credentialing practitioners.
- Use health service–approved credentialing systems and processes.
- Review and verify registration, qualifications, experience, identity and professional referees to confirm that the practitioner seeking credentialing has the appropriate professional standing, training and expertise.
- Ensure practitioners consent to the health service retaining information gathered as a part of credentialing and scope of clinical practice processes.
- Document and maintain the confidentiality of all committee proceedings unless directed otherwise by the CEO or authorised delegate, or by law.
- Act in good faith according to procedural fairness and natural justice, without conflicts of interest or bias, and in line with relevant legislation.

Credentialing committee responsibilities for scope of clinical practice

- Determine the type and level of information required for establishing scope of clinical practice.
- Review and verify training, qualifications and recency of practice to ensure a practitioner’s experience and skills are appropriate for the scope of practice required for the position.
- Review the scope of clinical services being requested against the capability of the health service and the available clinical support.
- Determine the initial appropriate scope of clinical practice for a practitioner and again at the regular review period or requested review.
- Review the scope of clinical practice of all practitioners every 3 years, or at the request of the DMS or the practitioner to whom they apply.
- Notify practitioners of decisions about their scope of clinical practice at the initial appointment and at subsequent reviews.

Medical and dental practitioners

As well as the generic human resources requirements on all health service staff (100-point proof of identity check), the new starter must allow the credentialing committee to verify and securely retain evidence of:

- medical or dental registration including:
 - current Medical Board of Australia or Dental Board of Australia (Ahpra) registration
 - confirmation of the presence or absence of conditions, undertakings, endorsements, notations and reprimands
 - confirmation of the type of registration (for example, general or specialist)
- original or certified copies of specialist qualifications and certified translations when not in English
- procedural qualifications (where applicable)
- other training and related clinical experience, as required
- current police check if the applicant will be providing direct patient care in a public sector residential aged care service (PSRACS)
- current Victorian Working with Children Check
- professional indemnity insurance
- health status, if applicable (this may be discussed privately with the DMS or equivalent, who will then be responsible for deciding how this may affect scope of clinical practice)¹
- CPD statements that are college-approved or relevant to the scope of clinical practice determined by the health service and include either:
 - copies of compliance certificates
 - statements verifying CPD participation by the relevant college or Australian Medical Association
- employment or visiting history – a current curriculum vitae of clinical and academic appointments where applicable, which has been verified through other sources
- referee checks:
 - must not be limited to unsolicited written references
 - include 2 referees, preferably 3, ideally one being a previous manager or head of department
 - if undertaken verbally, must be documented, preferably in a structured format
 - may be undertaken using templates sent to nominated referees
 - consider the appropriateness and the bona fides of referees, and any potential or actual conflicts of interest
 - include referees who work in the specialty of the applicant practitioner and can judge the practitioner's experience and performance over the previous 3 years
- existing contract or employment arrangements outside of the current appointment checked, with relevant documentation available.

Health service organisations are encouraged to subscribe to Ahpra's [Practitioner Information Exchange](#). This service alerts employers to changes in the conditions of a practitioner's registration.

Credentialing cycle

The ongoing performance monitoring of practitioners is a key element of a credentialing cycle. Over the course of the 3-year cycle, health services should support practitioners to develop an ongoing, clear and comprehensive picture of their clinical and professional performance.

The ongoing nature of this supportive relationship means the formal recredentialing process should operate on a 'no surprises' basis.

The mandatory annual requirements for practitioners include evidence of:

- current registration
- relevant CPD
- participation in clinical quality and safety activities such as multidisciplinary team case reviews, adverse patient safety event reviews and mortality and morbidity reviews
- current medical indemnity insurance as required.

These annual requirements are consistent with governance expectations outlined in other relevant Victorian guidelines and policies such as the Statement of Priorities, the performance monitoring framework and the *Victorian clinical governance framework*.

Reciprocity

Where a practitioner is contracted at multiple health services, mutual recognition of credentialing may be used (for example, via a formal letter from the DMS of the practitioner's primary health service evidencing approval).

The scope of clinical practice granted to a practitioner *cannot* be reciprocal because it is health service-specific. However, information about a practitioner's scope of clinical practice may be shared with other health services, provided the practitioner approves.

Reciprocity in recredentialing

Provided the primary health service completes the renewal of the practitioner's credentialing, other health services may use mutual recognition to grant the practitioner credentialing in their respective organisations. They may do this at their discretion.

Recredentialing

Recredentialing occurs at least once every 3 years. It ensures the practitioner remains qualified and able to practise within the agreed scope of clinical practice the health service assigns.

The credentialing committee must verify the following:

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- medical or dental registration including:
 - current Medical Board of Australia or Dental Board of Australia (Ahpra) registration
 - the presence or absence of conditions, undertakings, endorsements, notations and reprimands
 - the type of registration (for example, general or specialist)
 - CPD: college certificate or evidence of relevant CPD, confirming with the relevant college (if needed)
 - confirmation and review of the practitioner's scope of clinical practice
 - recent employment or visiting history – an updated curriculum vitae including (but not restricted to):
 - clinical appointments
 - quality and safety activities
 - academic appointments and teaching experience
 - currency of a Working with Children Check
 - organisational data such as performance appraisals, formal peer reviews or complaints
 - evidence of regular participation in clinical quality and safety activities, as well as peer reviews such as multidisciplinary team case reviews, adverse patient safety event reviews and mortality and morbidity reviews at the health service or LHSN level.
 - health status (including evidence of complying with the Communicable Diseases Network Australia's national guidelines), as applicable.

When the credentialing committee cannot make a determination

If a credentialing committee hasn't enough information or needs clarification on an aspect of an application, the committee should defer the application and request the information from the applicant in writing. The committee may also request that an applicant attends a meeting to address queries about their application.

Review and appeal process

A practitioner whose request for credentialing, recredentialing or scope of clinical practice is restricted, withheld or varied from the original request has the right to appeal the decision. This applies when the practitioner believes there was a lack of procedural fairness or decisions were based on inadequate or incomplete information.

An uncommon situation may arise where the evidence a practitioner provides to support their application does not match their stated qualifications or experience, or does not meet the standard required for practitioners seeking to work in the health system. This may lead to the committee denying the credentialing application.

The health service's process should account for the following:

- An appeals process must be managed independently of the credentialing committee. The process should be open to reconsider any decision made and for new information to be presented.
- The process must be free from potential conflicts of interest. In smaller health services where this is not practical, it may be necessary to seek external support.

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- The intention to appeal must be submitted to the DMS (or equivalent) within 10 working days of receiving the decision in writing.
 - The appeal must be lodged within a maximum of one calendar month of receiving the decision.
 - The appeals committee must be convened, ordinarily within 10 working days of the appeal being lodged and provide a report of its findings within 20 working days. Meetings may be in person or virtual, with clear communication to the practitioner maintained throughout the process.
 - The appeals committee should consider all relevant material including any information the practitioner may wish to present, as well as information from the credentialing committee.
 - Details of the proceedings of the appeals committee are confidential.
 - The appeals committee findings are provided to the CEO or DMS, then the health service board (or highest level of governance). The board will make a final determination and informs the practitioner and the credentialing committee in writing within one calendar month of receiving the findings.
 - Legal advice may be sought by either the appeals committee or the practitioner.

The credentialing and scope of clinical practice appeals committee should comprise:

- majority medical or dental (as applicable) practitioners from a range of disciplines who have the skills and experience to provide informed and independent advice
- at least one medical practitioner or dentist who practises in the field relevant to that being reviewed
- a nominee of the relevant college, association or society
- a nominee (medical practitioner or dentist) of the practitioner who is the subject of the appeal.

In private health services this process is defined within the health service's by-laws. Private health services must therefore ensure their by-laws align with this process or are amended to align where necessary.

De-credentialing

In the uncommon event that a practitioner is de-credentialed due to an unacceptable professional, clinical or behavioural gap, the health service should convene a group of independent specialists. This group, separate from the credentialing committee, assesses and manages the de-credentialing process. The group's members must be free of perceived or actual conflicts of interest. They will act as the primary communication and liaison point for the practitioner throughout the processes that follow.

De-credentialing decisions should be reported to a board's quality and safety subcommittee (or equivalent) given the potential reputational risks, workforce planning and service provision implications. This process should also include an assessment of whether Ahpra should be notified.

If de-credentialing occurs due to low activity and not performance concerns, the health service should provide clear documentation to the practitioner. This may include a formal letter or email. Providing this documentation helps reduce the risk that the decision will be misinterpreted as a reflection of the practitioner's competence, performance, professional suitability or ability to provide safe care.

Scope of clinical practice

Scope of clinical practice is health service–specific. It specifies the extent and boundaries of a practitioner’s approved clinical practice. It also identifies which services the practitioner can provide within named facilities or settings based on:

- the practitioner’s credentials (qualifications, experience and professional performance)
- the facility’s strategic service plan
- the practitioner’s capacity to provide safe and appropriate care within specific health service settings.

The role of the credentialing committee in relation to scope of clinical practice is set out under the [credentialing process section](#) of this document. Health services should refer to the [medical and dental practitioners section](#) of this policy for information when assessing a practitioner’s request for scope of clinical practice at initial assessment or on review.

A practitioner who works in multiple facilities across a healthcare organisation may have different agreed scopes of practice in each facility that reflect differences in equipment, staffing, services and requirements. Any variations in scope of clinical practice determined by the health service must be clearly documented.

Health services are responsible for understanding the healthcare needs of the communities they serve. They must ensure resources are available to meet their strategic plan, service capability and role delineation framework obligations. The health service must also ensure the scope of practice for each practitioner is clearly identified and documented. The information must be provided to the practitioner and shared with those they undertake clinical practice with.

Health services may wish to establish:

- a single committee to undertake both credentialing and scope of clinical practice
- an LHSN committee to undertake credentialing for all member health services
- an LHSN committee responsible for both credentialing and, in consultation with each health service, scope of clinical practice across member health services.

Although credentialing may be centralised across an LHSN or geographical area, defining the scope of clinical practice remains the responsibility of the specific health service where the practitioner will work. It is the health service that holds ultimate accountability for determining what it requires the practitioner to do and what it can appropriately support to ensure patient safety.

Refusing a scope of clinical practice

The credentialing committee should decline the request or propose an alternative (where appropriate) if it finds that either:

- the applicant’s credentials, competence or performance do not meet the criteria for the requested scope of clinical practice
- the procedures related to the requested scope of practice exceeds the health service’s capability framework.

The committee should document the reasons for its decision.

Determining a practitioner's scope of clinical practice

Delineating a scope of practice is the process of determining the extent of a practitioner's practice within a particular health service. It is based on both a practitioner's qualifications and experience and on what practice the organisation is able, and not able, to support. A practitioner's scope of practice at a health service may be more restricted than their credentials because the health service may be unable to completely support the practitioner's scope of capability (for example, absence of appropriate equipment).

The health service must be clear about areas of safe practice and alignment to the relevant service capability frameworks and the LHSN health service-specific role delineation framework.

Limits to the practitioner's scope of clinical practice must be made explicit in their letter of appointment.

Changing, extending or reducing the scope of clinical practice

Where new services are introduced to the health service, or when a practitioner wishes to extend their scope of clinical practice, they must undergo appropriate credentialing and scope of clinical practice processes specifically for the new service or practice.

The credentialing committee must be provided with the following:

- the change to the scope of clinical practice requested
- additional procedural qualifications or evidence of meeting the recency of practice registration standard experience related to the requested change in scope
- evidence of the practitioner's skills and outcomes in undertaking the requested additional scope of practice (for example, presented at a clinical review meeting)
- appropriate clinical reference(s) or professional attestations relating to the request
- CPD: college certificate or evidence of relevant CPD, confirming with the relevant college (if needed) that align with the requested change in scope.

The health service board must confirm that the requested changes align with the health service's strategic service plan, its designated service capability and its role delineation framework. In the event of changes to the relevant service capability frameworks, a practitioner's scope of clinical practice may be reduced.

Where there is evidence to reduce a practitioner's scope of clinical practice, or if the DMS or credentialing committee determine that CPD requirements or participation in clinical safety and quality activities (for example, peer reviews) have not been met, the health service board or the DMS must notify the practitioner in writing. They must also provide an amended position description. This should ideally allow a minimum of 4 weeks' notice. Where a practitioner's practice has, or is suspected of, causing patient harm, the DMS may immediately modify their scope of practice while the incident is being investigated.

In the event of prolonged or repeated scope restrictions, consider escalating the matter to a more formal de-credentialing pathway.

A practitioner may wish to reduce or narrow their own current practice. In this event, but particularly where the community may not have access to formerly provided services, they should advise the DMS and the credentialing committee in writing.

Performance and engagement by medical and dental practitioners

The key components of professional support for individual practitioners include:

- regular, ongoing, informal communication with their medical lead (medical director, unit head or equivalent)
- regular ongoing participation in health service clinical quality and safety activities to broaden understanding of clinical practice and its contribution to organisational strategy and outcomes
- a regular formal performance conversation with their medical lead, at least annually, to provide mutual feedback and set goals.

Clinical quality and safety activities

Peer review is integral for supporting practitioners' improvement in their professional and clinical practice and to improve the quality of healthcare outcomes. Peer reviews, both formal and informal, including performance appraisals, should be an integral part of continuous quality improvement. They should be evidence-based and not be confrontational, punitive or subjective.

Peer review and clinical quality and safety activities are a continuum of clinical practice. Practitioners should therefore take an active part in the quality and safety programs they are credentialed to, given their professional responsibility to actively engage in effective peer review.

The peer review process is used to:

- help individual practitioners reflect on their outcomes
- evaluate the quality of care based on clinical practice standards and benchmarks
- determine the opportunities to improve the care provided and reduce barriers to high-quality care
- provide evidence for change in practice protocols to improve care
- identify practice patterns that may indicate a need for further focus.

Peer review can be used for several purposes that may overlap. These can include voluntary collaborative activities to maintain, monitor and improve the safety and quality of care outcomes. They are led by practitioners and can be:

- **formal** such as performance appraisals, morbidity and mortality meetings, multidisciplinary team meetings, reviews of a practitioner's performance and clinical indicators within craft groups, clinical audits, reviews of adverse patient safety events or patient feedback
- **informal** such as coaching with feedback and support, direct observation or clinical supervision

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- used for **credentialing, recredentialing and defining scope of clinical practice** – when viewed as a collaborative learning activity, the practitioner engaging in clinical quality and safety initiatives supports them in their peer review and credentialing cycle activities.

Supporting performance concerns

Underperformance constitutes behavioural, clinical or professional performance at a level that does not meet that expected of the individual given their qualifications, experience and past performance.

To ensure procedural fairness it is important to define expected performance at the time of their appointment and at recredentialing in relation to the practitioner's scope of practice, position description or contract, and relevant organisational and other policies (for example, codes of conduct).

Concerns about performance should be addressed promptly, rather than waiting for a scheduled performance review. The principle of 'no surprises' should apply to recredentialing and to formal performance development meetings. Performance concerns should first be managed at the local level and paired with constructive remediation support such as supervision or co-practice arrangements, mentoring, targeted CPD, structured peer review or proctorship, and time-limited improvement plans to restore scope of clinical practice.

Practitioners should work with their medical lead (for example, medical director, unit head or equivalent) to understand potential issues affecting their performance and devise strategies to help rectify areas of concern.

In circumstances where there is a significant departure from expected professional practice, it is appropriate to escalate the issue to the organisation's leadership. This should occur under the guidance of the health service's credentialing and scope of practice policy.

Credentialing and scope of clinical practice in specific arrangements

Third-party arrangements

A health service may have an arrangement with a third party to provide clinical or clinical support services. This might be, for example, via contracted services, telehealth, remote diagnostic imaging companies and pathology companies.

The agreement must clearly specify procedures that ensure practitioners employed by the third party are appropriately credentialed to Victoria's standards by the third party, to the satisfaction of the health service board and relevant committee(s). This applies to both local and international third-party arrangements.

Locum agencies are strongly encouraged to follow the credentialing and scope of clinical practice processes outlined in this policy when onboarding practitioners. However, health services must not automatically assume this has occurred. Their agreement with a locum agency must set out the responsibilities and expectations of each party regarding credentialing and setting scope of practice for practitioners, ensuring this is done to Victorian standards.

Shared care

The policy applies to practitioners who are endorsed, accredited or otherwise recommended by the health service as shared care providers delivering direct patient care. This includes formal shared care programs (for example, pregnancy or chronic disease management).

Retrieval services

An acute care entity that is not employed by the host health service may provide retrieval services. Examples include Ambulance Victoria, Paediatric Infant Perinatal Emergency Retrieval, Victorian Institute of Forensic Medicine and organ retrieval surgeons. These agencies have their own programs for credentialing and scope of practice.

When a patient receives supported shared care before probable transfer or will be transferred to another health service, practitioner credentialing and defining scope of clinical practice is the responsibility of the agency providing the retrieval. In these circumstances, full duplication of credentialing and scope of practice processes at each host health service is often not practical or proportionate.

Health services may rely on credentialing undertaken by the employing or parent service (or recognised statewide service) to support patient safety and reflect established practice. This reliance remains subject to:

- local verification of identity
- credentialing status
- clearly defined limits of scope.

Trainee participation should occur under the supervision and responsibility of an appropriately credentialed practitioner and within a clearly defined, supervised scope of activity.

Health services must have documented and structured clinical handover systems with a clear chain of responsibility throughout the transfer, as well as formal handover procedures conducted at each transition point of the retrieval.

Digital health and virtual care

Digital or virtual health care is health care and related services delivered via information and communication technologies (ICT) rather than through face-to-face consultation. It is an overarching term encompassing:

- telehealth (telephone and video-enabled)
- tele-medicine
- tele-education
- tele-therapy
- tele-monitoring
- remote diagnostic radiology services
- remote emergency department services
- remote monitoring.

While telehealth is not designed to replace face-to-face consultations, it can be used to enhance and simplify ongoing specialist services to patients whose access might be limited.

It is important to note that telehealth is not a scope of clinical practice but a means for providing clinical services.

All practitioners providing telehealth services must have scope of clinical practice from the health service where they are located when providing these services. It is the responsibility of the health service where the patient is located to verify the scope of clinical practice in the practitioner's home service and be satisfied this is appropriate for the care being provided.

Ad hoc and spontaneous phone/video/teleconferencing communication between practitioners for obtaining an opinion/advice does not require a defined scope of clinical practice. In these instances, patient contact with any individual practitioner would not be considered foreseeable.

Credentialing and scope of clinical practice in specific roles

Clinical trials and research

Health services conducting clinical trials must implement and resource systems to ensure practitioners involved in research have the appropriate credentials and scope of clinical practice for the research being undertaken and are aligned with the accepted universal standards and applicable local requirements.

Public sector residential aged care services

For a public sector residential aged care service (PSRACS) governed by a health service, the health service's credentialing and scope of practice process should extend to practitioners providing care in any associated PSRACS.

Where practitioners do not also provide medical care in an associated health service, a modified process subject to a recommended minimum standard for credentialing and defining scope of clinical practice applies:

- verification of medical or dental registration on Ahpra
- verification of professional indemnity cover
- verification of identity by facility staff (including photo identification if the practitioner is not known to the facility)
- current police check if the applicant will be providing direct patient care in a PSRACS
- health status (including evidence of adherence to the Communicable Diseases Network Australia national guidelines), as applicable.

For PSRACS operated by a state-funded incorporated association, practitioners (including private general practitioners) must adhere to a 'minimum standard' of credentialing and scope of practice as noted above.

Credentialing and scope of clinical practice in specific contexts

Emergency clinical situations

The policies and processes of health services for credentialing and scope of clinical practice should include provisions for currently credentialed practitioners to administer necessary treatment outside their authorised scope of clinical practice in emergency situations. These provisions apply only where the interests of a patient are best served.

This may be where a patient could be at risk of serious harm if:

- treatment is not provided and no practitioner with an appropriate authorised scope of clinical practice is available
- where more appropriate options for alternative treatment or timely transfer are not available.

The credentialing committee should review all such cases at the next scheduled meeting or at an extraordinary meeting. The DMS should then table a formal report.

Urgent and temporary staffing situations

When health services urgently need practitioners to fulfill a temporary need, and if the relevant committee cannot be immediately convened, the health service board should delegate the responsibility for undertaking credentialing and defining the scope of clinical practice to the DMS. This delegation would be temporary, and the circumstances relating to this should be documented.

Urgent and temporary staffing situations may occur at any time and can include local emergency events that affect the capacity of key staff to attend the health service and result in delays to care and services in the community. These events might include bushfires, floods or infectious disease outbreaks. Appointing locum practitioners also falls within this category.

The credentialing committee should formalise any temporary credentialing and the scope of clinical practice decisions as soon as practicable. The committee should convene an extraordinary meeting if a regular meeting is not scheduled within the next month. This meeting should occur within one calendar month but may be extended to 3 months by exception.

Statewide emergencies

In the event of a state of emergency declared under s 198(1) of the *Public Health and Wellbeing Act 2008* or a state of disaster declared under s 23(1) of the *Emergency Management Act 2013*, practitioners may need to move rapidly between health services. This necessitates that credentialing be automatic and immediate. Reciprocity of scope of practice should be health service-specific to align with the service's functions and capability. Reciprocity should apply between private and public health services.

Evidence of credentialing and scope of clinical practice should be provided via a letter from the employing health service confirming:

- the practitioner's credentialing status

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- the date of renewal
 - absence of known restrictions/conditions on their registration.

All credentialing renewals should be automatically deferred until after the emergency has passed.

Practitioners not currently credentialed by a Victorian health service (such as general practitioners and independent specialists) must provide proof of all relevant regulatory registrations and checks. This includes disclosing any restrictions/conditions on their medical registration.

The health service board should address statewide emergencies in their crisis management plans and ensure credentialing and scope of clinical practice issues are adequately tracked for any necessary review/action once the declared emergency is over.

Acknowledgements

Safer Care Victoria is grateful to our many colleagues and partners across the sector who have so generously shared their time and expertise.

Glossary

Australian Health Practitioner Regulation Agency (Ahpra): a government agency that works with the national boards to regulate health practitioners in Australia.

Credentialing: the formal process of verifying and assessing the qualifications, experience, professional standing and other relevant professional attributes of health practitioners for the purpose of assessing their competence, performance and professional suitability to provide consistently safe care. *Recredentialing* is a 3-yearly verification process of reviewing and assessing the professional standing, clinical practice and patient outcomes of a currently credentialed practitioner for the purposes of renewing their credentialing or changing their scope of practice within the health service.

Credentialing committee (or equivalent): a formally constituted governance committee that collectively assesses and verifies practitioner applications, conducts referee checks and makes credentialing recommendations to the executive and health services board. It also assesses and recommends the scope of clinical practice for individual practitioners.

Delineating scope of clinical practice: ensures the facilities in which specific types of care are provided have the systems and infrastructure needed for patient safety and that the care provided aligns with the requirements of the health service. The health service must have processes in place to understand the needs of the communities in which they provide care and services as well as being aware of the Department of Health's designated level of service capability if applicable.

Dental practitioner: a person registered to practise as a dentist with the Dental Board of Australia.

Director of medical services (or appropriately authorised medical leader) (DMS): plans, organises, directs, controls and coordinates medical programs and clinical services in a hospital or other health service facility. The DMS approves the recommendations made by the credentialing committee regarding credentialing and scope of clinical practice for the practitioners in their health service. The DMS maintains standards of medical care, provides leadership to ensure an appropriately skilled medical workforce and contributes to health service planning.

Health service board (or highest level of governance): governs the health service, develops strategies, oversees credentialing processes and service performance and meets the required regulatory and government policy requirements and standards.

Shared care: supports the coordinated escalation, transfer and subsequent step-down care arrangements across all health services within a Local Health Service Network. Care can be provided or support patients in accessing care at the right time, in the right place and at the most appropriate level of clinical complexity to optimise high-quality care.

Local Health Service Network (LHSN): groups health services within a geographical region. Each network is responsible for delivering care as close to home as possible through stronger referral pathways that enable specialties to share expertise across a region. Networks are supported by a formal relationship with a major

tertiary, a women's and a children's hospital so patients can more easily and quickly access specialist care when needed.

Medical practitioner: a person registered under the Health Practitioner Regulation National Law to practise in the medical profession (other than as a student).

Public sector residential aged care services: services located across Victoria, mostly in rural and regional communities, for older people with more complex care needs, as well as specialist aged persons' mental health residential services.

Role delineation framework: describes the roles and responsibilities of different health service sites within an LHSN. The common language used to describe the distinct roles and responsibilities of health service sites supports patients in accessing care at the right time, in the right place and at the most appropriate level of clinical complexity to optimise high-quality care outcomes.

Scope of clinical practice: establishes the extent and boundaries of practice an individual practitioner has in a specific health service. The scope of clinical practice is based on:

- a core scope of clinical practice that relates to competencies defined by a specialist medical college in a specialty or sub-specialty
- an extended scope of clinical practice that relates to requirements for extra training and experience for specific procedures not normally included in the college training program
- the practitioner's experience, professional performance and recency of practice
- the health service capability of the facility that the practitioner will be working in
- the capacity to provide safe and appropriate care for the proposed scope within the specific facilities or settings where the practitioner will be working.

Service capability framework: a set of guidelines, developed by the Department of Health, that define the minimum requirements and standards for each campus of a healthcare service. The service capability framework:

- describes what needs to be in place to support the complexity of care health services provide
- classifies the scope of clinical services and complexity that can be safely managed by health services against 6 levels.

Victorian Clinical Governance Framework: helps providers understand the clinical governance roles and responsibilities within their organisation, evaluate their clinical governance systems and processes and ensure individual and collective accountability for high-quality care.

