Credentialing Requirements for Dental Practitioners Procedure

1. Purpose

This procedure outlines the process for ensuring that the WA Country Health Service's (WACHS) credentialing requirements of Dental Practitioners providing clinical services in dentistry are met.

2. Procedure

2.1 Dental Practitioner Credentialing

Dental practitioners seeking credentialing and re-credentialing for Dental practice must complete the WACHS Dentistry (Theatre Based) Credentialing Summary Form. If the Dental Practitioner is only providing non-theatre-based services to Esperance Hospital they must complete the WACHS Dentistry (Non-Theatre Based) Credentialing Summary Form (Esperance only).

Dental Practitioners registered with the Dental Board of Australia are to be registered under the Health Practitioner Regulation Nation Law and credentialed as per their Division/Registration Type in accordance with the WA Health Credentialing and Defining Scope of Clinical Practice for Dental Practitioners Standard.

Clinical privileges for Dentistry services within WACHS facilities will be provided for between one (1) and three (3) years, depending upon the applicant's recent clinical experience, clinical caseload mix, references, continuing professional development (CPD) and quality assurance activities (QA).

Applications for credentialing will be assessed by the WACHS Clinical Director of Dentistry (CD-D) or a delegated appropriate practitioner.

If questions arise regarding the application for credentialing, the assessor is to contact the Dental Practitioner requesting credentialing to discuss their application. The dental practitioner undergoing credentialing may also contact the CD-D (or delegated assessor) and the Regional Director Medical Services (RDMS) of the region in which the Dental credentialing has been requested to discuss the application.

Anaesthetic privileges may be granted on initial application or subject to completion of directed specific CPD and QA activities.

2.2 Qualifications recognised by WACHS

A qualification registerable as a dental practitioner with AHPRA; General Dentist and Specialist Dentist.

2.3 Evidence required for assessment of credentialing application

First application for Dental credentialing in WACHS

1. Dental qualification(s)
    a. Primary/original qualification e.g. Bachelor of Dental Surgery

2. Two professional referees
    a. One must be from a Dentist who has worked with the applicant within the last 12 months
3. Imaging Equipment Licenses (if applicable)

Subsequent applications for Dental (re-)credentialing

1. Any new qualifications/licenses obtained since last credentialing application
2. Referee from a WACHS clinical employee (dental/theatre nurse) within the last 12 months
3. Imaging Equipment Licenses (if applicable)

All applications

1. Current curriculum vitae
2. Completed WACHS Dentistry (Theatre Based) Credentialing Summary Form or WACHS Dentistry (Non-Theatre Based) Credentialing Summary Form (Esperance only)
3. CPD
    a. Summary of clinical activity for at least the past 12 months which may include a logbook, if maintained
4. Imaging Equipment Licenses (if applicable)

2.4 Imaging Equipment Licenses

Dentists registered under the Dental Act and ancillary personnel (under the direction and supervision of a registered dentist) do not require a license to operate the dental x-ray equipment **within** a WACHS facility for the purpose of dental radiography.

Dental Practitioners that **provide their own imaging equipment** must provide valid equipment licences which are site specific in alignment with the Radiological Council.

2.5 Paediatric Mentorship Requirements

Independent credentialing for “Paediatric dental care under General Anaesthesia (GA)” and “Paediatric Stainless Steel Crowns under GA” scope of practice (only applicable for Dental Practitioner Credentialing Summary Form) are dependent upon the number of cases provided within the last three (3) years. If case numbers are less than 10, mentor details are to be provided by the applicant.

WACHS Paediatric Dental Mentors must be approved by the Clinical Director - Dental (CD-D), or their delegate and additionally meet one of the following criteria:

1. A dentist registered with AHPRA as a specialist in paediatric dentistry; or
2. A dentist who currently holds, or within the previous three (3) years held, WACHS credentialing with the relevant scope of practice for which mentorship is being provided; or
3. Another suitably qualified and experienced dentist approved by the CD-D, or delegate, as having the expertise necessary to provide mentorship for the relevant scope of practice.

Note: Once deemed a suitable mentor, any individual who is not already WACHS credentialed will be required to obtain WACHS credentialing.
If assistance is required in obtaining an appropriate mentor, the Central Credentialing team should be contacted.

Following endorsement of the Credentialing and Scope Of Practice (CASOP) Committee, the Dental Practitioner will be notified of the specific credentialing mentorship requirements and the timeframe in which a mentorship report is required. Upon completion of mentorship requirements, the WACHS CD-D or delegated assessor will review and remove requirements in alignment with the Executive Director of Medical Service (EDMS). If mentorship requirements are not completed, an interim report will be requested at nine (9) months and will be followed up six (6) monthly until completion of credentialing requirements.

2.6 Assessment

Credentialing applications are to be assessed by the WACHS CD-D or delegated assessor in the first instance, and by the Regional Director of Medical Services (RDMS) where credentialing is being requested.

Recommendations on scope of practice and length of credentialing are made by the CD-D and provided to the CASOP Committee for endorsement. Following assessment and consultation, the CASOP Committee make the final determination for the scope of practice being granted.

2.5 Expansion to Scope of Practice

If a medical practitioner acquires skills beyond their current credentialing, they may seek to expand their scope of practice through the CASOP committee. See the 'Variations to Scope of Practice' section of the WACHS Medical Credentialing and Compliance Requirements Guideline.

3. Roles and Responsibilities

The **Clinical Director – Dentistry** is responsible for reviewing Dental Credentialing Summary Forms and associated evidence to specify appropriate scopes of clinical practice for the practitioner. The CD-D is responsible for authorising delegated assessors. The CD-D additionally provides specialty specific advice in relation to WACHS credentialing processes.

The **Credentialing and Scope of Practice (CASOP) Committee** is responsible for the review and verification of qualifications and training to ensure the medical practitioner's experience and skills support the scope of practice required to provide anaesthetic services.

The **Regional Director Medical Service** is responsible for overseeing the administration of the credentialing process at a regional level, including emergency and interim credentialing prior to endorsement by CASOP and performance review.

The **Executive Director Medical Service** is responsible for overseeing interim credentialing endorsements at CASOP Committee meetings, performance reviews and removal of mentorship requirements.

4. Monitoring and Evaluation

Evaluation of this guideline is to be carried out by the CD-D. The following means / tools are to be used:

- The number of Dental Practitioners providing clinical services are to be reviewed and reported on a biannual basis. The data will be reviewed and reported on in accordance with the relevant credentialing summary forms to ensure alignment with approved scope of practice.

4.1 Compliance

The procedure supports the WA Health Employment Policy Framework issued pursuant to section 26 of the *Health Services Act 2016* (WA) and is applicable to all WACHS staff, including trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

5. References

- Australian Commission of Safety and Quality in Health Care (ACSQHC) – Credentialing health practitioners and defining their scope of clinical practice – A guide for managers and practitioners, December 2015, published by ACSQHC.
- Medical Board of Australia – Code of Conduct
- Dental Board of Australia – Registration Standard: Continuing Professional Development
- Dental Board of Australia – Registration Standards

6. Definitions

Term	Definition
Clinical Privileges	The scope of professional clinical activity allowed to be undertaken by medical practitioners within a nominated health facility
Continuing Professional Development	Formal assessed activities undertaken to further develop skills and qualifications related to a specific clinical area
Credentialing	The formal process used to verify the qualifications, experience and professional standing of practitioners for the purpose of forming a view about their competence, performance and professional suitability to provide safe, high quality health care services within specific organisational environments.
Dental Practitioner	A person registered with the DBA in accordance with the Health Practitioner Regulation National Law (WA) Act.
Dentistry	involves the assessment, prevention, diagnosis, advice, and treatment of any injuries, diseases, deficiencies, deformities or lesions on or of the human teeth, mouth or jaws or associated structures. The aforementioned range of activities are considered to be the practice of dentistry and cover the widest range of any procedures

	that a person educated in dentistry can carry out.
Quality Assurance	Activities reviewing and assessing clinical practice to instigate best practice
Scope of Practice	The type of medical services that an individual Dental practitioner is approved to provide at a health care facility.

7. Document Summary

Coverage	WACHS
Audience	WACHS Dental Practitioners
Records Management	Non Clinical: Corporate Recordkeeping Compliance Policy
Related Legislation	*Health Services Act 2016* (WA)
Related Mandatory Policies / Frameworks	Credentialing and Defining Scope of Clinical Practice Policy
Related WACHS Policy Documents	WACHS Medical Credentialing and Compliance Requirements Guideline
Other Related Documents	WA Health Credentialing and Defining Scope of Clinical Practice for Dental Practitioners Standard
Related Forms	WACHS Dentistry (Theatre Based) Credentialing Summary Form WACHS Dentistry (Non-Theatre Based) Credentialing Summary Form (Esperance only)
Related Training	Nil
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: 6011
National Safety and Quality Health Service (NSQHS) Standards	1.22, 1.23, 1.24
Aged Care Quality Standards	Nil
Chief Psychiatrist's Standards for Clinical Care	Nil
Other Standards (please specify and include link)	

8. Document Control

Version	Published date	Current from	Summary of changes
1.00	26 July 2026	26 July 2026	Creation of Credentialing Requirements for Dental Practitioner Procedure and guidelines

			for initial and re-credentialing of Dental Practitioners.

9. Approval

Policy Owner	Executive Director Medical Services
Co-approver	Executive Director Clinical Excellence
Contact	WACHS Clinical Director of Dentistry and WACHS Credentialing Team Leader
Business Unit	Medical Services, Dentistry
EDRMS #	ED-WA-26-350475

This document can be made available in alternative formats on request.

Appendix 1:
Dentistry (Theatre Based) Credentialing Summary Form

Section 1: Personal Details	
Name:	Mobile phone:
AHPRA Registration:	Email address:
In which WACHS region/s do you currently / intend to work?	
In which WACHS hospital/s do you currently / intend to work?	
Have you been credentialed by WACHS for Dentistry before?	☐ No | complete section 2-A, then sections 3-5 ☐ Yes | complete section 2-B, then sections 3-5
Section 2-A: First WACHS Dentistry Credentialing Application	
Please describe your qualifications in Dentistry, including: • Name(s) of qualifications (e.g.) • Where and when you completed initial training in Dentistry *Please upload evidence / copies of all qualifications onto ECredential and submit along with returning this form*	
Please provide details of two (2) Dental Referees *One referee must be a Dentist you have worked with in the last 12 months*	
Referee 1	
Name:	Mobile phone:
Position:	
Email address:	
Referee 2	
Name:	Mobile phone:
Position:	
Email address:	
Section 2-B: WACHS Dentistry Re-Credentialing Application	
Have you attained any **new** qualifications/licenses since your last credentialling application? (e.g. DMD-paediatrics) *If so, please provide evidence / copies of **new** qualification(s) when returning this form*	

For Re-Credentialing a WACHS clinical employee MUST be provided as a reference. *If you wish to provide additional references, please provide details for a Dental Practitioner you have worked with in the last 12 months.*	
Referee 1 – WACHS Clinical employee	
Name:	Mobile phone:
Position:	
Email address:	
Referee 2	
Name:	Mobile phone:
Position:	
Email address:	

Re-Credentialing Mentorship requirements (if applicable):		
Mentorship information	**Yes**	**No**
Did your previous credentialing application include mentorship requirements	☐	☐
Did you complete your mentorship requirements	☐	☐

Section 3: CPD / Up-Skilling Activities

- For first applications, please provide any relevant information from the last 2-5 years.
- For re-credentialling applications, only provide details since your last application.

Evidence of attendance/participation must be provided when returning this form

Activity	**Dates**	**Details**
Basic Life Support (BLS)		
Supervised Clinical Attachments		
Interactive Workshops		
Conferences		
Other (e.g. research, online learning)		
CPD for procedures (other than standard Dentistry) for which scope (see below) is sought		

Section 4: Imaging Equipment Licenses

WACHS recognises Dentists registered under the Dental Act and ancillary personnel (under the direction and supervision of a registered dentist) do not require a license to operate the dental x-ray equipment **within a WACHS facility** for the purpose of dental radiography.

Dental Practitioners that **provide their own imaging equipment** must provide valid equipment licenses which are site specific.

Copies of current equipment licenses must be provided. Each license is site-specific and new sites require new licenses.

WACHS Site/s	**Equipment license provided**

Section 5: Scope of Clinical Practice Requested			
A fully qualified Dentist can conduct any procedure within the scope of practice & constraints of their specialty but will be accredited in WACHS regions, dependent on local specifics. Dentists need to seek specific credentialing if a procedure falls outside the scope that is considered part of the contemporary skill set.			
Please tick the Scope of Practice requested		**WACHS Clinical Director Approval and Comments**	
Standard Dentistry (exclusion of rotary endodontics, retreatment of endodontics, surgical endodontics, surgical periodontics, sealing of root perforations, surgical extractions, orthodontics, prosthodontics)	☐	☐	
Inclusions of surgical extractions and other minor oral surgery	☐	☐	
Inclusion of orthodontics	☐	☐	
Inclusion of rotary NiTi/Re-treatment / root perforations	☐	☐	
Paediatric dental care under GA **If requesting this scope of practice:** How many Paediatric GA cases have you completed in the last three (3) years?	☐	☐	
Paediatric Stainless Steel Crowns under GA **If requesting this scope of practice:** How many Paediatric Stainless Steel Crowns under GA have you completed in the last three (3) years?	☐	☐	

If either of the above answers are less than 10 cases, please provide the name and contact details of a practitioner experienced in Paediatric GA Dental care to be a mentor.

Please note mentors must meet at least one of the following criteria:

4. A dentist registered with AHPRA as a specialist in paediatric dentistry; or
5. A dentist who currently holds, or within the previous three (3) years held, WACHS credentialing with the relevant scope of practice for which mentorship is being provided; or
6. Another suitably qualified and experienced dentist approved by the CD-D, or delegate, as having the expertise necessary to provide mentorship for the relevant scope of practice.

Please advise if you require assistance with obtaining a mentor.

Mentor Name:	Mobile number:
Position:	Email Address:

Applicant Declaration:

I (*Dental Practitioner Name*) confirm the above details are true and accurate.

Signature: Date:

*Please return completed form and attachments to **wachscentralofficecredentialing@health.wa.gov.au***

Section 6: Outcome of Application (to be completed by approver)		
This form can only be approved by the WACHS Clinical Director; Dentistry or delegated assessor.		
The scopes of practice (SOP) ticked as approved within section 5 by the Clinical Director are recommended to the WACHS Credentialing and Scope of Practice (CASOP) Committee. *Any scope of practice not ticked by Clinical Director or delegated appropriate practitioner will not be included on eCredential profile.* **If mentorship is required it will be added to the paediatric SOP which is listed as less than 10 cases.*		
Mentorship for first 10 cases followed by a report from mentor	**Yes** ☐	**Not applicable** ☐
Mentor details approved by Clinical Director	**Yes** ☐	**Not applicable** ☐
Mentorship requirements (if applicable):		
Duration of credentialing: 1 Year ☐ 2 Years ☐ 3 Years ☐ **Comments:** **Approved by Winthrop Professor Marc Tennant AM:** Position: WACHS Clinical Director; Dentistry Signature: Date:		

Appendix 2:
Dentistry (Non-Theatre Based) Credentialing Summary Form (Esperance only)

Section 1: Personal Details	
Name:	Mobile phone:
AHPRA Registration:	Email address:
In which WACHS region/s do you currently / intend to work? Goldfields	
In which WACHS hospital/s do you currently / intend to work? Esperance	
Have you been credentialed by WACHS for Dentistry before?	☐ No | complete section 2-A, then sections 3-5 ☐ Yes | complete section 2-B, then sections 3-5
Section 2-A: First WACHS Dentistry Credentialing Application	
Please describe your qualifications in Dentistry, including: • Name(s) of qualifications (e.g.) • Where and when you completed initial training in Dentistry *Please upload evidence / copies of all qualifications onto eCredential and submit along with returning this form*	
Please provide details of two (2) Dental Referees *One referee must be a Dentist you have worked with in the last 12 months*	
Referee 1	
Name:	Mobile phone:
Position:	
Email address:	
Referee 2	
Name:	Mobile phone:
Position:	
Email address:	
Section 2-B: WACHS Dentistry Re-Credentialing Application	
Have you attained any **new** qualifications/licenses since your last credentialing application? (e.g. DMD-paediatrics) *If so, please provide evidence / copies of **new** qualification(s) when returning this form*	

For Re-Credentialing a WACHS clinical employee MUST be provided as a reference. *If you wish to provide additional references, please provide details for a Dental Practitioner you have worked with in the last 12 months.*	
Referee 1 – WACHS Clinical employee	
Name:	Mobile phone:
Position:	
Email address:	
Referee 2	
Name:	Mobile phone:
Position:	
Email address:	

Section 3: CPD / Up-Skilling Activities

- For first applications, please provide any relevant information from the last 2-5 years.
- For re-credentialling applications, only provide details since your last application.

Evidence of attendance/participation must be provided when returning this form

Activity	Dates	Details
Basic Life Support (BLS)		
Supervised Clinical Attachments		
Interactive Workshops		
Conferences		
Other (e.g. research, online learning)		
CPD for procedures (other than standard Dentistry) for which scope (see below) is sought		

Section 4: Imaging Equipment Licenses

WACHS recognises Dentists registered under the Dental Act and ancillary personnel (under the direction and supervision of a registered dentist) do not require a license to operate the dental x-ray equipment **within a WACHS facility** for the purpose of dental radiography.

Dental Practitioners that **provide their own imaging equipment** must provide valid equipment licenses which are site specific.

Copies of current equipment licenses must be provided. Each license is site-specific and new sites require new licenses.

WACHS Site/s	Equipment license provided

Section 5: Scope of Clinical Practice Requested			
A fully qualified Dentist can conduct any procedure within the scope of practice & constraints of their specialty but will be accredited in WACHS regions, dependent on local specifics. Dentists need to seek specific credentialing if a procedure falls outside the scope that is considered part of the contemporary skill set.			
Please tick the Scope of Practice requested **NB: Applicable to Esperance only**		**WACHS Clinical Director Approval and Comments**	
General dental care (consistent with qualification)	☐	☐	
Inclusion of surgical extractions and other minor oral surgery under local analgesia	☐	☐	
Inclusion of crown and bridge	☐	☐	
Inclusion of removable prosthetics	☐	☐	
Inclusion of implant dentistry	☐	☐	
Applicant Declaration:			
I (*Dental Practitioner Name*) confirm the above details are true and accurate. Signature: Date:			

Please return completed form and attachments to ***wachscentralofficecredentialing@health.wa.gov.au***

Section 6: Outcome of Application (to be completed by approver)
This form can only be approved by the WACHS Clinical Director; Dentistry or delegated assessor.
The scopes of practice (SOP) ticked as approved within section 5 by the Clinical Director are recommended to the WACHS Credentialing and Scope of Practice (CASOP) Committee. *Any scope of practice not ticked by Clinical Director or delegated appropriate practitioner will not be included on eCredential profile.*
Duration of credentialing: 1 Year ☐ 2 Years ☐ 3 Years ☐ **Comments:** **Approved by Winthrop Professor Marc Tennant AM:** Position: Clinical Director; Dentistry Signature: Date: