

# SESLHD GUIDELINE COVER SHEET



<b>NAME OF DOCUMENT</b>	Scope of clinical practice for non-specialist doctors
<b>TYPE OF DOCUMENT</b>	GUIDELINE
<b>DOCUMENT NUMBER</b>	SESLHDGL/103
<b>DATE OF PUBLICATION</b>	September 2022
<b>RISK RATING</b>	Medium
<b>LEVEL OF EVIDENCE</b>	National Safety and Quality Health Service Standards: Standard 1 – Clinical Governance Standard 5 – Comprehensive Care
<b>REVIEW DATE</b>	September 2025
<b>FORMER REFERENCE(S)</b>	N/A
<b>EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR</b>	Director, Clinical Governance and Medical Services
<b>AUTHOR</b>	Director, Clinical Governance and Medical Services
<b>POSITION RESPONSIBLE FOR DOCUMENT</b>	Dr Jo Karnaghan Director Clinical Governance & Medical Services <a href="mailto:Jo.karnaghan@health.nsw.gov.au">Jo.karnaghan@health.nsw.gov.au</a>
<b>FUNCTIONAL GROUP(S)</b>	Clinical Governance
<b>KEY TERMS</b>	Credentialling, scope of clinical practice, non-specialist doctor, patient safety, supervision of non-specialist doctors
<b>SUMMARY</b>	This Guideline sets out the principles that apply to determining the scope of practice of non-specialist doctors within SESLHD.

**THIS DOCUMENT IS A GUIDE FOR BEST PRACTICE**  
**This Guideline is intellectual property of South Eastern Sydney Local Health District.**  
**Guideline content cannot be duplicated.**  
 Feedback about this document can be sent to [SESLHD-Policy@health.nsw.gov.au](mailto:SESLHD-Policy@health.nsw.gov.au)

## **Scope of clinical practice for non-specialist doctors**

Section 1 - Background .....	3
Section 2 - Principles.....	4
Section 3 - Definitions .....	6
Section 4 - Responsibilities .....	7
Directors of Medical Services are responsible for: .....	7
Heads of Department and Term Supervisors are responsible for: .....	7
Non-specialist doctors are responsible for: .....	7
Section 5 - Documentation, References and Revision and Approval History .....	9
Documentation .....	9
References .....	9
Revision and Approval History .....	9

## Section 1 - Background

All non-specialist doctors work under the delegated authority of a supervising senior medical officer, who holds overall responsibility for the care of patients under their care.

Colleges and other medical education authorities, such as the Health Education and Training Institute (HETI), have individual standards for supervision and clinical competencies expected of non-specialist doctors at differing levels of seniority and progression of training.

Historically, defining the scope of practice for non-specialist doctors has been difficult to achieve in any detail as there is no objective and consistent standard to measure competency against as there is for senior medical officers (as evidenced by the attainment of a College Fellowship, and other recognised codified systems of competency assessments).

Understanding the scope of clinical practice of non-specialist doctors is an important patient safety, clinical governance, medical training and non-specialist doctor wellbeing consideration.

From a practical point of view, scope of clinical practice for non-specialist doctors should be understood to mean the ceiling at which a non-specialist doctor can practice independently with remote supervision in a given specialty medical team.

## Section 2 - Principles

**The following principles apply when determining an appropriate scope of clinical practice for an individual or group of non-specialist doctors:**

1. The nature of clinical practice within the specialty, having regard to the inherent clinical risk of the specialty and the specific casemix within that specialty at the individual hospital level;
2. The scope of practice of the supervising senior medical officer(s), inclusive of any specific privileges, their general clinical duties or any restrictions on their practice. As a general principle, senior medical officers should not be assigning scopes of clinical practice or supervising any non-specialist doctor in an area of practice outside their own individual scope. This may include conditions on registration imposed by the Australian Health Practitioner Regulation Authority (AHPRA);
3. College or HETI supervision requirements;
4. AHPRA registration conditions on the non-specialist doctor, including AHPRA supervision levels for international medical graduates;
5. The specific care setting and role delineation of the hospital when in the hospital setting;
6. The model of care in operation within the specific department;
7. The relative seniority of other members of the medical team where the non-specialist doctor is working;
8. The availability of supervision both within and outside normal working hours. This needs to consider the availability of supervision within in the treating team, but also in the broader hospital;
9. The seniority, stage of training and previous relevant experience of the non-specialist doctor;
10. The term description and nature of the role;
11. Individual patient and other situational factors, such as the specific clinical presentation of the individual patient, time of day, nature of the care or treatment required, specific clinical setting;
12. The need to allow non-specialist doctors to gain experience in exercising clinical decision making independently, as an important experiential and learning opportunity.

---

**Resources that may be utilised to assist in determining the scope of clinical practice for non-specialist doctors:**

1. College and HETI supervision frameworks;
2. College training curricula and learning outcomes for different stages of training as appropriate;
3. Feedback from previous term supervisor reports, formative or other mid term supervisor reports, ad hoc feedback from other senior members of the medical team;
4. Direct observation of non-specialist doctor performance;
5. College Logbooks and other relevant training records;
6. Morbidity and Mortality meetings (M&Ms) and other patient safety and clinical governance tools;
7. Where non-specialist doctors are not part of a College or HETI Network or training program, College and HETI documents should still be used to inform scopes of clinical practice where appropriate.

### **EXCLUSIONS**

**Non-specialist doctors who have conditions on their registration should be managed in accordance with those conditions. In addition, local supervision arrangements and scopes of clinical practice should still be defined with non-specialist doctors with conditions, having regard to both the above principles and the specific conditions.**

Each site and service must have a process for ensuring that non-specialist doctors act only in accordance with their agreed scope of clinical practice and should also have a process in place with operating theatres and other relevant clinical areas to ensure that senior clinical managers in those areas are aware of the scope of clinical practice for non-specialist doctors practicing in those areas.

---

## Section 3 - Definitions

**Non-specialist doctor:** is a doctor who is not appointed as a specialist medical officer in SESLHD. This includes Interns, residents, trainees or registrars (however named, and including both accredited and unaccredited), career medical officers and honorary medical officers in training;

**Senior Medical Officer:** is a doctor who is appointed and credentialed as a Staff Specialist, Visiting Medical or Dental Officer, Honorary Medical Officer or Clinical Academic in SESLHD

Scope of clinical practice: the Australian Commission on Safety and Quality in Health Care (ACSQHC) describes the delineation of 'scope of clinical practice' as the process that follows on from credentialing and involves delineating the extent of an individual practitioner's clinical practice within a particular organisation based on the individual's credentials and the needs and the capability of the organisation to support the practitioner's scope of clinical practice. Accordingly, the term 'scope of clinical practice' as used by the ACSQHC has the same meaning as the term 'clinical privileges' as used in NSW and in this policy.

## Section 4 - Responsibilities

### Directors of Medical Services are responsible for:

- Ensuring that individual clinical departments consider the scope of clinical practice and supervision of junior non-specialist doctors within those departments and that this is reflected in term descriptions and other relevant departmental documentation
- Monitoring rosters and models of care to ensure that appropriate supervision requirements are in place to ensure that non-specialist doctors operate within an appropriate scope of clinical practice
- Promoting and fostering a medical culture within the organisation that empowers non-specialist doctors and other members of the care team to raise concerns regarding supervision and scopes of practice for non-specialist doctors.
- Identify and investigate instances where non-specialist doctors have practiced outside an appropriate scope of clinical practice.

### Heads of Department and Term Supervisors are responsible for:

- Ensuring that a graded approach to scope of practice, based on this guideline, is in place for each non-specialist doctor under their supervision
- Ensuring that clear escalation points are advised to all non-specialist doctors under their supervision at the individual patient level, where required, and at the general principle level in term descriptions and other department documentation as relevant.
- Fostering a culture within the medical team where non-specialist doctors and other members of the care team are empowered to raise concerns about non-specialist scopes of clinical practice at individual patient and broader departmental level
- Notify the Director of Medical Services of any instance of non-specialist doctors practising outside of appropriate scope of clinical practice and cooperate with any investigation as necessary.

### Non-specialist doctors are responsible for:

- Ensuring they understand their scope of clinical practice, and seek clarification where it is not clear

- 
- Requesting supervision when practicing outside their scope of clinical practice, or for cases within their scope of practice where they have a lack of comfort to practice independently, regardless of the reason
  - Notifying hospital management, term supervisors, or Network directors of training as appropriate of instances where they have not been supported in practicing within their scope or have been discouraged from seeking appropriate supervision or advice.



---

## Section 5 - Documentation, References and Revision and Approval History

### Documentation

Nil

### References

Nil

### Revision and Approval History

Date	Revision no:	Author and approval
June 2022	DRAFT	Initial draft. Draft for comments period.
July 2022	DRAFT	Approved by Executive Sponsor.
September 2022	1	Approved at Clinical and Quality Council for publishing.