



Credentialing Requirements for Non-Specialist Anaesthetists Procedure

1. Purpose

The purpose of this document is to assist the WA Country Health Service (WACHS) to ensure that appropriate credentialing requirements are met with respect to non-specialist anaesthetists providing clinical services in anaesthesia.

2. Procedure

2.1 Non-Specialist Anaesthetist Credentialing

All medical practitioners seeking credentialing and re-credentialing for non-specialist anaesthetic practice must complete the WACHS Non-Specialist Anaesthetist Credentialing Summary (NSACS) Form.

Clinical privileges for anaesthetic 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 Anaesthesia (CD-A), or a delegate authorised by the CD-A (e.g. Head of Department of Anaesthesia in a WACHS hospital).

If questions arise regarding the application for credentialing, the assessor is to contact the medical practitioner requesting credentialing to discuss their application. The assessor may also contact the CD-A (if the primary assessor is an authorised delegate) and the Regional Director Medical Services (RDMS) of the region in which the anaesthetic 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 Anaesthetic Qualifications recognised by WACHS

WACHS recognises the following qualifications as a minimum for clinicians wishing to undertake independent practice in anaesthesia:

- Advanced Certificate of Rural Generalist Anaesthesia (ACRGA)
- Diploma of Rural Generalist Anaesthesia (DRGA)
- Joint Consultative Committee on Anaesthetics (JCCA)

Other equivalent qualifications and experience may be accepted in consultation with the CD-A and the Credentialing and Scope of Practice (CASOP) Committee.

2.3 Evidence required for assessment of credentialing application

First application for anaesthetic credentialing in WACHS

1. Anaesthetic qualification(s)
 - a. Primary/original qualification
 - b. Grandparenting documents
2. Two professional referees
 - a. One must be from site/supervisor of original anaesthetic qualification

Subsequent applications for anaesthetic (re-)credentialing

1. Current college qualification
2. Current clinical supervisor

All applications

1. Current curriculum vitae
2. Completed WACHS Non-Specialist Anaesthetics Credentialing Summary Form, including recent anaesthetic caseload
3. Documents supporting CPD assessment
 - a. Current CPD statement from appropriate CPD home
 - b. Certificates of attendance/completion of CPD activities
 - c. Documentation of Supervised Clinical Attachments

2.4 Recent anaesthetic experience (case numbers)

WACHS recognises recency of practice as an important component for credentialing and requires that case numbers be included in the NSACS Form. Numbers must be entered into the NSACS format by the applicant. Indicative numbers are acceptable, however further details and evidence (such as personal logbooks or EMR/DMR data) must be provided upon request.

The following guidelines are to be considered in determining the credentialing outcome for clinicians based on their clinical activity level. However, specific cases and circumstances are also to be taken into consideration, including the balance of sedation cases relative to general anaesthesia cases.

Cases per annum	Likely credentialing outcome
Greater than 200	3 years
100 - 200	2 years
Less than 100	1 year

2.5 Highly valued CPD and QA activities

A clinician's participation in CPD and QA activities is a core component when determining credentialing outcomes, and regular participation in continuing professional development, relevant to scope of practice, is a requirement by the Australian Health Practitioners Regulation Agency (AHPRA) for ongoing registration. The following are highly valued CPD and QA activities and are considered when reviewing applications:

1. Interactive courses specifically designed for Rural Generalist Anaesthetists.
2. Anaesthetic emergency simulation courses including Effective Management of Anaesthetic Crises (EMAC), difficult airway management courses.
3. Supervised Clinical Attachments alongside Senior Anaesthetists with a report submitted as part of the credentialing application.

2.6 Categories of Anaesthetic Privileges

Successful credentialing applications are dependent upon the scope of the original anaesthetic qualification, and on presentation of evidence outlining ongoing clinical exposure and appropriate CPD & QA activities.

The categories for anaesthetic credentialing privileges include:

1. General Anaesthesia down to age 10 years
2. General Anaesthesia down to age 5 years
3. General Anaesthesia down to age 3 years
4. Obstetric analgesia & anaesthesia (including spinals & epidurals)

2.6.1 Elective Care

Clinicians should not undertake elective anaesthesia outside of their credentialed scope of practice. Note that patients with significant comorbidity (including extremes of weight) may be beyond scope for elective anaesthesia, regardless of age. The resources of the hospital and capacity for post-operative care should also be considered.

2.6.2 Urgent and Emergent Care

Credentialing includes urgent and emergent anaesthesia down to the prescribed age limit. It is acknowledged that situations may arise where urgent or emergent anaesthesia may be indicated for patients outside the credentialed scope of any available clinician.

In such circumstances:

- The priority is achieving the best clinical outcome for the patient
- Deciding to proceed with out-of-scope care should involve:
 - On-site medical leadership i.e. SMO or RMD
 - Remote or specialist advice where appropriate i.e. ETS, relevant tertiary clinicians, relevant WACHS Clinical Directors
 - Patients or guardians, wherever possible
- Delivering the safest possible out-of-scope care should utilise:
 - Additional on-site clinician support
 - Remote or specialist advice where appropriate
- Care should be delivered in the hospital location deemed safest by the clinicians involved
- Clinical reasoning underpinning the decision to proceed out-of-scope must be documented, contemporaneously if possible

2.6.3 Specific Anaesthetic Techniques

Aside from obstetric neuraxial analgesia & anaesthesia, WACHS does not require explicit credentialing for specific anaesthetic techniques or additional anaesthesia-related procedural skills (e.g. major regional nerve blocks, central vascular access, awake intubation). Clinicians undertaking any of these procedures are required to perform them in accordance with any relevant WACHS Guidelines and having considered the risk-benefit for the patient regarding their own knowledge and skill set as well as available human and technical resources.

2.7 Assessment

Credentialing applications are in the first instance, to be assessed by the WACHS CD-A or delegated appropriate medical practitioner, and by the Regional Medical Director where credentialing is being requested.

Recommendations are made and provided to the CASOP Committee for endorsement. Following assessment and consultation CASOP make the final decision on the scope of practice to be granted.

3. Roles and Responsibilities

Clinical Director – Anaesthesia

The CD-A is responsible for:

- Reviewing practitioner NSACS Forms and associated evidence to specify appropriate scopes of clinical practice for the practitioner.
- Authorising delegated assessors.
- Providing specialty specific advice in relation to WACHS credentialing processes.
- Reporting to the CASOP on an annual basis for number and outcomes of credentialing assessments.

Credentialing and Scope of Practice Committee

The CASOP Committee is responsible for:

- 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.

Regional Director Medical Services

The RDMS is responsible for:

- Oversight of the administration of the credentialing process at a regional level, including emergency and interim credentialing prior to endorsement by CASOP and performance review.

4. 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 – Good Medical Practice: A Code of Conduct for Doctors in Australia March 2014 Published by AHPRA](#)
- [Medical Board of Australia Continuing Professional Development Registration Standard July 2010 Published by AHPRA](#)
- [Medical Board of Australia – Recency of Practice Registration Standard July 2010 Published by AHPRA](#)
- [Medical Board of Australia - Registration Standard for Specialist Registration. July 2011 Published by AHPRA](#)

5. 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.
General Anaesthesia	For the purposes of this procedure, “general” anaesthesia includes all anaesthetic modalities (sedation, local anaesthesia, general anaesthesia, major regional anaesthesia, and non-obstetric neuraxial anaesthesia), deployed alone or in combination, best matching the needs of the patient and the skill set of the practitioner.
Non-Specialist Anaesthetist	A Medical Practitioner that has appropriate experience and qualifications to conduct independent practice in anaesthesia, but has not obtained the Specialist Anaesthetist qualification from the Australian and New Zealand College of Anaesthetists
Quality Assurance	Activities reviewing and assessing clinical practice to instigate best practice
Rural Generalist Anaesthetist (RGA)	RGAs are medical practitioners who are trainees or Fellows of RACGP or ACRRM with a commitment to rural anaesthesia practice and who have met the requirements for certification as RGAs. The Advanced Certificate - RGA (AC-RGA) is awarded once the primary college fellowship is completed.
Scope of Practice	The type of medical services that an individual medical practitioner is approved to provide at a health care facility.

6. Document Summary

Coverage	WACHS Wide
Audience	WACHS Non-Specialist Anaesthetists
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	DoH Credentialing and Defining Scope of Clinical Practice for Medical Practitioners Standard
Related Forms	WACHS Non-specialist Anaesthetist Credentialing Summary (NSACS) Form
Related Training	Nil
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: 5132
<u>National Safety and Quality Health Service (NSQHS) Standards</u>	1.23, 1.24
<u>Aged Care Quality Standards</u>	Nil
<u>Chief Psychiatrist's Standards for Clinical Care</u>	Nil
Other Standards (please specify and include link)	Nil

7. Document Control

Version	Published date	Current from	Summary of changes
5.00	28 April 2026	28 April 2026	<p>Amendments to the age categories for anaesthetic credentialing in alignment with the ANZCA RGA Qualification, and removal of weight range.</p> <p>Added clarity regarding age categories for anaesthetic credentialing for elective procedures vs urgent/emergent care.</p>

8. Approval

Policy Owner	Executive Director Medical Service
Co-approver	Executive Director Clinical Excellence
Contact	Dr Scott Douglas
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EDRMS #	ED-CO-14-49645

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