

# SESLHD PROCEDURE COVER SHEET



**Health**  
South Eastern Sydney  
Local Health District

<b>NAME OF DOCUMENT</b>	Credentialing & Re-credentialing of Senior Medical & Dental Practitioners - Process
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<b>EXECUTIVE SPONSOR</b>	Director, Clinical Governance and Medical Services
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<b>KEY TERMS</b>	Scope of clinical practice Credentialing Senior Medical & Dental Practitioners Performance review
<b>SUMMARY</b>	To ensure compliance with granting and review of Scope of Clinical Practice (SoCP). <a href="#">National Quality &amp; Safety Standards</a> mandate that all clinicians should have their credentials reassessed every five years.

## **COMPLIANCE WITH THIS DOCUMENT IS MANDATORY**

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# SESLHD PROCEDURE

## Credentialing & Re-credentialing of Senior Medical Officers - Process

**SESLHDPR/624**

### 1. POLICY STATEMENT

To ensure compliance with granting and review of Scope of Clinical Practice (SoCP). [National Quality & Safety Standards](#) mandate that all clinicians should have their credentials reassessed every five years.

### 2. BACKGROUND

All Senior Medical and Dental Staff must undertake re-credentialing every five years under the National Quality and Safety Accreditation Standards. Those Standards also require a process to ensure that all clinicians are practicing within their approved Scope of Clinical Practice.

All Senior Medical Officers and Dental Staff undertake credentialing for the purposes of defining Scope of Clinical Practice at the time of initial appointment in accordance with [SESLHDPR/625 Procedure for recruitment and appointment of senior medical and dental officers](#).

### 3. RESPONSIBILITIES

#### 3.1 Senior Medical and Dental Officers will:

- Undertake Performance Review annually.
- Request any changes to Scope of Clinical Practice in accordance with this policy.

#### 3.2 Line Managers will:

- Ensure Senior Medical Officers have Performance Review annually.
- Identify the need to amend Scope of Clinical Practice.

#### 3.3 Facility Directors of Medical Services (DMS) will:

- Ensure compliance with the annual Performance Review process and undertake regular auditing of Scope of Clinical Practice.

#### 3.4 Senior Medical Officer (SMO) Services and Medical and Dental Appointments Advisory Committee (MDAAC):

- Will administer and oversee the process.
- The Credentials Subcommittee of the MDAAC will make recommendation to the MDAAC, and via the MDAAC to the Chief Executive regarding the Credentials and Scope of Clinical Practice of all Visiting Practitioners, Staff Specialists and Clinical Academics.

### 4. PROCEDURE FOR STAFF SPECIALISTS AND CLINICAL ACADEMICS

4.1 Performance Reviews are the mechanism for reviewing Scope of Clinical Practice for Staff Specialists and Clinical Academics. Performance Reviews for Staff Specialists and Clinical Academics are done electronically using the Performance Management System which is aligned to the SMO Database. Senior Medical Officer Services will send an email to the Staff Specialist or Clinical Academic advising them that their performance review is due. Staff Specialists and Clinical Academics are to complete their Performance Review online and indicate whether the Scope of Clinical Practice is correct.

**Credentialing & Re-credentialing of Senior Medical Officers - Process**

**SESLHDPR/624**

**NOTE:** If requiring an update, Staff Specialists, Clinical Academics and their Managers must make the relevant selection and add a descriptive comment.

Scope of Clinical Practice as registered in database					General Clinical Duties					
Facility	Specialty	SubSpecialty	Special Privileges	Paediatric Privileges	Cons.	Admit	OnCall	Theatre	Outpat.	Other
SEALS POW	Pathology	Anatomical Pathology			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Please review the above scope of clinical practice and select the appropriate response:**

I certify I have liaised with the managers on other sites for which this SMO has an appointment and confirm the above Scope of Clinical Practice is correct

I certify I have liaised with the managers on other sites for which this SMO has an appointment and advise the above Scope of Clinical Practice requires update

Please detail the requested change to Scope of Clinical Practice below:

- 4.2 When Scope of Clinical Practice requires update has been selected, and a descriptive comment provided, an automated email is generated and sent to the Site Medical Administration Officer with instruction to request a change to the Scope of Clinical Practice.
  - 4.3 SMO Services will generate a report from the Performance Management System once per month for submission to the District MDAAC. This report will indicate Senior Medical Staff whose Performance Reviews have been conducted in the previous month and their outcome. Where no changes are indicated, a 'Nil Change' outcome report is advised to the District MDAAC. Where a change to Scope of Clinical Practice is indicated/requested, a notation of this change is advised to the facility via SESLHD MDAAC Minutes with request to submit request for change of Scope of Clinical Practice.
- NOTE:** The Site should already be aware of change under (4.2) above i.e. automated email generated from online Performance Management System to the Site Medical Administration Officer with instruction to request the change.
- 4.4 Recommendations from sites are sent to the SESLHD MDAAC via [Form 3](#) for consideration and will be applied once the District MDAAC Minutes have been approved by Chief Executive Officer.
  - 4.5 If a submission in response to a requested change is not received at the next District MDAAC, the item should remain open, and marked "IN PROGRESS" for the next SESLHD MDAAC until finalised.
  - 4.6 If a Site has not submitted a recommendation to change the Scope of Clinical Practice via Form 3 within three months of its first appearance in the Minutes of SESLHD MDAAC, the Senior Medical Officer will be sent an email **(with a copy to Head of Department and Site DMS)** reminding them that the requested change of Scope of Clinical Practice has not occurred and therefore **is not** available to the Senior Medical Officer until such time it is recommended by the MDAAC.

## SESLHD PROCEDURE

### Credentialing & Re-credentialing of Senior Medical Officers - Process

SESLHDPR/624

#### 5. PROCEDURE FOR Visiting Medical Officers (VMO) & Visiting Dental Officers (VDO)

- 5.1 The mechanism for performance review is the Quinquennium reappointment process. All VMOs undertake either a Level 2 Performance Review, or re-application and interview as part of their reappointment process. Scope of Clinical Practice for VMOs is considered at this time.
- 5.2 In accordance with [NSW Health PD2011\\_010 Visiting Medical Officer \(VMO\) Performance Review Arrangements](#), public health organisations are required to ensure that a Level 1 performance review is conducted annually for each specialist VMO engaged by that organisation, and that a Level 2 performance review is conducted in the penultimate year of an appointment involving a term of three years or longer of each specialist VMO.
- 5.3 All VMOs and VDOs are recredentialled during the quinquennial reappointment process, but may undertake recredentialing during the quinquennium as part of the Level 1 performance review if required.

#### 6. NON-COMPLIANT PERFORMANCE REVIEW DOCTORS - PERFORMANCE REVIEW HAS NOT BEEN DONE WITHIN A FIVE YEAR PERIOD

Under the National Standard, all Practitioners must have their Scope of Clinical Practice reviewed every 5 years.

SMO Services will produce a report for sites and District services identifying Senior Medical Officers who are non-compliant in undertaking a Performance Review within a five year period.

#### 7. REQUESTS FOR CHANGES TO SCOPE OF CLINICAL PRACTICE OUTSIDE THE PERFORMANCE REVIEW PROCESS

Individual clinicians may be required to request changes to Scope of Clinical Practice outside the Performance Review process. This may be as a result of Scope of Clinical Practice audits, approval of new procedures or services, or through the acquiring of new skills.

Changes to Scope of Clinical Practice outside the performance review process are actioned via the Form 3 process.

Temporary changes to Scope of Clinical Practice may be requested urgently and will be considered for approval by the SESLHD Director, Clinical Governance and Medical Services who is the delegate for temporary changes.

#### 8. DOCUMENTATION

Form 3 is used for all requests for changes to Scope of Clinical Practice.

All requests for changes to Scope of Clinical Practice must be signed by the Head of Department, or other relevant senior clinician of the same speciality and the site DMS or Service Director for District Services. Where the Scope of Clinical Practice includes multiple sites, the site DMS must sign for each site that is requested. Where the Head of Department at the primary site does not have Scope of Clinical Practice for the site(s) requested, the Head of Department or other relevant senior clinician from that site or sites must sign.

**Credentialing & Re-credentialing of Senior Medical Officers - Process**

**SESLHDPR/624**

Information in Form 3 should be consistent with the documentation standards set out in Appendix 1.

**9. AUDITING OF COMPLIANCE WITH APPROVED SCOPE OF CLINICAL PRACTICE**

Sites and District Services are required to audit of Scope of Clinical Practice compliance. The audit should utilise whichever suitable data reporting system/tool (such as iPM) or other specialised database, in order to verify that each Senior Medical Officer within that speciality at that facility, is working within their approved Scope of Clinical Practice and within the approved clinical duties currently awarded.

Audits should be undertaken sufficiently regularly to ensure that all specialties are audited over a minimum five year cycle.

Any discrepancies should be discussed with the clinician and a management plan instituted. Any amendments are to be submitted to the SESLHD MDAAC via Form 3 as outlined in this procedure.

**10. DEFINITIONS**

SESLHD utilises the State Scope of Clinical Practice Unit definitions for Clinical Duties, where defined by SESLHD:

<b>Clinical Duty</b>	<b>Definition</b>
Admitting	May admit patients within the designated specialty under the practitioner’s own name. May accept transfer of care to the nominated practitioner. Restricted admitting privileges mean that limited rights can be exercised within specific parameters.
On-call	Participation in the appropriate specialty on-call roster and other on-call rosters as required and requested. Where an on call roster provides consults at multiple hospitals, on-call privileges will be granted at the primary hospital which covers on call requirements at secondary and other hospitals as appropriate.
Consulting	May be invited for consultation on patients admitted (or being treated) by another practitioner.
Outpatients	May hold an outpatient or privately referred non-inpatient clinic in the practitioner’s own name or to participate in a multidisciplinary clinic taking final responsibility for the care of patients attending.
Procedural <i>(formerly called Theatre.)</i>	May open an operating theatre or a day procedure unit.
Teaching	<i>(Granted as a sole clinical duty in SESLHD where a clinician does not otherwise hold clinical privileges).</i> May access SESLHD patients for the purpose of teaching.

# SESLHD PROCEDURE

## Credentialing & Re-credentialing of Senior Medical Officers - Process

SESLHDPR/624

**Naming of Specialties** - SESLHD utilises the naming convention for specialities used by the Medical Board of Australia. Specialties should be requested using that convention. The names of departments should not be used.

**Defining of Scopes** - The NSW State Scope of Clinical Practice are used to inform but do not mandate how scopes of practice are defined in SESLHD.

### 11. REFERENCES

[SESLHDPR/625 Procedure for recruitment and appointment of senior medical and dental officers](#)

[SESLHD By Laws October 2021](#)

[NSW Ministry of Health Policy Directive PD2019\\_056 Credentialing & Delineating Clinical Privileges for Senior Medical Practitioners & Senior Dentists](#)

[NSW State Scope of Clinical Practice Unit](#)

### 12. VERSION AND APPROVAL HISTORY

Date	Version	Author and approval notes
June 2018	1	Major review to incorporate SESLHDPD/289 and PD 253
July 2018	1	Draft for Comment
August 2018	1	Endorsed by SELSHD Clinical and Quality Council
January 2019	2	Clinical Duties defined
August 2020	3	Updated Executive Sponsor from District Director Medical Services to Director Clinical Governance and Medical Services. Published by Executive Services.
April 2024	3.1	Minor review: Links and titles updated. Form 3 replaced Form 1. Removed requirement of Audit to be minuted at the Site MDAAC Sub Committees as they no longer exist and Update General Clinical Duties definition. Updated wording to auditing process

# SESLHD PROCEDURE

## Credentialing & Re-credentialing of Senior Medical Officers - Process

**SESLHDPR/624**

### APPENDIX 1: DOCUMENTATION REQUIRED WHEN REQUESTING CHANGE TO SCOPE OF PRACTICE

SCENARIO				
	INCONSISTENT/OUTDATED TERMINOLOGY OR DATABASE ERROR	GRANDFATHERING OF EXISTING PRACTICE WHERE NO EXTERNAL STANDARD EXISTS	REQUEST FOR EXTENSION OF SOCP WHERE EXTERNAL STANDARD DOES NOT EXIST	REQUEST FOR EXTENSION OF SOCP WHERE EXTERNAL STANDARD EXISTS
<b>INFORMATION TO BE PROVIDED TO MDAAC</b>	<p>Confirmation that clinician already undertakes duties</p> <p>Confirmation that clinician is practicing to a safe standard</p> <p>Request update to terminology / database</p>	<p>Confirmation by DMS that clinician demonstrates ongoing safe practice based on advice from Head of Department (HOD) and available Patient Quality and Safety Reports e.g. audits / M&amp;M; PACE Reviews / RCAs etc.</p> <p>Request update of SoCP and/or clinical duties to reflect current work practices</p>	<p>Demonstrated competency via either evidence of appropriate training,</p> <p><b>and/or</b></p> <p>evidence of ongoing safe practice if undertaking procedure elsewhere currently</p>	<p>Demonstration of the standard</p>
<b>EVIDENCE TO BE PROVIDED TO MDAAC</b>	<p>Signed Form 3 with requested amendment as per above</p>	<p>Signed Form 3 with requested amendment as per above</p>	<p>Evidence of training via CV and/or references</p> <p><b>and/or</b></p> <p>Logbook or patient list, plus statement of safe practice from other site (via DMS or equivalent from other site)</p>	<p>Copy of evidence if publically available (such as Conjoint Committee for Endoscopy)</p> <p>Clinician to provide supporting evidence if standard is not publically available</p>