



Medical Credentialing and Compliance Requirements Guideline

1. Guiding Principles

In May 2018, WA Health released the '*Credentialing and Defining the Scope of Clinical Practice for Medical Practitioners Standard*' (the Credentialing Standard) as part of the Department of Health '[Credentialing and Defining the Scope of Clinical Practice Policy](#)' (MP 0084/18).

In alignment with this standard, the WA Country Health Service (WACHS) has compiled this document which details the credentialing processes that are unique to WACHS, while maintaining compliance with the Credentialing Standard.

2. Guideline

2.1 The Purpose

The purpose of this guideline is to provide guidance to regional health service executives, administrative staff and medical practitioners about the responsibilities and processes for credentialing and defining a scope of clinical practice for Medical Practitioners working at WACHS sites, and to ensure that the appropriate credentialing and compliance requirements are met. This has been achieved by the establishment of processes designed to ensure that health care services are provided only by medical practitioners who have been through a formal process of credentialing and defining the scope of clinical practice, prior to appointment. These processes are to take into account the needs and the services capability framework of each WACHS site (as outlined in the [Clinical Services Framework 2014-2024](#)) when determining the scope of clinical practice.

All medical practitioners must be credentialed before commencement of work in WACHS. Credentialing is endorsed through the Credentialing and Scope of Practice (CASOP) Committee. The credentialing information, documentation and approval process is recorded in the state-wide electronic credentialing system, CredWA.

The CASOP committee differentiates between the credentialing requirements for initial credentialing, re-credentialing, variations to scope and site of clinical practice and special requirements for specific scopes of clinical practice.

Applicants are credentialed up to a maximum of five (5) years; Specialists up to a maximum of five (5) years and all other categories up to a maximum of three (3) years¹, after which time they must apply to the CASOP committee for re-credentialing.

Medical practitioners greater than 70 years of age are required to be re-credentialed annually.

¹ Assessment by the Clinical Lead and/or the CASOP committee may determine a lesser credentialing period.

2.2 The Scope of the Credentialing Guideline

This guideline applies to all medical practitioners who are providing services to the WA Country Health Service, including;

- Salaried Senior Medical Practitioners
- Contracted Medical Practitioners
- Subcontracted Medical Practitioners
- Visiting Specialists from Metropolitan Health Services
- Unremunerated medical practitioners who attend a WACHS Health Care Facility
- Junior Medical Officers providing Obstetrics & Gynaecology services (including those on rotation from King Edward Memorial Hospital)

This guideline does not apply to salaried Doctors in Training (other than those explicitly included), Senior Registrars and/or Fellows-registered under Level 1 or Level 2 supervision or medical practitioners undertaking research which involves no patient contact or indirect care or responsibilities.

2.3 The Roles, Responsibilities and Functions of the Credentialing and Scope of Practice (CASOP) Committee

The Credentialing and Scope of Practice (CASOP) Committee members are responsible and accountable for ensuring that all regions within the WA Country Health Service comply with the Medical Credentialing and Compliance Requirements Guideline and the [Credentialing and Defining the Scope of Clinical Practice for Medical Practitioners Standard](#), and ensure that due process has been followed for all applications.

The Credentialing Committee is to ensure consistency in reviewing, verifying and evaluating the medical practitioner's credentials, and in defining an appropriate scope of clinical practice in accordance with the [WA Health Clinical Services Framework 2014-2024](#) or its replacement. The determinations made by the CASOP Committee are to specify the scope of clinical practice, any conditions attached and the reasons for any limitations on the duration of credentialing approval or the scope of clinical practice. The Committee is to additionally provide a forum for ongoing review of WACHS processes to ensure national and state standards are met, and is to undertake regular review of the scope of practice for medical practitioners, as well as review of its own recommendations, if so requested. The CASOP Committee is to ensure that Medical Practitioners and the relevant health care facility are notified of the Committee's decisions following any review, recognising the principles of confidentiality and appeal rights. All proceedings of the committee are to be fully documented and kept confidential.

The CASOP Committee may recommend to the Appointing Officer variation or suspension of a medical practitioner's right to practice if changes occur in the ability to provide support services, the service needs of the health service or health care facility change or if there are concerns about the medical practitioner's performance or competence. Any suspension must be fully documented in writing, including the reasons for any decision to suspend, and the practitioner must be given the right to immediate review of the decision and be informed of the appeal process.

3. General Requirements

The following processes must be completed **before** any medical practitioner provides services to WACHS:

1. The medical practitioner must be appropriately registered with the [Australian Health Practitioner Regulation Agency \(AHPRA\)](#), consistent with the position they are being considered for in WACHS.
2. The medical practitioner must be credentialed.
3. The medical practitioner must meet compliance requirements.
4. The medical practitioner must have a signed contract; Enterprise Bargaining Agreement (EBA) or Medical Services Agreement (MSA), or have a signed Schedule 4 – Application to Subcontract form if contracted under another medical practitioner holding an MSA, or be covered under a Memorandum of Understanding (MOU) or service level agreement (e.g. privately contracted Radiologists, PathWest Pathologists, and RFDS emergency retrieval doctors).

4. Credentialing

4.1 Urgent Credentialing

The Regional Medical Director can give (verbal or written) approval for urgent credentialing of up to 24 hours only, in an urgent situation. This applies only to a Medical Practitioner who has been credentialed at another Health Care Facility with a corresponding scope of clinical practice, and the Director Clinical Services of that Health Care Facility can confirm and provide evidence of that scope.

The medical practitioners credentialing record at the other Health Care Facility is to be reviewed and the Regional Medical Director is to be satisfied with the evidence of the corresponding scope of clinical practice and information provided by the Director Clinical Services of that Health Care Facility.

A determination in the above circumstances must not exceed 24 hours and may not be extended. The Medical practitioner must receive temporary or interim credentialing, prior to providing services thereafter. Urgent credentialing and scope of clinical practice determination can be made verbally and must in every case, be subsequently confirmed in writing and documented in the minutes at the next CASOP committee meeting

These requirements are in accordance with the [Credentialing and Defining the Scope of Clinical Practice for Medical Practitioners Standard](#) – (The Credentialing Standard). At no time, other than as provided under Section 9.4 “Disaster and Emergency Scope of Clinical Practice” (The Credentialing Standard) is a medical practitioner (even when required on short notice) to admit or treat patients without having a defined scope of clinical practice.

4.2 Temporary Credentialing

The Regional Medical Director can give written approval for temporary credentialing of up to five (5) business days, by completing a Temporary Credentialing Form. In every case, the medical practitioner must receive interim credentialing within the five (5) business days and the Temporary Credentialing Form must be uploaded to the medical practitioners CredWA application.

This process is to involve at a minimum:

- Verification of the individual's identification
- Verification of professional registration and whether there are any conditions attached to the individual's registration which would limit his/her ability to fulfil the requirements of the position
- Review of employment history
- Criminal record check
- Western Australian Working with Children Check (where appropriate), and
- At least one referee report, preferably from the practitioner's most recent employer, or equivalent.

It should be noted that this form of credentialing should only take place when circumstances prevent completion of an online CredWA application, prior to commencement of services.

At no time, other than as provided under Section 9.4 "Disaster and Emergency Scope of Clinical Practice" (The Credentialing Standard) is a medical practitioner (even when required on short notice) to admit or treat patients without having a defined scope of clinical practice.

4.3 Interim Credentialing

Interim Credentialing can be approved by a Regional Medical Director (RMD) or the Executive Director of Medical Services (EDMS) for up to a maximum of 90 days (as per The Standard). The practitioner must be presented to the CASOP Committee with completed documentation within the 90 days.

As a minimum, prior to approving the Interim Credentialing, the RMD must ensure the following requirements are satisfied.

- Verification of the individual's identification
- Verification of professional registration and whether there are any conditions attached to the individual's registration which would limit his/her ability to fulfil the requirements of the position
- The scope of clinical practice is consistent with any conditions or undertakings on that registration
- Review of qualifications, mandatory to the appointment/engagement. Registration can be accepted as providing evidence
- Review of employment history with no unexplained gaps in employment
- At least one referee report from the practitioner's most recent employer, or equivalent. (refer to Section 8.0 Referee)
- If applicable, meets any special requirements as outlined in Section 10 of this guideline.

Where interim credentialing is approved, it is the responsibility of the RMD (or EDMS) to ensure that they are satisfied that the medical practitioner does not present a risk to the safety and well-being of the patients and/or staff.

4.4 Initial credentialing of Medical Practitioners

Initial credentialing applies to all medical practitioners who are new to WACHS, returning after a period of absence or no longer have current credentialing.

Upon presentation to the CASOP Committee, the medical practitioners' CredWA application must contain the following:

- Verification of the individual's identification
- Verification of professional registration and whether there are any conditions attached to the individual's registration which would limit his/her ability to fulfil the requirements of the position
- Verification of any visa requirements and any restrictions or conditions placed upon the medical practitioner
- A selected scope of clinical practice (requested by the medical practitioner) which is consistent with any conditions or undertakings on the applicants registration
- Review of qualifications, mandatory to the appointment/engagement.
- Evidence of employment history with no unexplained gaps in employment
- Evidence of Continuing Medical Education (CME) and Continuing Professional Development (CPD). (Refer to Section 5.0 Continuing Education (CME) – Maintenance of Professional Standards (MoPS) and Section 10 Special Requirements for Initial and Re-credentialing)
- Two referee reports from the medical practitioner's most recent employer, or equivalent. (refer to Section 9.0 Referee)

And if applicable to the scope of practice (refer to Section 10 Special Requirements for Initial and Re-credentialing):

- Log book or other record of procedural experience. If the medical practitioner is not a specialist, this is to be reviewed by a WACHS approved Consultant in that specialty area.
- Log book or recency of procedure record for non-specialists in emergency medicine. This is to be reviewed by a WACHS approved Consultant in that specialty area.
- Endoscopy Certification
- Imaging Equipment Licenses
- WA Radiation/Fluoroscopy Licences
- Laser Licenses
- Diagnostic Ultrasound Certification
- Implanon Certification

4.5 Re-credentialing

All medical practitioners who have previously been through a completed initial credentialing process in WACHS, and who continue to provide clinical services within WACHS, are required to be periodically re-credentialed. The re-credentialing process must be completed prior to the current credentialing period expiring.

The process for Initial credentialing applies to re-credentialing with the addition of a performance review report or report provided by an appropriate clinician outlining recency of practice and competence to provide ongoing medical services. Alternatively, a reference can be provided in lieu of the report but must be from a specialist who can verify competence within the last 12 months. Evidence of appropriate CPD is also required.

Re-credentialing is ratified through a decision of the CASOP Committee. There is no obligation on the CASOP Committee to endorse the same scope of clinical practice as previously granted.

4.6 Variations to Scope of Practice

4.6.1 Variation to the Scope of Practice – Additional or Changes to Clinical Procedures

Any medical practitioner who is already credentialed by the CASOP committee and who is seeking to increase their scope of clinical services, procedures, or other interventions, must provide the same evidence of competence as would be expected for initial credentialing for those services (see 4.4).

All variation to the medical practitioner's scope of practice procedures will be presented to the CASOP Committee for review and endorsement.

4.6.2 Variation to regional Site with same Scope of Practice

Any medical practitioner who is already credentialed by the CASOP committee, and who is seeking a variation of site within their region, but with no additional scope of services, can be approved by the Regional Medical Director of the region where the site is located. Suitable consultation with the relevant staff at that facility is required.

The Regional Medical Director is to be satisfied that the medical practitioner's performance at the most recent WACHS site/s was satisfactory **before** additional site/s are approved.

All variation to the medical practitioner's site with the same scope of practice will be presented to the CASOP Committee for review and endorsement.

4.7 Introduction of New Clinical Procedures

The CASOP committee will thoroughly review and consider a request for a new clinical procedure (which is not currently performed by WACHS), where the procedure is approved by the [Australian Therapeutic Goods Administration](#) (TGA) and in use in another Area Health Service.

Refer to Appendix 1 for the Introduction of New Clinical Procedures Process and Appendix 2 for the New Clinical Procedure Evaluation Form.

5. Continuing Medical Education – Maintenance of Professional Standards

5.1 Meeting Credentialing Requirements

All medical practitioners are expected to provide a copy of their current Continuing Medical Education (CME) report as part of initial credentialing and re-credentialing.

International Medical Graduates (IMGs) are not required to provide Australian CME with their initial application for credentialing. Relevant similar information is to be sought from their sites of origin or through referee checks. IMGs under contract to WACHS are required to participate in professional development congruent with the Australian College requirements related to their scope of practice.

5.2 Maintenance of Skills

For medical practitioners, whether or not the practitioner is vocationally registered, completion of CME activities which would be sufficient to ensure maintenance of vocational registration, is required.

- a) Where the practitioner is a member or a fellow of a specialist college with a CME or Maintenance of Professional Standards (MoPS) program in place, showing evidence of completing these requirements is expected.
- b) Where the practitioner is not a member or a fellow of a specialist college then completion of such activities as would have met the requirements of the relevant College CME or MoPS program (relevant to their scope of practice) is required. This may need to be assessed and certified by a suitable peer, if college certification is not available.

6. Compliance with Government Legislation and WA Health Policy

All Medical Practitioners providing services to WACHS, must comply with relevant government legislation and the following WA Health policies;

- [WA Health Criminal Record Screening Policy](#)
- [WA Health Working with Children Check Policy](#)
- [WA Health Guidelines for Protecting Children 2015](#)

Compliance with these policies is not a prerequisite for initial credentialing or re-credentialing.

7. Verification of Credentials

7.1 Verification of AHPRA Registration Status and Qualifications

AHPRA is a single source of truth for verification of registration credentials for medical practitioners in Australia. Information from AHPRA is available in CredWA in 'real time' and accepted as primary source verification for registered medical practitioners for both medical registration and qualifications.

All medical practitioners can only be engaged to provide services within the scope of their AHPRA registration which may include time, site and clinical practice restrictions. It is important to verify whether there are conditions attached to the registration which would limit the applicant's ability to fulfil the requirements of their intended or current position within WACHS.

Verification of a medical practitioner's further licences or accepted areas of expertise may be obtained from the relevant Australian Colleges.

8. Referees

The considered opinion of at least two medical professional peers who can advise on the medical practitioner's recent (usually within 12 months) clinical skills, competency and suitability for the scope of clinical practice in the position should be obtained for credentialing. At a minimum, one referee must include provision of a recent report from a relevant expert in the area/speciality of practice, and wherever possible a Head of Department.

The referees' opinions must be obtained directly from the referee, not via the applicant. Reports from locum agencies may be accepted at the discretion of the CASOP Committee.

The report should be obtained from the specialty relevant to the position being applied for.

Reports must be obtained from a Fellow of the relevant vocational specialty for all specialist applicants.

A General Practitioner non-specialist proceduralist (Anaesthetics, Obstetrics, General Surgery and/or Emergency Medicine) should provide at least one referee report from a relevant expert who can provide up to date details on their clinical skills.

9. Applicant's Consent

Upon submission of the CredWA application, the applicant authorises WA Health authorised officers to share any information on the applicants CredWA profile and obtain any relevant information for the purpose of credentialing.

10. Special Requirements for Initial and Re-credentialing

All special credentialing requirements are to be recorded in CredWA.

10.1 Anaesthetics – Non-Specialists

Non-Specialists who have completed the Advanced Anaesthetics course and completed the Joint Consultative Committee on Anaesthesia (JCCA) Viva and CME may be recognised as being suitable for credentialing for unsupervised anaesthetic practice, even if they still require supervision for other components of their GP training.

The CASOP Committee has determined specific requirements for Non-Specialist Anaesthetists, refer to [Credentialing Requirements for Non-Specialist Anaesthetists Guideline](#).

These medical practitioners are to be assessed by the Clinical Lead-Anaesthetics. The scope of anaesthetic practice is to be determined by the CASOP committee and the credentialing period is not to exceed a period of three (3) years.

10.2 Obstetrics - Non-Specialists

Non-Specialists who have completed the Diploma in Obstetrics from the Royal Australian College of Obstetricians and Gynaecologists (DRANZCOG) and CME may be recognised as being suitable for credentialing for unsupervised obstetrics practice, even if they still require supervision for other components of their GP training.

The CASOP Committee has determined specific requirements for Non-Specialist Obstetricians, refer to [Credentialing Requirements for Non-Specialist Obstetricians Guideline](#).

These medical practitioners are to be assessed by the Clinical Lead-Obstetrics or a nominated Specialist Obstetrician. The scope of obstetric practice is to be determined by the CASOP committee and the credentialing period is not to exceed a period of three (3) years.

10.3 Obstetrics and Gynaecology - Junior Medical Officers

Junior Medical Officers who may provide Obstetrics & Gynaecology services (including those rotating from King Edward Memorial Hospital to WACHS) require credentialing with a defined scope of clinical practice with supervision, for all WACHS sites where they will provide services.

These medical practitioners are to be assessed by the Clinical Lead-Obstetrics or a nominated Specialist Obstetrician. The scope of obstetric practice is to be determined by the CASOP committee and the credentialing period is not to exceed a period of 12 months.

10.4 General Surgery – Non-Specialists

Non-Specialist Surgeons who have evidence of recent surgical caseload, quality activities and CME may be recognised as being suitable for credentialing for unsupervised general surgery practice, even if they still require supervision for other components of their GP training.

The CASOP Committee has determined specific requirements for Non-Specialist General Surgeons, refer to [Credentialing Requirements for Non-Specialist General Surgeons Guideline](#).

These medical practitioners are to be assessed by the Clinical Lead-General Surgery. The scope of general surgery practice is to be determined by the CASOP committee and the credentialing period is not to exceed a period of three (3) years.

Refer to the Credentialing Requirements for Non-Specialists in Emergency Medicine guideline, as and when endorsed by the Emergency Medicine Leadership Group (EMLG) and the CASOP Committee.

10.5 Emergency Medicine – Non Specialists

Non-Specialist practitioners who wish to / or are required to work independently and unsupervised in an Emergency Department are required to provide evidence of current experience and skills in Emergency Medicine.

This includes the ability to independently assess, identify and manage life-threatening adult and paediatric emergencies in the areas of medical and trauma resuscitation as well as currency in Advanced Adult, Paediatric and Neonatal Life Support.

Non-specialist practitioners can be credentialed for independent, unsupervised practice in the Emergency Department with the following qualifications and experience:

- Australian College of Rural and Remote Medicine (ACCRM) Fellowship with 12 months Advanced Specialised Training in Emergency Medicine **or**
- Australian College for Emergency Medicine (ACEM) Emergency Medicine Diploma (EMD) **or**
- Recent (within 12 months) Emergency Medicine experience including logbook evidence of basic core skills **and** two professional references (one must be a FACEM) **or**
- Recent (within 12 months) Emergency Medicine Experience **and** ACEM Emergency Medicine Certificate **and** two professional references (one must be a FACEM)

Applicants who are not able to fulfil the above requirements but who are able to work independently in Emergency Medicine must be assessed by the Clinical Lead-Emergency Medicine, HOD (if a FACEM) or a nominated Specialist in Emergency Medicine (FACEM) on an individual basis. This assessment may then deem them competent and safe for independent practice through either a period of supervised practice and/or further assessment of their qualifications and skills.

These medical practitioners are to be assessed by the Clinical Lead-Emergency Medicine or a Nominated Specialist in Emergency Medicine (FACEM). The scope of emergency medicine practice (independent verse supervised) is to be determined by the CASOP committee and the credentialing period is not to exceed a period of three (3) years.

Refer to the Credentialing Requirements for Non-Specialists in Emergency Medicine guideline, as and when endorsed by the Emergency Medicine Leadership Group (EMLG) and the CASOP Committee.

10.6 Supervision Requirements

A medical practitioner may be assigned supervision requirements if they are assessed as requiring clinical supervision to perform the selected scope/s of practice. The scope of clinical practice, the health care facility's needs, capability and the availability of supervision needs to be taken into consideration when assessing supervision requirements.

As a minimum requirement, CredWA should reflect the period of supervision, the supervisor and the level of supervision required, for each scope of practice. The CASOP committee may require a supervision plan in order to endorse the medical practitioners credentialing.

GP trainees under the Western Australian General Practice Education Training (WAGPET) program (engaged as subcontracting medical practitioners) are required to complete the [Supervision Agreement for GP trainees at WACHS Facilities](#) in order to be credentialed. Please refer to the [WACHS Clinical Supervision of Junior Doctors Policy](#).

To remove the supervision requirements, the Head of Department (or Clinical Lead) must review the medical practitioner and be satisfied that they can perform the scope/s of practice independently, without putting patients at risk. Where a Head of Department is not a Specialist or Fellow in the area in question, the Clinical Lead or Specialist is required to make this assessment. Removal of supervision requirements will be presented to the CASOP Committee for review and endorsement.

Note that supervision requirements may be noted on the medical practitioners AHPRA registration.

10.7 Endoscopy Certification

All Specialists (and Non-Specialist Proceduralists) performing Upper GI and Lower GI Endoscopies are required to provide evidence of training to the standard set by the Conjoint Committee for Recognition of Training in Gastrointestinal Endoscopy (CCRTGE).

Medical Practitioners training recognition can be verified via the [CCRTGE website](#).

10.8 Imaging Equipment Licenses

All medical practitioners operating imaging equipment must be licensed and copies of current licenses must be provided to the CASOP committee as part of initial and re-credentialing.

[Radiological Council of WA Applications for Licence for Irradiating Apparatus and/ or Electronic Products](#)

10.9 WA Radiation/Fluoroscopy Licences

[All non-radiologist](#) medical specialists and some non-specialist medical practitioners working in regional Western Australia who use, request or direct fluoroscopic imaging must be licensed by the WA Radiological Council.

Non-specialist medical practitioners may only be licensed to use or direct fluoroscopic imaging equipment in WACHS locations, and only for the purposes of the closed reduction of fractures in the presence of a medical imaging technologist who has responsibility for positioning and manipulating the imaging equipment.

Radiation licenses for other state jurisdictions are not acceptable.

10.10 Laser Licenses

Medical practitioners may operate lasers up to Class 3B and Class 4. Under the *Radiation Safety Act 1975*, all operators of lasers must be licensed by the WA Radiological Council.

10.11 Diagnostic Ultrasound Equipment

WACHS is developing a separate guideline for credentialing medical practitioners who provide bedside ultrasound examinations. When completed, a link will be provided through this guideline document.

10.12 Implanon Certification

All doctors inserting Implanon are required to undertake the Implanon training provided by [FPWA Sexual Health Services](#), or provide certification of similar training for competency.

10.13 Neonatal Resuscitation

Expected or unexpected neonatal asphyxia requires skilled resuscitation in order to prevent or ameliorate long-term damage. All clinicians who work in the Emergency Department, attend deliveries or receive the baby at Lower Uterine Segment Caesarean Section (LSCS) are to be credentialed for neonatal resuscitation.

Acceptable evidence for credentialing includes the following:

- Completion of an Australian certified and accredited neonatal resuscitation course **or**
- Evidence of having completed neonatal resuscitation training such as that provided by King Edward Memorial Hospital (KEMH). Local training would be acceptable if provided by a clinician credentialed in neonatal resuscitation. This is to be completed every two years **or**
- Possession of the Fellowship of the Royal Australasian College of Physicians (FRACP) (Paediatrics and Child Health) with current neonatal experience.

11. Definitions

Australian Health Practitioner Regulation Agency	supports the 10 National Boards Chiropractic Board of Australia, Dental Board of Australia, Medical Board of Australia, Nursing and Midwifery Board of Australia, Optometry Board of Australia, Osteopathy Board of Australia, Pharmacy Board of Australia, Physiotherapy Board of Australia, Podiatry Board of Australia, Psychology Board of Australia in implementing the national registration and accreditation scheme.
Competency	is the demonstrated ability to provide health care services at an expected level of safety and quality.
Contracted Medical Practitioner	Refers to a medical practitioner engaged with WACHS under a Medical Services Agreement.
Credentialing	is the formal process used to verify the qualifications, experience and professional standing of medical 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 organisation environments.
Defining the Scope of Clinical Practice	is the process of delineating the extent of an individual medical practitioner's clinical practice within a particular organisation based on the individual's credentials, competence, performance and professional suitability, together with the needs and capabilities of the health facility itself.
Doctor in Training	for the purposes of WACHS this doctor has completed their primary medical training and is an intern, resident or registrar and attached to a tertiary hospital and/or a registered training program
Junior Medical Officer	Refers to a Doctor in Training

Medical Practitioner	refers to a person registered under the <i>Medical Act 1984</i> and/or <i>Medical Practitioners Act 2008</i> and includes all doctors and radiologists, not excluding Psychiatrists, Mental Health Doctors, Community Health Physicians and Public Health Doctors.
Medical Services Agreement	is an agreement to contract a medical practitioner to provide medical services to public patients at a health care facility.
Subcontracted Medical Practitioner	refers to a medical practitioner subcontracted to perform services under a medical services agreement (MSA).
Registrar	refers to a registered medical practitioner employed as a Registrar. A Registrar may be employed with or without the Part 1 Examination of an appropriate specialist qualification recognised by the Australian Medical Council.
Salaried Senior Medical Practitioner	refers to a medical practitioner engaged by WACHS under an Enterprise Bargaining Agreement (EBA) to provide medical services without clinical supervision and/or clinically supervises other medical practitioners.
Site Scope of Clinical Practice	refers to the site at which an individual medical practitioner is approved to provide a particular scope of clinical practice.
Scope of Clinical Practice	refers to the type of medical services that an individual medical practitioner is approved to provide at a health care facility.
Tertiary Hospital	refers to Royal Perth Hospital (RPH), Sir Charles Gairdner Hospital (SCGH), Fremantle Hospital (FH), Princess Margaret Hospital (PMH), King Edward Memorial Hospital (KEMH) and Fiona Stanley Hospital (FSH).
Verification	refers to the process of citing, reviewing, inspecting and authenticating documents supplied by a medical practitioner to establish that the medical practitioner's registration documents, undergraduate and postgraduate qualifications and references meet National and WA regulatory standards.
X-ray Operator Certification	refers to those medical practitioners who have attended the required training and have been approved x-ray operators from the Radiation Council of WA.

12. Roles and Responsibilities

All Staff are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

12.1 Medical Practitioner

The medical practitioner is responsible for:

Submitting their complete CredWA application in a timely manner; ensuring correct scopes of practice are selected and the application includes all required credentialing documentation.

12.2 Regional Credentialing Officer

The Regional Credentialing Officer is responsible for:

- Inviting the medical practitioner to an appropriate CredWA position.
- The review and verification of qualifications and training documentation.
- Following up with the medical practitioner for any outstanding or additional documentation and uploading to CredWA
- Following up with the appropriate Clinical Lead for a review of the medical practitioners log book, if applicable, and uploading the documentation to CredWA.
- Ensuring the selected scopes of practice are in line with the recommendations and approval from the Clinical lead, if applicable.
- Ensuring all documentation is complete and correct before progressing the credentialing application to the Head of Department.
- Receiving the WACHS credentialing letter and liaising with the Regional Medical Director to sign.
- Distributing the WACHS credentialing letter to the medical practitioner and uploading a signed copy to the appropriate CredWA position.

12.3 Head of Department (or delegated clinician for relevant specialty)

The Head of Department is responsible for:

- Ensuring the scopes of clinical practice selected, are appropriate for the medical practitioner and allocating supervision requirements if necessary
- The review and verification of qualification and training to ensure the medical practitioner's experience and skills support the scope of practice required for the position
- Provision of Head of Department (or delegated clinician for relevant specialty) approval.

12.4 Regional Medical Director

The Regional Medical Director 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 for the position
- Provision of interim credentialing until the applicant is reviewed by the CASOP Committee
- Ensuring the applicant is reviewed by the CASOP Committee within 90 days of receiving interim credentialing
- If applicable, developing a supervision plan (specific to the medical practitioner), as directed by the CASOP committee, and
- Notifying the medical practitioner of their interim credentialing status, Scope of Practice and the outcome of the CASOP Committee meeting.

12.5 Central Office Credentialing Officer

The Central Office Credentialing Officer is responsible for:

- Attaching applications with interim credentialing to the CASOP Committee agenda
- Attending the CASOP Committee meeting and accurately recording the outcome of each application.
- Actioning the credentialing period agreed to in the CASOP Committee meeting in the CredWA system.
- Providing the minutes of the CASOP Committee meeting to the CASOP Committee members and the Regional Credentialing Officers.
- Providing the WACHS credentialing letters to the Regional Credentialing Officer.

13. Compliance

Failure to comply with this policy document may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Employment Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (HSA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

14. Records Management

All WACHS corporate records must be stored in the approved Electronic Documents and Records Management System. [Records Management Policy](#)

15. Evaluation

The proportion of medical practitioners providing services in WACHS who are credentialed and have a defined scope of clinical practice.

The proportion of medical practitioners providing services in WACHS who can be shown to be compliant with all elements of The Credentialing Standard and the WACHS Medical Credentialing and Compliance Requirements Guideline.

This guideline is to be reviewed every three (3) years.

16. Standards

[National Safety and Quality Healthcare Standards \(Second edition 2017\)](#)

- Standard 1 - Governance for Safety and Quality in Health Service Organisations – 1.22, 1.23, 1.24

[EQulPNational Standards](#)

- Standard 13 – Workforce Planning and Management – 13.5.2, 13.8.2

17. Legislation

[Australian Government Aged Care Act 1997](#)

[Health Services Act 2016](#)

[WA Government Children and Community Services Amendment \(Reporting Sexual Abuse of Children\) Act 2008](#)

[Western Australia Radiation Safety Act 1975](#)

[WA Working with Children Act](#)

18. References

[Australian Health Practitioner Regulation Agency](#)

[Australian Medical Council](#)

[Australasian Society for Ultrasound Medicine](#)

[Australian Therapeutic Goods Administration](#)

[FPWA Sexual Health Services](#)

[Conjoint Committee for Recognition of Training in Gastrointestinal Endoscopy](#)

[Medical Board of Australia](#)

[Radiological Council of WA](#)

19. Related WACHS Policy Documents

[Clinical Supervision of Junior Doctors Policy](#)

[Credentialing Requirements for Non-Specialist Anaesthetists Guideline](#)

[Credentialing Requirements for Non-Specialist Obstetricians Guideline](#)

[Credentialing Requirements for Non-Specialist General Surgeons Guideline](#)

[Working with Children \(WWC\) Procedure](#)

[Aged Care Criminal Records Screening \(ACCRS\) for Employees and Volunteers](#)

[Working in Aged Care Services Subsidised Under the *Aged Care Act 1997*.](#)

20. Related WA Health System Policies

[Department of Health Credentialing and Defining the Scope of Clinical Practice Policy \(MP 0084/18\)](#)

[Department of Health Operational Directive OD 0275/10 29 March 2010 Criminal Records Screening Policy and Guidelines](#)

[Department of Health Operation Directive OD 0454/13 12 September 2013 WA Health Working with Children Check Policy & Guidelines](#)

[Department of Health Operational Directive OD 0606/15 4 June 2015 Guidelines for Protecting Children 2015](#)

21. Policy Framework

[Clinical Governance, Safety and Quality Policy Framework](#)

22. Appendices

Appendix 1 - [Introduction of New Clinical Procedures Process](#)

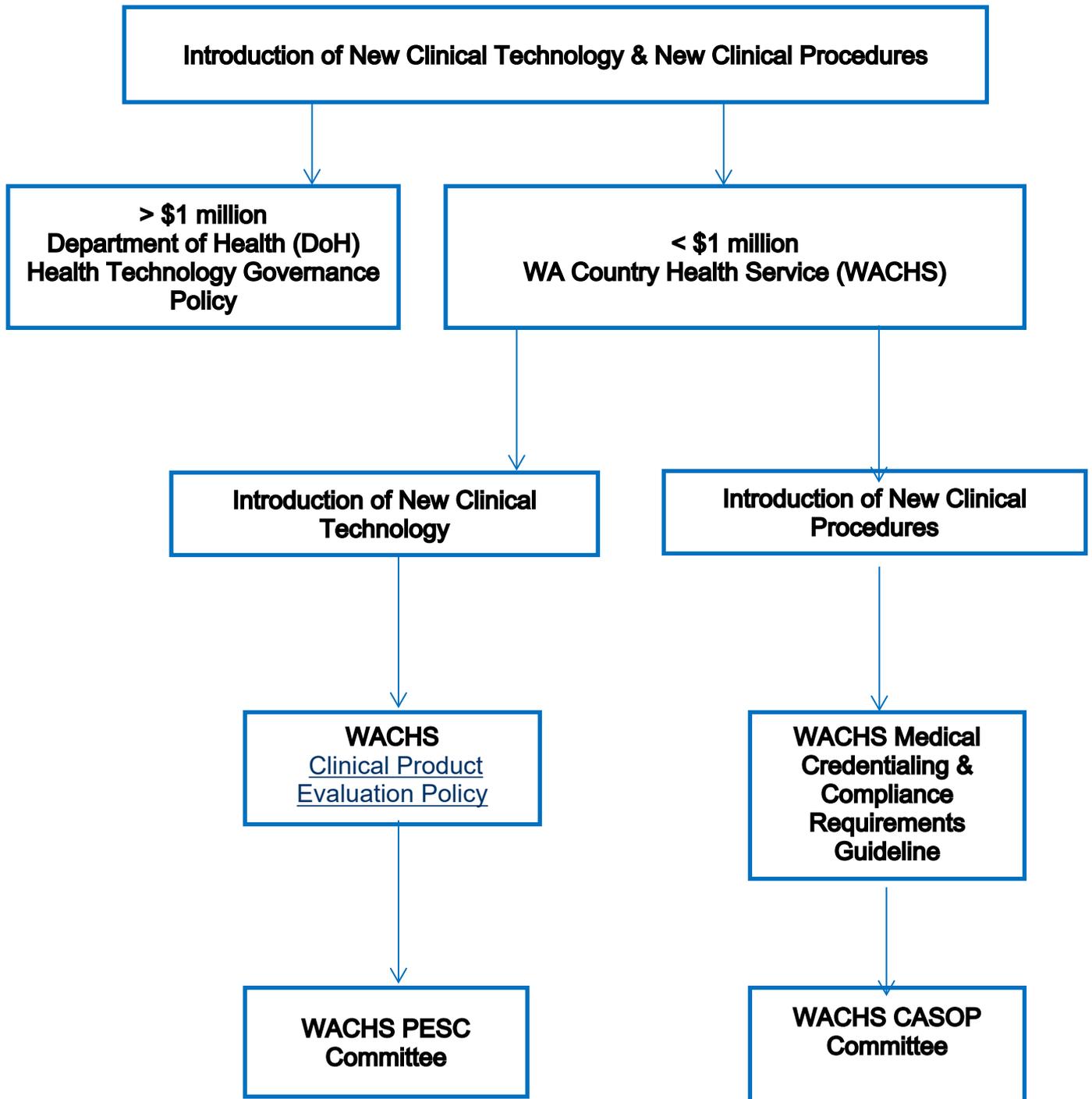
Appendix 2 - [New Clinical Procedure Evaluation Form](#)

**This document can be made available in alternative formats
on request for a person with a disability**

Contact:	Medical Workforce Support Coordinator		
Directorate:	Medical Services	EDRMS Record #	ED-CO-14-49647
Version:	5.00	Date Published:	29 January 2019

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Appendix 1 - Introduction of New Clinical Procedures Process



Exclusion

This process does not include Introduction of New Clinical Technologies. Please refer to the Product Evaluation Policy that covers new clinical technologies.

Request for evaluation

The CASOP committee can consider a request for a new clinical procedure only when:

- the procedure is new to the practitioner and/or WACHS, it has Australian Therapeutic Goods Administration TGA approval and is in use in other Area Health Service (AHS) in WA
- a letter of approval from the Regional Director (RD) is attached, outlining their support which includes the consideration of Human Resources, training and upskilling and any associated costs required
- the procedure will potentially provide a solution to an unmet clinical need
- the procedure is less than or equal to \$1 million annually or as a single capital purchase. For procedures exceeding \$1 million annually or in a single capital purchase, please refer to the [WA Health, Health Technology Governance Policy](#).

Evaluation

The CASOP committee will review the request for the introduction of a new clinical procedure based on a number of variables which include (but are not limited to):

- Clinical requirement and any perceived clinical risks
- Cost and any perceived financial risks and financial approval
- Trial period, if required
- Determine if it is specific to a practitioner, or a practitioner and site, or specific to a site
- Practitioner has the acquired skills to carry out the procedure
- Complexity of implementation or transition
- Any staff assisting the medical practitioner has received the relevant education and training in order to assist effectively.

Outcome of evaluation

At the end of the CASOP committee evaluation, the outcome will be one of the following:

- Decline the proposed procedure
- Request a trial period
- Further information required
- Endorse the use of this procedure

Requestor

It is the responsibility of the requestor to provide a comprehensive and accurate account of the evidence supporting the implementation of the new procedure and all relevant implications. All applicants with requests for new procedures < \$1million must submit a New Clinical Procedures Evaluation form.

Appendix 2 - New Clinical Procedure Evaluation Form

Date:	
Applicant name:	
Position / role:	
Department or service unit:	
Contact number:	
Email:	

1. Proposal

Proposed Procedure:		
Purpose of new procedure:		
Site(s):		
Region(s):		
New Procedure:	Unmet clinical requirement	New clinical requirement

2. Service Impact

Proposed Selection Criteria For Patient Selection	
Provide details of the proposed selection (inclusions and exclusion) criteria and the process for patient’s selection and referral for the procedure including the person(s) who will be responsible for selecting patients.	
Inclusion criteria:	
Exclusion criteria:	
Patients selected by:	
Projected Patient Numbers	
Give details of expected patient numbers in the next twelve months,	
Expected Impact on other Services	
Consider clinical support such as pathology and imaging, and non-clinical support services	
Workforce Requirements	
Include workforce requirements such as redesign, additional staff or new roles	

3. Clinical Effectiveness

Potential Benefits for Patients
What is the epidemiology of the disease(s) of interest (consider prevalence or hospital separation data) natural history and current treatment approaches. How will the introduction of this procedure change morbidity or mortality compared with current treatment options?
Scientific Rationale for Introduction
List key sites nationally and internationally where this procedure is currently in use and any outcome data available
<ul style="list-style-type: none"> • References for Supporting Evidence/Literature (attach copies) • Applicants should provide at least the three highest quality published studies evaluating this procedure • The NHMRC Levels of Evidence provides a guide to assessment of the literature.
Is there an Australian Safety and Efficacy Register of New Interventional Procedures (ASERNIPsernip) Review Relevant to this Application? (If yes - attach a copy)

4. Cost Effectiveness

Does the service substitute an existing service, or is it completely new?		
Financial		
	Initial Year \$	Annual \$
1. Capital purchase(s):		
2. One-off costs:		
a. Installation / infrastructure / building works and service costs		
b. Staff training including travel expenses service cost		
c. other		
3. Recurrent operational costs:		
d. Consumables		
e. Equipment maintenance costs		
f. Theatre time		
g. Bed days		
h. Other (e.g. licencing fees)		
4. Projected employment costs for service provision		

<p>A letter of approval from the regional (RD) outlining their support which includes the consideration of Human Resources, training and upskilling and any associated costs required is attached: YES / NO</p>
<p>Have Cost Effectiveness Studies Been Undertaken?</p>
<p> </p>

5. Staff Education and Training and Credentialing Requirements

Staff Education and Training and Credentialing	
Initial training required:	
Credentialing: Does the new service require an extension of practitioner current scopes of practice?	
Expected Future Training and Credentialing Requirements:	
Training for supporting staff:	

6. Other Considerations

Risk Assessment	
Does the procedure present any potential risk? (Please detail)	
Is there data on the number of procedures per annum required to maintain expertise?	
Is development of specific guidelines required?	
Any additional issues, risks, benefits or comments:	
Interface with Research	
Has the procedure previously been submitted to an appropriate Human Research and Ethics Committee?	
If yes please tick yes and attach documentation of the outcome	
Occupational Health and Safety (OSH)	
Have OHS been considered prior to submitting this application?	
Were any OHS issues identified and if so what were they?	
Infection Control	
Infection Control must be considered prior to submission of the application. Please discuss with the relevant site Infection Control staff and indicate here if there are Infection Control Issues.	

Proposed Stopping Criteria Please indicate what adverse event (s) you will consider a sufficient seriousness to stop using the procedure in WACHS until discussion and advice has been gained from the WACHS Chair of CASOP	
Conflict of Interest Statement Any individual associated with the procedure that has or will gain financially from its introduction or previously from its development must record the nature of that conflict of interest in the space provided.	
Other Relevant Information in Support of this Application Please include advice on the state of any application with the Medicare Services Advisory Committee, the Therapeutic Goods Administration or other relevant bodies. Attach any relevant data.	
Proposed Evaluation Mechanism – Data Collection, Analysis and Designated Evaluation Committee	
Has the procedure been evaluated elsewhere?	If yes provide details:
Will outcomes be monitored in a database/register?	Yes: No:
Will outcomes be reviewed regularly?	
Outcomes will be presented to which committee?	
Reporting of Outcomes from Introduction	
It is / is not (delete incorrect response) intended that the results of this new procedure will be submitted as an abstract to a meeting of the relevant Professional Body.	
It is / is not (delete incorrect response) intended that the results of this new procedure will be submitted to a peer-reviewed journal for publication.	
Submission to CASOP	
Name and position of applicant presenting submission:	
Signature of applicant presenting submission	
Date:	

7. CASOP

CASOP Review				
Result	Endorsed	Not endorsed	Further information required	Trial required
Reason / Comments				

7. Trial is requested (applicant to fill out if a trial is requested)

Procedure Trial (if requested)	
Trial start date:	Trial finish date:
Any issues, risks or benefits identified during trial:	
Result:	
Reasons / Comments:	

8. Further Information (applicant to fill out if further information is requested)

Further information (if requested)	
Provide additional information as requested:	
Any further issues identified?	
Other / Comments:	

9. CASOP (if further information or a trail is requested)

CASOP Final outcome		
Result:	Endorsed	Not endorsed
Reasons / Comments:		