



Government of **Western Australia**
Department of **Health**

Credentialing and Defining Scope of Clinical Practice for Medical Practitioners Standard

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Contact:	OCMO.CED@health.gov.au
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2.0	Dr Aresh Anwar	30 June 2026	June 2029	Full review and amendments as listed below.
<ul style="list-style-type: none"> - Updated terminology, formatting, hyperlinks, references and language - Clarified mandatory application to the Department of Health and Health Service Providers, updates scope statements. - Expanded guidance on defining, documenting, monitoring, reviewing, varying and suspending scope of clinical practice. - Clarified temporary, interim and urgent credentialing processes - Added specific telehealth and end of life care credentialing guidance - Updated guidance on credentialing appeal processes. 				

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1. Background

The Medical Practitioner Standard (the Standard) aligns with the [Health Practitioner Regulation National Law \(Western Australia\)](#)¹ as governed by the Medical Board of Australia (MBA) and the [Australian Health Practitioner Regulation Agency \(Ahpra\)](#). The *Health Services Act 2016 (WA)* legislation is pertinent and supports the application of this Standard.

The Standard was developed in consultation with the [Australian Medical Association](#).

It mandates the continuing use of the approved WA Health credentialing system and defines the credentialing and scope of clinical practice requirements and processes for specialists and other senior medical practitioners engaged by Health Service Providers and the Department of Health (excluding Health Support Services). The Standard strengthens and clarifies the roles, responsibilities and functions within the credentialing system.

Recruitment, selection and appointment processes sit outside the scope of this Standard and are to be referred to in [MP 0033/16 Recruitment, Selection and Appointment Policy](#) within the [Workforce and Employment Policy Framework](#).

This Standard does not replace local Health Service Provider or Department of Health policies and procedures (however titled) that apply to the credentialing of medical practitioners but to the extent of any inconsistency this Standard prevails.

2. Purpose

The purpose of this Standard is to ensure there is a clear framework for credentialing and defining the scope of clinical practice for medical practitioners practicing in the WA health system.

This Standard mandates WA health entities, medical practitioners, executives and administrative staff on the credentialing and defining scope of clinical practice process. It also outlines the rights and responsibilities of the participants regarding credentialing and defining the scope of clinical practice for medical practitioners.

This Standard is not a mechanism for dealing with discipline matters. Refer to [MP 0127/20 Discipline Policy](#) for Health Service Providers and [Discipline Policy](#) for Department of Health for any discipline related matter.

¹ Schedule Health Practitioner Regulation National Law of the [Health Practitioner Regulation National Law Act 2009](#) (Qld) is to be read in conjunction with Part 3 of the [Health Practitioner Regulation National Law Application Act 2024](#) (WA).

3. Key Principles

Three key principles which underpin credentialing and defining scope of clinical practice processes:

- *Patient safety* – by ensuring medical practitioners practice within their capability of education and training and within the capacity of the Relevant Practice Setting in which they are working;
- *Consistency* – by ensuring alignment with recognised National Safety and Quality Standards and with WA health system credentialing processes; and
- *Natural justice and procedural fairness* – by ensuring credentialing and scope of clinical practice processes are underpinned by natural justice and procedural fairness.

This Standard does not seek to:

- limit appropriate professional initiatives designed to improve standards of practice;
- restrict reasonable innovation in introducing new clinical procedures or interventions;
- restrict actions that need to be taken in an emergency situation;
- control the clinical decisions of a medical practitioner with respect to admissions, treatment, transfer or discharge of a patient;
- permit medical practitioners to work in isolation without appropriate supervision and support systems; or
- impose the delivery of health care on a medical practitioner where the facilities, supervision and support are either inadequate or unavailable.

4. Scope

4.1 Application

This Standard applies to the credentialing of the following types of medical practitioners engaged by WA health entities:

- Salaried medical practitioners
- Clinical academics
- Contracted medical practitioners
- Subcontracted medical practitioners
- Junior Medical Officers at King Edward Memorial Hospital (KEMH) who are to be credentialed and provided with a defined scope of clinical practice in Obstetrics & Gynaecology (Douglas Inquiry 2001²)
- Junior Medical Officers rotating from KEMH to WACHS and outer metropolitan sites who are to be credentialed and provided with a defined scope of clinical practice in Obstetrics & Gynaecology (Douglas Inquiry 2001)

² The **Douglas Inquiry** (2001) was “to inquire into the provision of obstetric and gynaecological services at King Edward Memorial hospital’ over the period 1990 to 2000. Recommendations from the Inquiry relating to credentialing were included in the scope of the Standard to ensure they were not overlooked. Key findings of the Douglas Inquiry relating to junior medical officers include: *the Hospital gave inadequate support to its staff, particularly junior doctors; lack of supervision of junior medical staff; junior doctors were often left to manage difficult cases without help and without necessary skills to do the job safely.* The Douglas Inquiry recommendations state:

- *Recommendation 9.4.1 The role of the Medical Credentialing and Clinical Privileging Advisory Committee (the “Credentialing Committee”) is to be expanded to oversee the credentialing of junior medical staff.*
- *Recommendation 9.4.3. The Credentialing Committee is to approve a list of the clinical privileges granted to each medical staff member in respect of particular procedures, together with the conditions applying to the privileges granted (the “credentialing list”).*

- Unremunerated medical practitioners from WA, interstate or overseas who attend a Relevant Practice Setting in a limited clinical capacity including for the purpose of demonstrating new modes of clinical practice, techniques or equipment.

This Standard recognises that a number of Senior Registrars, Fellows and Resident Medical Officers employed by WA health entities may provide services on a partly independent or unsupervised basis, supported by a Specialist or Senior Medical Practitioner. In such circumstances, it is a requirement that WA health entities must ensure that the transition of these Senior Registrars, Fellows and Resident Medical Officers from supervised training programs to independent practice is appropriately managed in accordance with this Standard.

4.2 Exclusions

This Standard does not apply to the credentialing of:

- Doctors in Training other than those explicitly included;
- Registered medical practitioners enrolled in:
 - a recognised training program; or
 - working under supervision in a WA public hospital;
- Senior Registrars and/or Fellows – registered under Level 1 or Level 2 supervision ([Guidelines - Supervised practice for international medical graduates](#)); and
- Medical practitioners undertaking research – if the research involves no patient contact or indirect care or responsibilities.

5. Medical Practitioner Requirements

Medical practitioners must:

- provide the necessary information to a Credentialing Committee to enable the Credentialing Committee to make an informed decision about the appropriateness of the medical practitioner's credentials and the requested scope of clinical practice
- comply with their approved credentialing and scope of clinical practice
- notify their employer/s if there are any restrictions and/or conditions placed on their registration by the MBA
- participate in clinical governance activities, which may include assisting in the credentialing and defining the scope of clinical practice of other medical practitioners
- participate in performance review programs.

6. Health Service Provider Requirements

Health Service Providers must ensure that all health care provided to patients is safe, appropriate and within the capability and role of the health service.

Credentialing and defining the scope of clinical practice for medical practitioners is a core responsibility of Health Service Providers to ensure that the medical workforce is appropriately skilled and competent to undertake their clinical workload.

All Health Service Providers are required to develop and operate standing Credentialing and Scope of Practice Committees (Credentialing Committee) for individual or grouped Health Care Facilities that operate under this Standard.

Credentialing Committees may be developed at any level of a Health Service Provider (for example: region, site or department). However, a Health Service Provider-wide Credentialing Committee can support more consistent management of medical practitioners who work across multiple Health Care Facilities.

Health Service Providers must:

- maintain a Credentialing Committee covering each Health Care Facility or Credentialing Committees covering any combination of Health Care Facilities or a single Credentialing Committees covering all Health Care Facilities
- designate a Principal Medical Administrator for each Health Care Facility or group of Health Care Facilities, as the case requires.

Health Service Providers that operate multi-purpose sites, aged care facilities or residential care facilities must ensure that credentialing of medical practitioners who provide services in these facilities is carried out to at least the minimum standard required for facility accreditation, in compliance with the [National Safety and Quality Health Service Standards](#). The scope of clinical practice must be consistent with the standard primary care role provided by the medical practitioner.

7. Department of Health Requirements

The Department of Health (Department) has a responsibility to ensure that all health care provided by medical practitioners employed by the System Manager is safe, appropriate and within the capability and role of the service.

Credentialing and defining the scope of clinical practice for medical practitioners is a core responsibility of the Department to ensure that the medical workforce is appropriately skilled and competent to undertake their clinical workload.

The Department is required to operate a standing Credentialing and Scope of Practice Committee (Credentialing Committee).

The Department will designate a Principal Medical Administrator to chair the Credentialing Committee and provide senior clinical leadership in matters relating to credentialing and scope of clinical practice.

8. Credentialing Committee Requirements

Credentialing Committees must ensure that a rigorous peer review process is undertaken for credentialing and defining scope of clinical practice for medical practitioners.

It is the responsibility of a Credentialing Committee to verify a medical practitioner's credentials and determine a clinical scope of clinical practice in accordance with the [WA Health Clinical Services Framework 2025-2035](#).

The determinations made by a Credentialing Committee are to specify:

- the scope of clinical practice
- any conditions attached
- rationale for any limitations on the duration of credentialing approval or the scope of clinical practice.

A determination by a Credentialing Committee does not constitute an offer of, and/or guarantee employment. This Standard does not govern or guide medical practitioner employment or contracting, which are separate processes delivered by the employing Health Service Provider.

Medical practitioners must be credentialed and have a prescribed scope of clinical practice before commencing clinical practice in any capacity.

Credentialing Committee determinations inform an Appointing Officer of the terms of employment or engagement, as they relate to the scope of clinical practice which may be offered to a medical practitioner.

Refer to the Appendices 1 and 2 respectively for [Template Terms of Reference for the Credentialing Committee](#) and [Additional Guidance for the Credentialing Committee](#)

9. Credentialing and Defining the Scope of Clinical Practice Process

Credentialing is the formal process used to verify the qualifications, experience and professional standing of medical practitioners for the purpose of ascertaining their competence, performance and professional suitability to provide safe, high quality health care services within a particular Relevant Practice Setting.

Defining the scope of clinical practice is the process of delineating and articulating the extent of an individual medical practitioner's clinical practice in a particular Relevant Practice Setting based on the individual's credentials, competence, performance and professional suitability, and in consideration of the needs and capabilities of the Relevant Practice Setting. It defines the clinical practice that a medical practitioner is permitted to conduct at a particular Relevant Practice Setting. A scope of clinical practice is sometimes referred to as "clinical privileges".

The credentialing and defining the scope of clinical practice process consists of three distinct stages:

1. **Initial credentialing** which involves a review and verification of a medical practitioner's qualifications, skills, experience and competencies (refer section 9.1);
2. **Defining the scope of clinical practice** of a medical practitioner within a specific Relevant Practice Setting (refer section 8.2); and
3. **Renewal** (otherwise known as re-credentialing) of credentials and the scope of clinical practice to confirm that a medical practitioner has maintained or improved their qualifications, skills and competencies and that the Relevant Practice Setting still requires, and is able to support, the defined scope of clinical practice (refer section 11).

Initial credentialing and defining the scope of clinical practice is to be included as part of the initial employment or engagement process, however it is an independent process under the governance of the Credentialing Committee.

9.1 Initial Credentialing

9.1.1 Invitation to submit a credentialing application

On application for employment or engagement by a WA health entity, medical practitioners must concurrently submit a credentialing application to the approved WA Health credentialing system to enable the credentialing process to commence. The employment or engagement process and the credentialing processes may occur simultaneously; however they are separate processes.

9.1.2 Committee review/consideration of credentialing application

On completion of the credentialing application within the approved WA Health credentialing system (software platform) and submission of all relevant documentation to support the application for credentialing, the application is to be considered at the next scheduled Credentialing Committee meeting.

The Credentialing Committee must make a determination:

- prior to the medical practitioner's first day of clinical practice at the Relevant Practice Setting
- on an on-going basis at least every five years.

Where exceptional circumstances require a medical practitioner to commence clinical practice prior to a formal determination, the Principal Medical Administrator must approve a Temporary Credentialing and Scope of Clinical Practice prior to the commencement of clinical practice.

Refer to the following documents to assist in the effective management of the credentialing and defining scope of practice process:

Appendix 3: [Credentialing and Scope of Practice Procedural Checklist](#)

Appendix 4: [Credentialing, Renewal of Credentialing and Defining Scope of Clinical Practice](#)

[Appendix 5: Evidence of appropriate training and experience consistent with the requirements of the requested scope of clinical practice](#)

[Appendix 6: Credentialing Committee Documentation Record Keeping Requirements](#)

9.2 Defining Scope of Clinical Practice

Specific criteria for defining the scope of clinical practice must be developed by the Credentialing Committee to ensure consistency and equity in decision making.

The [National Standard for Credentialing and Defining the Scope of Clinical Practice](#) suggests the following approaches for defining the scope of clinical practice:

- checklist: an exhaustive list of possible clinical services, procedures or other interventions that may be requested;
- categorisation: well-defined categories or levels of scope of clinical practice that can be used by each applicant;
- descriptive: the applicant describes the requested scope of clinical practice, in narrative format; or
- a combination of the above.

Defining the scope of clinical practice involves:

- reviewing the scope of clinical practice required by the particular Relevant Practice Setting and requested by the applicant, using one of the above approaches;
- identifying the issues to be considered in making a determination (Refer to [Appendix 3](#) for a list of potential issues to be considered)
- determining the scope of clinical practice for the applicant.

The specific scope of practice must be formally agreed, documented and monitored and contain details of relevant inclusions and exclusions.

The requirements in the MBA's recency of practice standard should be considered when assessing applications.

Where practice includes service delivery via telehealth this must also be considered when specifying the scope of practice.

Determinations regarding scope of clinical practice must involve consultation by the Credentialing Committee with the relevant Head of Specialty or nominated Clinical Approver (except when the Head of Specialty is the applicant, in which case a relevant peer should be consulted).

The Credentialing Committee's determination date is the commencement date of the medical practitioner's credentialing and scope of clinical practice. The only exception to this is where applications are noted only, for example: locums who have been credentialed under a Temporary Credentialing and Scope of Clinical Practice Process (refer to section 10).

Refer to [Appendix 7 Determining the Scope of Clinical Practice Checklist](#).

9.3 Duration of Scope of Clinical Practice

Decisions regarding the duration of a medical practitioner's credentialing and scope of clinical practice are at the discretion of the Credentialing Committee, up to a maximum of five years.

Where a medical practitioner has been granted temporary credentialing status, but a final determination regarding an appropriate credentialing term cannot be determined at the next Credentialing Committee meeting based on factors outside the Credentialing Committee's remit, the Credentialing Committee has discretionary authority to determine an appropriate duration of the temporary (interim) scope of clinical practice (to a maximum of 90 days), factoring in the principles of procedural fairness, natural justice and patient safety. For example; limiting a medical practitioner's scope of clinical practice until the Credentialing Committee has the relevant information to support a final determination by the Credentialing Committee.

9.4 Inconclusive Committee Determinations

If the Credentialing Committee is unable to make a decision regarding the credentials or scope of clinical practice of a medical practitioner, the Committee will make an inconclusive determination.

The Credentialing Committee will provide the medical practitioner with the opportunity to present additional information when:

- it is unclear about an aspect of the application; or
- further information on the scope of clinical practice is required. While there is no obligation for an applicant to provide a response to issues raised by the Credentialing Committee, conclusions about the medical practitioner's clinical practice and the subsequent determination of the Credentialing Committee are based on available information. If a response is not provided, the Credentialing Committee will still be required to make a determination using the information that has been provided at the next available Credentialing Committee meeting.

If the Credentialing Committee remains in doubt after the additional information has been provided, it is to determine an appropriately varied scope of clinical practice and refer the matter to the Principal Medical Administrator for immediate action. This may involve a requirement for additional training or further experience under supervision.

If the medical practitioner does not accept the Credentialing Committee's final determination, the medical practitioner is to be informed of the Credentialing appeal process (refer to [section 14 Credentialing Appeal Process](#)).

Refer to **Appendix 8: [Inconclusive Credentialing Committee Determination Flowchart](#)**.

9.5 Portability of a Defined Scope of Clinical Practice

The scope of clinical practice granted to a medical practitioner is site specific. Information concerning a medical practitioner's scope of clinical practice can be shared with other WA health entities with the prior approval of the medical practitioner.

9.6 New Clinical Service, Procedure, or Intervention

A medical practitioner may request additional scope of clinical practice where there is an introduction of a new clinical service/s, procedure/s and technology or interventions.

Examples include:

- a new technology or procedure is introduced outside of the medical practitioner's existing approved scope of clinical practice;
- the medical practitioner is introducing an established technique or clinical intervention into the particular Relevant Practice Setting for the first time;
- the medical practitioner acquires enhanced skills or competencies that they wish to integrate into their work practice; and
- the medical practitioner is introducing a new technique or clinical intervention into the particular Relevant Practice Setting for the first time as part of a human trial and/or research.

WA health entities must develop and maintain policies and processes that define the requirements for introducing new clinical services, procedures or other interventions for each Relevant Practice Setting.

9.7 Medical Practitioner Request for Review

Once a determination has been made in relation to a medical practitioner's application, the medical practitioner can request a review of the Credentialing Committee's determination.

On receipt of a request to review a determination, the Credentialing Committee will invite the medical practitioner to make a submission to the Credentialing Committee to understand the basis for the review request before a final determination is made. The medical practitioner may consider whether they require liaison with private professional indemnity provider or engage legal counsel as part of this process.

When preparing a submission, the medical practitioner is to be encouraged to address each concern or matter outlined by the Credentialing Committee and provide additional information which will assist the Credentialing Committee to better understand the medical practitioner's perspective.

The submission can be oral, written or both, although the medical practitioner must be encouraged to provide a written submission in the first instance. The medical practitioner must then be provided with the option to support their written submission with an oral presentation to the Credentialing Committee. If the oral presentation is recorded, the medical practitioner must provide consent and be provided with a copy of the recording.

The Credentialing Committee has an obligation to ensure that the process is fair to the medical practitioner and all other parties. All evidence considered by the Credentialing

Committee as part of the determination and review processes must be made available to the medical practitioner. Anonymous or undocumented complaints are not to be considered as appropriate evidence.

If the medical practitioner does not accept the Credentialing Committee's final determination, the medical practitioner is to be informed of the Credentialing appeal process (refer to [section 13 Credentialing Appeal Process](#)).

There is no obligation for a medical practitioner to respond to any queries the Credentialing Committee has regarding the review request, nor to review submissions, however conclusions about the medical practitioner's clinical practice and the subsequent determination of the Credentialing Committee are based on available information. The Credentialing Committee can only make a determination based on the information that has been provided.

Refer to **Appendix 9: [Credentialing Committee Review Flowchart](#)**

9.8 Provision of end-of-life care

In accordance with [MP 0154/21 Managing Voluntary Assisted Dying Policy](#), WA Health entities must ensure practitioners participating in the provision of voluntary assisted dying are credentialed to deliver voluntary assisted dying services at Health Service Provider site(s). This must also be included in their defined scope of clinical practice for that site.

An eligible medical practitioner is one who meets the eligibility criteria outlined in Section 17 of the [Voluntary Assisted Dying Act 2019](#) and has successfully completed the WA Voluntary Assisted Dying Approved Training.

In time-critical circumstances, the Temporary Credentialing and Scope of Clinical Practice process may be followed, as outlined in [Section 10](#) below.

10. Temporary Credentialing and Scope of Clinical Practice Process

Temporary credentialing and scope of practice is known as 'interim' credentialing within the approved WA Health credentialing system and to be processed as 'interim' credentialing. Paper-based formats should only be used in extenuating circumstances.

The Principal Medical Administrator can approve a temporary scope of clinical practice for up to a maximum of 90 days in the following circumstances:

1. short-term appointments where the period of employment or engagement will cease prior to convening of the next Credentialing Committee meeting (e.g. short-term locum appointments). These approvals are to be tabled at the next Credentialing Committee meeting for purposes of governance and notification to the committee membership; or

2. where an application is pending ratification at a meeting of the full Credentialing Committee, the next Credentialing Committee meeting must occur before interim credentialing period expires.

As a minimum, before approving a temporary scope of clinical practice the Principal Medical Administrator must ensure the following requirements are satisfied:

- the medical practitioner has current registration in the appropriate category with the MBA
- the scope of clinical practice is consistent with any conditions or undertakings on that registration
- the medical practitioner provides an up-to-date curriculum vitae with no unexplained gaps in employment
- the medical practitioner holds the qualifications mandatory to the appointment (for example: specialist fellowship). Registration can be accepted as providing evidence
- a reference check from the candidate's most recent place of employment (or, in the case of locums, the most recent locum posting) is undertaken. This may be obtained as a verbal reference, but must be documented by the officer who receives the reference.

Where temporary credentialing is approved it is the responsibility of the Principal Medical Administrator to ensure that they are satisfied that the medical practitioner does not present a risk to the safety and well-being of patients and/or staff.

10.1 Extending Temporary Credentialing and Scope of Clinical Practice Status

Temporary credentialing and scope of clinical practice may be extended past the initial 90 days for an additional maximum of 30 days in the following circumstances only:

- the medical practitioner is under review by the MBA and the Credentialing Committee's decision is pending the outcome of an MBA decision
- the medical practitioner is under review by the Credentialing Committee pending the outcome of an internal investigation or a Relevant Practice Setting clinical supervised performance review process.

10.2 Temporary Credentialing and Scope of Clinical Practice: Further Opinion by Private Psychiatrist

Under section 182 of the [Mental Health Act 2014 \(WA\)](#) a patient has the right to request an independent further opinion.

Private psychiatrists providing further opinion (including via teleconference) are required to be credentialed. Where a private psychiatrist is not credentialed and is required to provide a further opinion on a case-by-case basis, the temporary (interim) credentialing process is to be followed.

10.3 Urgent Credentialing and Scope of Clinical Practice

The Principal Medical Administrator can give verbal approval for temporary credentialing and scope of clinical practice of **up to 24 hours** in an urgent situation. This applies only to a

Medical Practitioner who is credentialed and has a corresponding scope of clinical practice at another Relevant Practice Setting, and the Principal Medical Administrator of that Relevant Practice Setting can confirm and provide evidence of that scope.

A determination in the above circumstances **must not exceed 24 hours and may not be extended**. Urgent credentialing and scope of clinical practice determination can be made verbally and must in every case, be subsequently processed within the approved WA health credentialing system and documented in the minutes at the next Credentialing Committee meeting.

10.4 Disaster and Emergency Scope of Clinical Practice

10.4.1 Disaster situations

Medical practitioners engaged or deployed in response to disasters or other disruptive events, including public health emergencies or outbreak responses may be granted [Temporary Credentialing](#) and a relevant Scope of Clinical Practice at the discretion of the Department CEO or their Delegates as per section 28 of the [Health Services Act 2016](#).

WA health entities must ensure that accurate and complete records relating to the deployment of medical practitioners are maintained during and after the event. A temporary scope of clinical practice determination in the above circumstances will not exceed the duration of the response and recovery phases of the disaster or disruptive event and may not be extended.

10.4.2 Emergency situations

In an emergency situation where no other credentialed medical practitioner is available, a medical practitioner can be authorised by the Principal Medical Administrator to provide whatever clinical care is deemed necessary to preserve the health and life of a patient.

WA health entity local policies and processes must include provision for credentialed medical practitioners to administer necessary treatment outside their authorised scope of clinical practice in emergency situations.

The particulars of the service provided which were outside the medical practitioners' scope of clinical practice must be provided as soon as reasonably practicable to the Principal Medical Administrator.

11. Scheduled Renewal of Credentials and Scope of Clinical Practice Process

Renewal of credentials and scope of clinical practice must occur at a maximum of five-year intervals. There is no obligation on a Credentialing Committee to endorse the same scope of clinical practice as previously granted.

The Credentialing Committee, at a minimum, must follow the same process used for Initial Credentialing and defining scope of clinical practice as set out in section 8 when considering renewals, including the provisions for request for review and appeal.

The Credentialing Committee may consider other material they believe relevant to safe practice including but not limited to:

- reports from the Health and Disability Services Complaints Office, MBA, Ahpra and Medicare Australia;
- medical indemnity history and status, including audits of litigation matters;
- clinical review and audit
- information made available from internal investigations.

Refer to [Appendix 4 Credentialing, Renewal of Credentialing and Defining Scope of Clinical Practice Checklist](#).

12. Unscheduled Review of Credentialing and Scope of Clinical Practice Process

A review of a medical practitioner's credentials and/or scope of clinical practice shall be undertaken by the Credentialing Committee at the request of the Chief Executive, a Principal Administrator, Principal Medical Administrator or the medical practitioner to whom the credentials and scope of clinical practice applies.

The medical practitioner to whom the credentials and scope of clinical practice applies may present to the Credentialing Committee any material they believe is relevant to demonstrate their safe practice, including items not noted on the original application form.

An unscheduled review of a medical practitioner's credentials and/or scope of clinical practice may occur in the following situations:

- with or in response to the introduction of new technologies;
- with the attainment of new qualifications, on application by the practitioner as appropriate;
- in response to the outcome of a performance review;
- in response to the outcome of an investigation following a complaint to the Health and Disability Services Complaints Office;
- the MBA indicates a review is appropriate;
- where the Principal Medical Administrator deems appropriate to do so
- the Relevant Practice Setting does not have, or elects not to have, the facilities and/or clinical support for the requested procedure
- the scope of services provided by the Relevant Practice Setting are redefined.

13. Variation, Suspension or Termination of Scope of Clinical Practice

The Principal Medical Administrator may vary, suspend or terminate the scope of clinical practice of a medical practitioner in response to determinations from the Credentialing Committee.

The medical practitioner must be advised in writing of the decision to vary, suspend or terminate their scope of clinical practice, including the evidence on which the determination was based, and of the Credentialing Appeals Process.

The scope of a medical practitioner's clinical practice can be suspended or terminated if the medical practitioner:

- has their MBA registration cancelled or modified in a way that precludes them from practising
- employment or engagement contract expires or is terminated
- ceases to have appropriate and adequate medical indemnity cover or insurance
- presents a risk to the safety and well-being of patients and/or staff
- departs from generally accepted standards of medical practice in their conduct
- is found to have made a false declaration through omission or false information which justifies such action
- engages in serious, negligent or wilful misconduct
- is subject to a criminal investigation or has been convicted of a serious offence.

Where there is an imminent risk to the health and safety of patients, a decision may be taken by the Principal Medical Administrator to immediately suspend a practitioner's scope of clinical practice. Any such decision must be ratified by the Credentialing Committee within 14 business days.

The scope of a medical practitioner's clinical practice must be varied, suspended or terminated in line with any sanctions imposed by the MBA. This does not preclude the Credentialing Committee from imposing additional restrictions that may, or may not, be related to the MBA restrictions.

A Credentialing Committee has the authority to credential any medical practitioner on general, limited or provisional registration on a case-by-case basis.

In instances where the MBA has not specified Level 3 or Level 4 supervision requirements (for medical practitioners who have provisional or limited registration), a copy of the specialist medical college's outcome letter can be considered by the Credentialing Committee and assist in determining an appropriate scope of clinical practice.

Refer to [Appendix 10 Additional Guidelines for Variation, Suspension or Termination of Scope of Clinical Practice Process](#).

14. Credentialing Appeal Process

A medical practitioner who has had their requested scope of clinical practice denied, suspended, or varied from the original request may appeal the decision to the Chief Executive. An appeal in accordance with this section can be lodged once the review process provided under section 8.7 Medical Practitioner Request for Review of this Standard has been concluded and a final determination is made and provided to the medical practitioner.

Appeals must be lodged in writing to the Chief Executive within 7 days of receipt of the Credentialing Committee's final determination.

The Chief Executive is responsible for the formation of a Credentialing Appeal Panel.

The Credentialing Appeal Panel's recommendations are to be made to the Chief Executive for consideration and decision. The Chief Executive's decision is final.

Refer to **Appendix 11** [Guidelines for Credentialing Appeal Panel](#).

Refer to **Appendix 12** [Credentialing Appeal Panel Process Flowchart](#).

15. Other Considerations

15.1 Consent to the Retention of Information

WA health entities must ensure that medical practitioners consent, in their credentialing applications, to the retention of all information provided for credentialing and scope of clinical practice processes.

WA health entities are responsible for ensuring that information on the credentialing process and use of retention of information provided as part of this process is available to applicants and currently credentialed medical practitioners.

15.2 Performance Appraisal

The Terms and Conditions for Indemnity of Salaried and Non-salaried Medical Officers require non-salaried medical practitioners covered by this arrangement to cooperate with and participate in clinical governance requirements and processes (which include performance appraisal).

The Industrial Agreement states that medical practitioners will be subject to regular performance review directed towards an individual's skills and competencies.

WA Health entities are responsible for ensuring that annual performance appraisals are conducted with medical practitioners.

15.3 Continuing Professional Development

The MBA requires that all medical practitioners participate in regular Continuing Professional Development (CPD) through membership of an Australian Medical Council accredited CPD

home relevant to their scope of clinical practice with the purpose to maintain, develop and update their knowledge, skills and performance to ensure they deliver appropriate and safe care. Medical colleges may have additional requirements.

Medical practitioners are required to confirm their participation in CPD on a regular basis. Whilst the MBA does not currently require the submission of evidence of CPD on a regular basis, medical practitioners are required to submit CPD documentation to the credentialing committee at both initial credentialing and re-credentialing stages.

15.4 Evidence of appropriate training and experience consistent with the requirements of the requested scope of clinical practice

Specific credentialing and determination of a specific scope of clinical practice is required when a practitioner's existing qualifications cannot reasonably be assumed to demonstrate the necessary competency or training for a particular procedure. Acquiring these competencies may involve additional training, experience, or both.

Practitioners' request for specific scope of clinical practice should be outlined in the credentialing application and provide the required licences and/or evidence of relevant experience to enable a Credentialing Committee to make a determination.

Examples may be found here: [Appendix 5](#)

15.5 Telehealth

Credentialing and defining the scope of clinical practice is applicable where telephone or videoconferencing technologies are used to conduct a patient consultation where the patient and health professional are not in the same physical location and audio and/or visual information is exchanged in real time.

WA health entities providing telehealth services shall ensure all medical practitioners providing telehealth consultations are appropriately credentialed and have a defined scope of clinical practice.

16. Definitions

The following definition(s) are relevant to this standard.

Term	Definition
Applicant	A medical practitioner who has submitted an application for credentialing or re-credentialing using an approved WA Health credentialing system.
Appointing Officer	A senior officer (however titled) of a WA health entity who has delegated authority or is otherwise authorised to offer employment or other engagement to a medical practitioner at a Relevant Practice Setting or group of Health Care Facilities.

	Appointing officers are commonly but not exclusively Principal Administrators
Australian Health Practitioner Regulation Agency (Ahpra)	The organisation responsible for the administration of the National Registration and Accreditation Scheme across Australia.
Chief executive	The person appointed by the Department CEO as chief executive of a Health Service Provider pursuant to section 108(1) of the <u>Health Services Act 2016</u> .
Clinical Academic	A medical practitioner whose contract of employment is regulated by the <i>WA health system - Medical Practitioners (Clinical Academics) AMA Industrial Agreement 2024</i> (or its replacement) or a medical practitioner who is otherwise employed, as a salaried medical practitioner, by a WA health entity who is concurrently employed by a University in Western Australia as a clinical academic (however titled).
Clinical Approver	A specialist in a specialty area of practice in a WA Country Health Service (WACHS) facility who has been designated by the Principal Medical Administrator to have this authority for credentialing purposes. The Clinical Approver must be recorded within the WA health credentialing system.
Clinical Practice	The professional activity undertaken by medical practitioners for the purposes of investigating patient symptoms and preventing and/or managing illness, together with associated professional activities related to patient care such as Clinical Governance and Medical Administration.
Competency	The demonstrated ability to undertake clinical practice at an expected level of safety and quality.
Comprehensive documentation	The documentation or information that all WA health entities and Credentialing Committees retain as a part of their formal records. Retained documentation includes supporting evidence that was reviewed, and decisions made about credentialing and determining the scope of clinical practice for each medical practitioner within their organisation.
Contracted Medical Practitioner or CMP	A medical practitioner engaged by a Health Service Provider under a Medical Services Agreement to provide medical and other services in a Relevant Practice Setting.
Credentialing and Scope of Practice Committee or CASOP or Credentialing Committee	the formally constituted committee which collectively assesses and verifies medical practitioner applications, conducts referee checks and makes credentialing determinations while also granting a scope of clinical practice for individual medical practitioners.

Credentials	the formal qualifications, training and experience of the medical practitioner.
Defining the Scope of Clinical Practice	the process of delineating and articulating the extent of an individual medical practitioner's clinical practice within a particular Relevant Practice Setting based on the individual's credentials, competence, performance, and professional suitability, together with the needs and capabilities of the Relevant Practice Setting.
Department CEO	The Chief Executive Officer of the Department
Doctor in Training	has the meaning set out in the Industrial Agreement.
Emergency situation	a situation in which a medical practitioner may be required to provide necessary clinical care outside of their approved scope of clinical practice to preserve the health and life of a person.
Head of Specialty	a specialist who is the administrative and clinical head of a specialty area of practice in a Relevant Practice Setting.
Healthcare Facility	Includes all public hospitals, nursing posts, satellite dialysis centres, child and mental health services.
Health Service Provider	A Health Service Provider established by an order made under section 32(1)(b) of the <i>Health Services Act 2016</i> and may include North Metropolitan Health Service (NMHS), South Metropolitan Health Service (SMHS), Child and Adolescent Health Service (CAHS), WA Country Health Service (WACHS), East Metropolitan Health Service (EMHS), PathWest, Quadriplegic Centre and Health Support Services (HSS).
Health Service Provider Board or Board	Governing body of a Health Service Provider constituted under section 71 of the Health Services Act 2016.
Industrial Agreement	the <i>WA health system - Medical Practitioners - AMA Industrial Agreement 2024</i> (or any replacement).
Junior Medical Officer	a Junior Doctor or Doctor in Training.
Limited Registration	a type of registration that applies to medical practitioners who do not qualify for general or specialist registration (see also Provisional Registration).
Medical Board or Medical Board of Australia or MBA	National Health Practitioner Board for medical practitioners established under section 31 of the <i>Health Practitioner Regulation National Law (Western Australia)</i> ³ .

³ Schedule Health Practitioner Regulation National Law of the [Health Practitioner Regulation National Law Act 2009](#) (Qld) is to be read in conjunction with Part 3 of the [Health Practitioner Regulation National Law Application Act 2024](#) (WA).

Medical Services Agreement or MSA	a contract for services under which medical services are provided to public patients in a Relevant Practice Setting.
Non-Salaried Medical Practitioner	a Contracted Medical Practitioner.
Peer Review	the evaluation by a practitioner of creative work or performance by other practitioners in the same field in order to assure, maintain and/or enhance the quality of work or performance. Peer review may be conducted as part of a routine clinical practice, as a professional activity or as part of a specifically coordinated review activity.
Principal Administrator	the senior officer (however titled) with responsibility for the general management of a Relevant Practice Setting or group of Health Care Facilities. Principal Administrators are commonly but not exclusively titled Executive Director or Regional Director.
Principal Medical Administrator or PMA	the medical practitioner (however titled) with delegated responsibility for clinical governance and oversight of credentialing matters for a Relevant Practice Setting or group of Health Care Facilities. Any salaried medical practitioner may be designated by the Chief Executive as Principal Medical Administrator for the purposes of this Standard. Principal Medical Administrators are commonly but not exclusively titled Executive Director of Medical Service or Executive Director of Clinical Services.
Provisional Registration	a type of registration that applies to medical practitioners who do not qualify for general or specialist registration (see also Limited Registration).
Public health emergencies	An event or circumstance, or series of events or circumstances, that is causing or contributing to, has caused or contributed to or may cause or contribute to serious adverse effects on public health ⁴
Relevant Practice Setting	any environment in which a medical practitioner undertakes clinical practice or applies their clinical expertise. This includes, but is not limited to, Health Care Facilities (e.g. hospitals, community clinics, mental health services), and other settings under the authority or oversight of the Department of Health, such as public health, forensic, policy, or system leadership roles.

Region	one of the administrative divisions of the WACHS which are Great Southern, South West, Wheatbelt, Goldfields, Mid-West, Pilbara and Kimberley.
Salaried Medical Practitioner	a medical practitioner engaged by a WA health entity under a contract of employment to provide medical and other services in a Relevant Practice Setting or Health Care Facilities whose contract of employment is regulated by the Industrial Agreement.
Senior Medical Practitioner	a specialist or a medical practitioner who is not registered as a specialist but is engaged by a WA health entity to practice without clinical supervision exclusively in a specialist field and/or clinically supervises other medical practitioners.
Senior Registrar and/or Fellow	registered medical practitioners appointed as a Senior Registrar or Fellow which may include those medical practitioners registered with MBA under Level 3 or Level 4 supervision (<u>Guidelines - Supervised practice for international medical graduates</u>)
Subcontracted Medical Practitioner	a medical practitioner engaged by a Contracted Medical Practitioner to provide any part of the medical services the Contracted Medical Practitioner is contracted to provide.
Specialist	a medical practitioner who is registered as a specialist by the Medical Board of Australia and who is engaged by a WA health entity to practice in that field of speciality
Telehealth	the use of telephone or videoconferencing technologies to conduct a patient consultation where the patient and the clinician are not in the same physical location and audio and/or visual information is exchanged in real time. Telehealth is a modality of care, not a scope of clinical practice.
Verification	the act 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, standard or specification requirements.
WA health entities	WA health entities include: <ul style="list-style-type: none"> i Health Service Providers as established by an order made under section 32 (1)(b) of the <i>Health Services Act 2016</i>; ii Department of Health as an administrative division of the State of Western Australia pursuant to section 35 of the <i>Public Sector Management Act 1994</i>.

WA Health credentialing system	the digital portal used to administer the credentialing process.
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17. Relevant Legislation, Regulations, Mandatory Policy

Legislation

[Health Services Act 2016 \(WA\)](#)

[Public Health Act 2016 \(WA\)](#)

Regulation

Health Practitioner Regulation National Law (Western Australia).

Industrial Agreements

WA health system - Medical Practitioners – AMA Industrial Agreement 2024

Policy Frameworks Mandatory Policies

Department of Health (2017). MP 0072/17 *Health Technology Governance Policy*

<https://www.health.wa.gov.au/About-us/Policy-frameworks/Clinical-Governance-Safety-and-Quality/Mandatory-requirements/Health-Technology-Governance-Policy>

Department of Health. (2020). MP 0138/20 *Managing Conflicts of Interest Policy.*,

[Department of Health, Perth. https://www.health.wa.gov.au/About-us/Policy-frameworks/Integrity/Mandatory-requirements/Managing-Conflicts-of-Interest-Policy](https://www.health.wa.gov.au/About-us/Policy-frameworks/Integrity/Mandatory-requirements/Managing-Conflicts-of-Interest-Policy)

Department of Health. (2011). Terms and Conditions of the Indemnity for Salaried Medical Officers, Department of Health, Perth. [Salaried Medical Officers Medical Indemnity, Terms & Conditions \(health.wa.gov.au\)](#)

Department of Health. (2013). Terms and Conditions of the Indemnity for Non-Salaried Medical Officers, Department of Health, Perth. [Terms and Conditions of the Medical Indemnity for Non-Salaried Medical Practitioners effective 1 August 2013 \(health.wa.gov.au\)](#)

National Standards

Australian Commission on Safety and Quality in Healthcare, [National Standards National Safety and Quality Health Service Standards, Second Edition](#)

[2026 National Model for Clinical Governance | Australian Commission on Safety and Quality in Health Care](#)

Registration Standards

Medical Board of Australia Registration Standards

<http://www.medicalboard.gov.au/Registration-Standards.aspx>

Clinical Services Framework

Department of Health. (2025). WA Health Clinical Services Framework 2025-2035, Department of Health, Perth. [WA Health Clinical Services Framework](#)

Guidelines

Department of Health. (2003). Credentialing: An Introduction (Information Series No 3.1), Department of Health, Perth.

Legislative Council. (1990). Guidelines Relevant to Minister and Officers involved in Legal Proceedings. Tabled 10 July 1990.

Guide to credentialing and defining scope of clinical practice for medical practitioners and dentists in Queensland. A best practice guide. June 2014.

https://www.health.qld.gov.au/data/assets/pdf_file/0026/440891/cred-best-practice-guid.pdf

17. Appendices

Appendix 1: Template Terms of Reference for the Credentialing Committee

WA health entities must adapt this template to the standard format ordinarily used by the WA health entities for Committees and adopt formal Terms of Reference, which are consistent with the principles set out in the Standard, for all credentialing committees established.

1. Name

The Credentialing and Scope of Clinical Practice Committee is to be known as the Credentialing Committee of the *(name of Health Service Provider or Health Facility or Health Care Facilities or entity, as the case requires)*.

2. Purpose

The purpose of the Credentialing Committee is to support the delivery of high-quality health care and ultimately better patient outcomes by providing (Name) with a rigorous peer review process for credentialing and defining scope of clinical practice of medical practitioners engaged by the WA health entity.

This requires the review of the credentials, of all specialists, senior medical practitioners and junior medical officers as prescribed in the [Credentialing and Defining Scope of Clinical Practice for Medical Practitioners Standard](#), so as to determine appropriate scope of clinical practice.

3. Accountability

The Credentialing Committee is accountable to and reports to the Department's Chief Executive Officer and Health Service Provider Chief Executives.

4. Conduct of the Credentialing Committee

The Credentialing Committee will conduct itself at all times in good faith, in accordance with [MP 0124/19 Code of Conduct Policy](#), the rules of procedural fairness and natural justice, without conflicts of interest or bias, and in a manner which does not breach relevant legislation.

The principles of equity, merit and probity form the basis of all phases of credentialing and defining scope of clinical practice processes.

5. Role and Function and Responsibilities of the Credentialing Committee

The Credentialing Committee is to undertake and provide advice on the processes of credentialing and defining the scope of clinical practice:

- prior to start date or reappointment of a medical practitioner;
- at re-credentialing;
- unscheduled review of credentialing and scope of clinical practice;
- upon request for review of determinations; and
- upon introduction of new technologies.

The Credentialing Committee is to:

- determine the type and level of information required for credentialing of existing medical practitioners;
- review and verify training and qualifications to ensure a medical practitioner's experience and skills support the scope of clinical practice required for the position;
- review the clinical services being requested with regard to the role delineation, needs and capability of the health service and the degree of available supervision at the health service where the scope of clinical practice is being requested;
- determine the appropriate scope of clinical practice for a medical practitioner;
- review the scope of clinical practice of all medical practitioners at regular intervals or at the request of the Principal Medical Administrator or Principal Administrator or the medical practitioner to whom the credentials and scope of clinical practice apply;
- determine a scope of clinical practice following the regular review period or requested review;
- notify a medical practitioner of the decision concerning the medical practitioner's scope of clinical practice at the time of the initial appointment and at any future regular reviews;
- undertake an initial review of its own determinations if so requested by the medical practitioner;
- use the approved WA Health credentialing system as the tool to facilitate credentialing and scope of clinical practice of medical practitioners;
- ensure medical practitioners understand and consent to the retention of information gathered as a part of credentialing and scope of clinical practice processes;
- fully document and keep confidential all Committee proceedings unless directed otherwise by the Chief Executive or by law; and
- conduct itself in good faith, according to the rules of procedural fairness and natural justice, without conflicts of interest or bias, and in a manner that does not breach relevant legislation.

6. Membership of the Committee

Standing membership:

- Principal Medical Administrator as Chair; and
- between three and six medical practitioners, appointed by the Chief Executive, reflecting the mix of clinical services provided at the Relevant Practice Setting.

The Committee will co-opt members from time to time including:

- a university nominee who is a medical practitioner where a clinical academic application is to be considered;
- a nominee of a vocational college of which each of the applicants under consideration are members or eligible to be members;
- at least one medical practitioner from the medical speciality of each of the applicants under consideration; and
- other relevant experts as deemed appropriate.

The Credentialing Committee will not make a determination on credentialing or defining the scope of clinical practice unless at least one of those members present at the meeting, either as a standing member or as a co-opted member, is a current Fellow of the relevant vocational college of each of the applicants being considered.

A quorum will comprise two thirds of the Standing membership plus those required to be co-opted for the immediate matters under consideration by the Committee.

7. Appointment

Nominations for membership of the Credentialing Committee are to be called every two to three years by the Chief Executive. The Chief Executive is to appoint standing members for a period of two to three years.

In the absence of the Chair, another of the Standing members shall be elected to act as the Chair. The Deputy Chair is to perform all functions of the Chair when the Chair is unavailable or unable to perform their functions.

The Chair is to be the authorised channel of communication of all decisions of the Credentialing Committee.

8. Proxies

Standing members of the Credentialing Committee may nominate another medical practitioner as a proxy to attend meetings when any of them are unable to attend. The Chair is to be advised of the proxy prior to the meeting.

9. Conflict of Interest

A member of the Credentialing Committee, who has duties or interests in conflict with their duties or interests on the Committee whether direct, indirect, financial, material or otherwise, must withdraw or declare an actual, perceived or potential conflict of interest to the Chair. Where a possible conflict of interest is declared it must be dealt with in accordance with [MP 0138/20 Managing Conflict of Interest Policy](#).

10. Confidentiality

The proceedings of the Credentialing Committee are to be confidential unless decided otherwise by the Chief Executive or as required by law.

11. Frequency of Meetings

The Credentialing Committee is to meet according schedule agreed by Credentialing Committee members. The Chair may cancel a meeting if there is insufficient business to warrant holding a meeting or a quorum will not be reached. An additional meeting may be held at the discretion of the Chair.

12. Notice of Meetings

As far as possible, notices of meetings and supporting papers are to be sent five working days in advance of the meeting date.

13. Absences

Any elected member who misses three consecutive meetings of the Credentialing Committee without evidence of a good cause is to be deemed to have resigned.

14. Decisions

Decisions of the Credentialing Committee are to be by the majority. The Chair is to have the casting vote.

15. Secretary

A Secretary is to be appointed by the Chair and is to issue agendas and supporting material at least five working days in advance of each meeting. The Secretary is to prepare minutes of each meeting, to be formally adopted at the subsequent meeting of the Credentialing Committee. The Secretary is to keep separate files of at least the following:

- agendas, minutes and supporting documents;
- correspondence prepared by and on behalf of the Credentialing Committee; and
- other material kept to support the decisions and/or processes of the Credentialing Committee.

The Secretary's files are the property of the WA health entity and must be preserved in accordance with the [State Records Act 2000 \(WA\)](#).

16. Determinations

The Credentialing Committee determinations are to specify the scope of clinical practice, any conditions attached and the reasons for any limitations on the duration or scope of clinical practice.

17. Adoption, Review and Amendment of Terms of Reference

The Terms of Reference are to be reviewed at a minimum every three years.

Terms of Reference may be altered and amended by recommendation to the Chief Executive.

Revision dates:

Date of revision	Revision prepared by	Comments

Appendix 2: Additional Guidance for the Credentialing Committee

If a Credentialing Committee remains in doubt about the competence of a medical practitioner to perform a particular treatment, procedure or intervention, a Committee may:

- request a specific evaluation of the medical practitioner's performance by an external or internal peer;
- require the medical practitioner to keep a log book;
- place restrictions on the time period or scope of clinical practice granted;
- require the medical practitioner to be supervised or to attend further training; or
- introduce a performance review process.

If a Credentialing Committee does not believe there is sufficient information or requires clarification on any aspect of an application prior to making a determination, the application may be held over and a request seeking clarification or further information will be made in writing to the applicant. This information should be tabled at the next scheduled Credentialing Committee meeting. On receipt of the additional information, a Credentialing Committee can reassess the application based on all available information and make a determination.

Credentialing Committee's role with new procedures and treatments

Once the Health Care Facility has determined that a new procedure will be introduced, the Credentialing Committee will then review a medical practitioner's competence to perform the new technology, procedure or intervention.

Medical practitioners who wish to provide new procedures and treatment modalities will require amendments to their clinical scope of clinical practice. A medical practitioner will be required to initiate a re-credentialing process and present the new technology or procedure (which is currently outside of the medical practitioner's scope of clinical practice) to a Credentialing Committee. The date of the Credentialing Committee's determination shall be documented as the approval date of credentialing for the new procedure. A medical practitioner cannot be approved for modified credentialing by any other means.

Factors that a Credentialing Committee needs to consider in making a determination include:

- that the new clinical service, procedure or intervention is approved according to the particular WA health entity's policy; and
- the minimum credentials, including evidence of competence, required to enable a Credentialing Committee to make an informed decision are provided.

Probation periods may be prescribed when introducing new technologies, procedures or treatments that fall outside a medical practitioner's existing scope of clinical practice. Before granting an amended scope of clinical practice, the Credentialing Committee must define:

- the purpose, duration and expected outcomes of any probationary period;
- any required training, mentorship or supervisory arrangements; and
- the evaluation methodology, including:
 - the assessment approach (e.g., direct supervision, retrospective case review, audit of clinical outcomes, or other defined measures)

- the responsible evaluator(s) (e.g., a nominated supervisor, department head or clinical committee); and
- the criteria for satisfactory completion, upon which final approval will be contingent.

Credentialing Committee's Determinations

When a Credentialing Committee has considered all aspects of a medical practitioner's application, a Credentialing Committee will minute the Credentialing Committee's final determination. This should include any limitations such as supervision requirements, conditions or undertakings on registration and the period of the scope of clinical practice.

Determinations by a Credentialing Committee to a variation of the role delineation can include the determinations as listed in the above 'Credentialing Committee's review of the Scope of Clinical Practice'.

Dissolution of a Credentialing Committee

Dissolution of a Credentialing Committee can be undertaken following consultation with relevant stakeholders including the Australian Medical Association (AMA). The reasons for dissolution must be clearly documented and retained as a part of a Credentialing Committee's formal records. The Chief Executive may dissolve a Credentialing Committee and replace it with another committee to manage credentialing and scope of clinical practice processes.

Appendix 3: Credentialing and Scope of Practice Checklist

WA health entities can use the checklist below to ensure their credentialing processes and procedures are robust and meet the requirements of this Standard.

- Formally constitute a Credentialing Committee for all medical practitioners**
 - Terms of Reference
 - Delegations manual defines lines of responsibility throughout the Relevant Practice Setting
 - Minutes and determinations of the Credentialing Committee
- Appoint Credentialing Committee Members**
 - List of Credentialing Committee members
- Confirm the Principal Medical Administrator**
 - Delegations manual defines lines of responsibility throughout the Relevant Practice Setting
- Standard policy and processes are in place and available to WA health entity staff for credentialing and defining the scope of clinical practice, including:**
 - Initial credentialing and defining scope of clinical practice
 - Renewal of credentials and scope of practice
 - Temporary credentialing
 - Disaster situations
 - New clinical procedures, technologies, and treatments
 - Unplanned review of credentials and/or scope of clinical practice
 - Dissemination of information to nurse practitioners, endorsed midwives and relevant health service staff
 - A policy and procedures manual
 - Pro-forma for seeking referee feedback
 - Letters notifying medical practitioner of outcomes
 - Minutes and determinations of the Credentialing Committee
 - Audit to verify consistency of application of agreed and documented processes
- Policy and procedures for credentialing and defining the scope of clinical practice are readily available to medical practitioners**
 - A policy and procedures manual
 - Information available on staff notice board
 - Information raised in Health Service Provider and hospitals newsletters, flyers, or bulletins
 - Information available on Relevant Practice Setting intranet
- Maintenance of comprehensive documentation**
 - Copies of documentation
 - Procedure for retaining relevant documentation
 - Audit to verify consistency of application of agreed and documented processes

- Education and training mechanism in place to support Credentialing Committee members in meeting their responsibilities**
 - Education and training program developed
 - Attendance at education sessions documented
 - Information provided to Credentialing Committee members to ensure awareness of responsibilities and issues associated with credentialing and defining the scope of clinical practice

- Standard process for monitoring medical practitioner compliance against scope of clinical practice granted**

- Appeals mechanism in place**
 - Develop policy and procedures within the manual detailing the appeals mechanism
 - Evidence of the appeals mechanism being used
 - Audit to verify consistency of application of agreed and documented processes

- Process for regularly monitoring and reviewing the performance of the Credentialing Committee**
 - Credentialing Committee Review report developed.
 - Evidence of implementation of recommendations arising from review
 - Audit to verify consistency of application of agreed and documented processes

- Report on status of credentialing and defining the scope of clinical practice within each Relevant Practice Setting as part of WA health entity's Clinical Governance Framework**
 - Credentialing and defining the scope of clinical practice is an initiative identified in each of the WA health entity's Clinical Governance Frameworks
 - Status of credentialing and defining the scope of clinical practice initiatives are reported to the Department as a part of its regular Clinical Governance report
 - Audit to verify consistency of application of agreed and documented processes

- Considered mechanism for providing relevant information to patients and the community**
 - Policy and procedures manual
 - Credentialing Committee meeting records
 - Audit reports

Appendix 4: Credentialing, Renewal of Credentialing and Defining Scope of Clinical Practice Checklist

The following information/evidence must be reviewed prior to making a decision on whether or not a medical practitioner will be credentialed (and/or have credentials renewed) and defining a scope of clinical practice:

- **Current MBA registration in the appropriate category with no restrictions or conditions on practice**
 - Applications for medical practitioners on Limited or Provisional Registration must show conditions and the recommended position title, supervision details and area of need dates under 'Notations – Registration Requirements'.

- **Position Title**
 - The position title of the medical practitioner must be consistent with their MBA Registration.
 - At all times, position titles for medical practitioners who have Limited or Provisional Registration must reflect the position title indicated in the 'Notations – Registration Requirements' section located under the applicant's 'Registration Type', regardless of the 'appointment' position the medical practitioner has been contracted in.

- **Current Curriculum Vitae with employment and education history**
 - A complete review of an applicant's employment or engagement history, with details of all clinical positions held by the applicant, including location, nature and duration.
 - Education, training and experience gained since the last review, including medical college or specialist society endorsement or accreditation.
 - Summary of clinical activity since last review or at least for the past twelve months, which may include volume and outcomes.
 - Clinical audit or peer review activities.

- **Reviews**
 - **Initial Credentialing –**
 - Applicants must provide two written referee reports as part of the initial credentialing process. These references must:
 - be completed by professional peers in the same discipline who are familiar with the applicant's clinical skills, competence, and suitability for the scope of clinical practice being requested
 - reflect the applicant's clinical performance within the last 12 months
 - be obtained directly from the referees (not via the applicant)
 - be signed by the referees to verify authenticity.

 - **Renewal of credentials and scope of clinical practice –**
 - One report must be provided by the applicant's Head of Specialty, completed within the past 12 months. The report must:

- Assess the applicant's competence and performance in the role and scope of clinical practice being requested;
- Address the applicant's ability to provide health care services at the expected level of safety and quality;
- Include a review of the applicant's past performance, including:
 - Participation in clinical governance activities;
 - Engagement in continuing medical education; and
 - Involvement in teaching and/or research.

□ **Continued Professional Development (CPD)**

- Demonstrated participation in a CPD program that complies with the MBA's CPD Registration Standard (2023)
 - Documentation of CPD may include evidence of participation in a college-led Maintenance of Professional Standards (MoPS) program, provided it meets the above criteria.
- Summary of clinical activity for at least the past 12 months which may include a logbook, if maintained.

□ **Declarations and Undertakings**

- The medical practitioner needs to declare any prior or current disciplinary actions, professional sanctions, criminal investigations or convictions, or any other matters reportable under the *Health Practitioner Regulation National Law (Western Australia)*.
- Any physical or mental conditions or substance abuse problem that could affect the medical practitioner's ability to perform the scope of clinical practice.

□ **Consent**

Ensures the medical practitioner understands and consents to the retention of information gathered as a part of the credentialing and scope of clinical practice process.

□ **A completed scope of clinical practice**

This must be consistent with any conditions, notations or undertakings upon the medical practitioner's registration.

- Evidence of appropriate training and experience consistent with the requirements of the requested scope of clinical practice

Appendix 5: Evidence of appropriate training and experience consistent with the requirements of the requested scope of clinical practice

Upon request by a Credentialing Committee, a medical practitioner's credentialing application may be required to contain the additional evidence of appropriate training and experience consistent with the requirements of the requested scope of clinical practice. Examples of training and experience (list not exhaustive) includes the following:

Endoscopy Certification

- Evidence of training to the standard set by the Conjoint Committee for Recognition of Training in Gastrointestinal Endoscopy ([CCRTGE](#))

Imaging Equipment Licenses

- All medical practitioners operating imaging equipment must be licensed

WA Radiation/Fluoroscopy Licences

- All medical practitioners working in Western Australia who use, request or direct fluoroscopic imaging must be licensed by the WA Radiological Council.

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.

Responsibility for maintaining current qualifications, registrations, and licenses remains with the medical practitioner. The Credentialing Committee's role is limited to assessing the currency and relevance of documentation provided at the time of application or review.

Appendix 6: Credentialing Committee Documentation Record Keeping Requirements

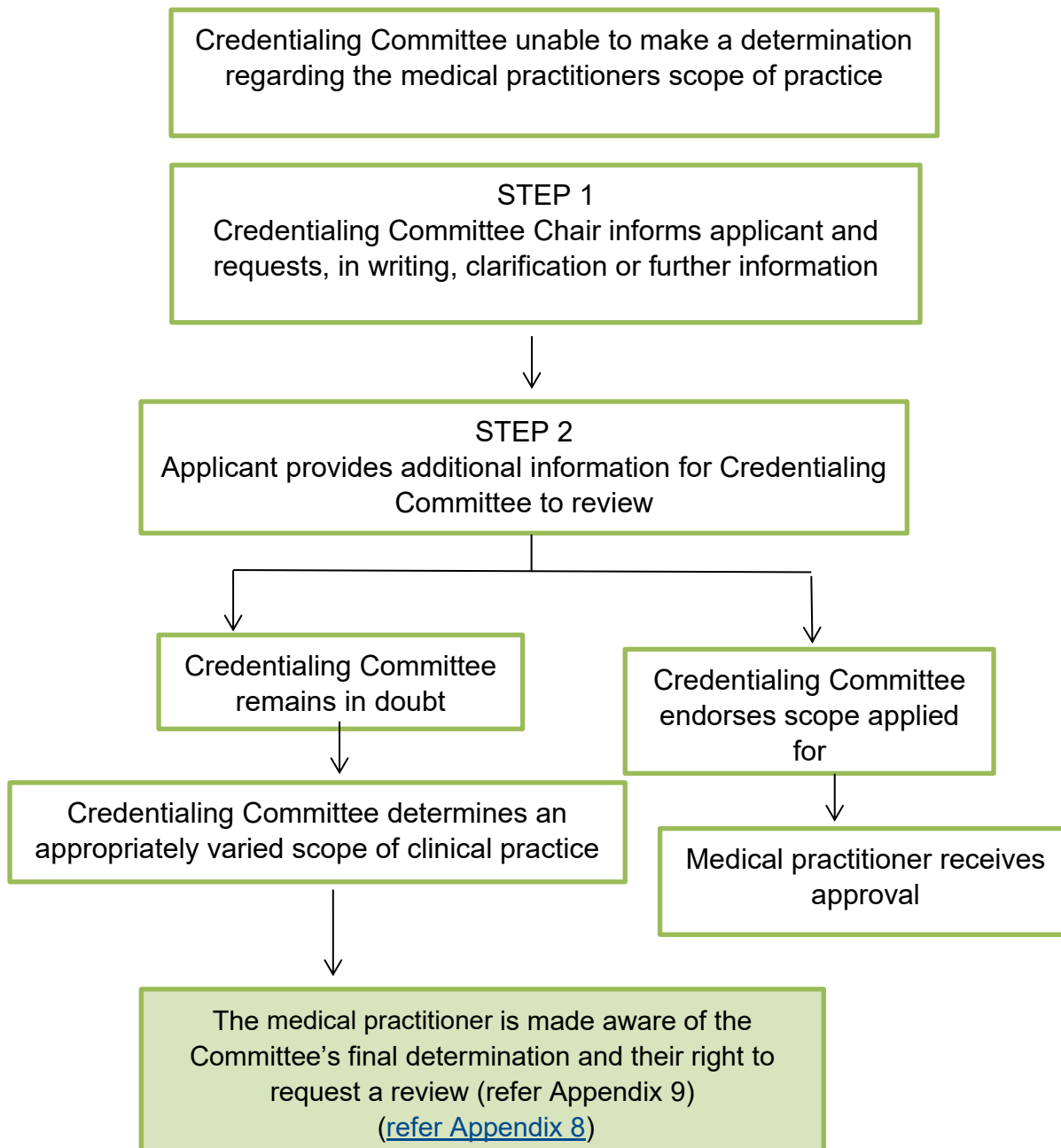
- Names of medical practitioners whose credentials were examined.
- Specific registration documents and credentials that were examined, and in what format.
- Any concerns about a medical practitioner's competence or performance.
- Evidence reviewed regarding a medical practitioner's competence or performance in the position or scope of clinical practice under consideration.
- Whether an invitation was extended to and accepted by a medical practitioner to present in person to the Credentialing Committee.
- The identity of any support person who assisted a medical practitioner at any presentation.
- Additional information that was presented by a medical practitioner.
- Conclusions about a medical practitioner's competence and performance in the position or scope of clinical practice under consideration, and in particular their ability to provide health care services at the expected level of safety and quality.
- The organisation's ability to provide the necessary facilities and clinical and non-clinical support services.
- The Credentialing Committee's determinations regarding a medical practitioner's scope of clinical practice.
- Record management and maintenance of applications with a suspended or varied scope of clinical practice, including legal correspondence.

Appendix 7: Determining the Scope of Clinical Practice Checklist

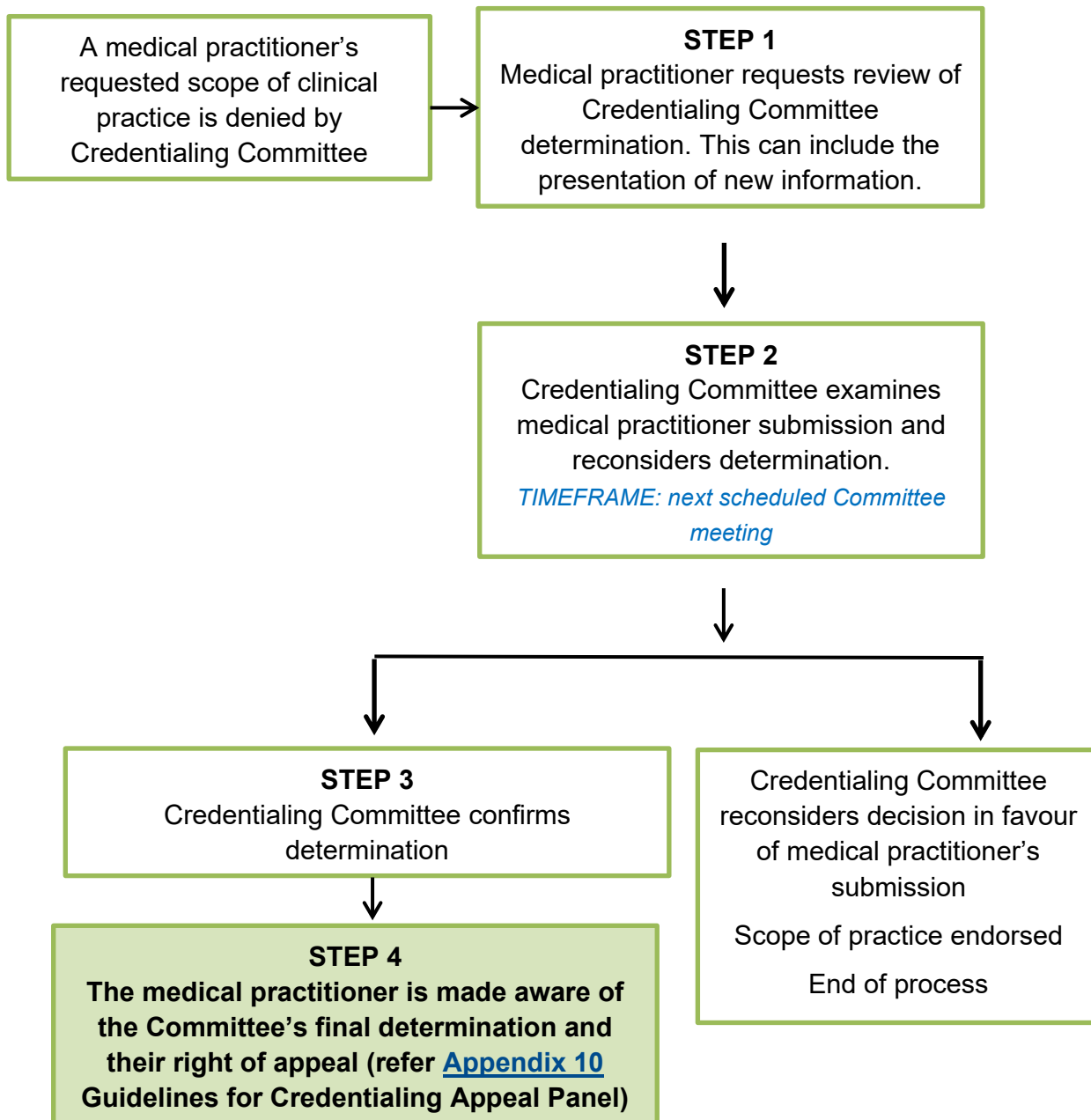
The following information/evidence is to be reviewed prior to making a decision on the scope of clinical practice of a medical practitioner:

- Outcomes of the credentialing process, including referee reports and feedback from other/past employers.
- Roles and responsibilities of the position.
- Standards, guidelines, policies and/or recommendations by the specialty medical college, society or association.
- Benefit of the particular treatment, procedure or intervention to patients.
- Whether the particular treatment, procedure or intervention is new or new to the Relevant Practice Setting and whether it has been approved by the appropriate authority or committee (e.g. ethics committee and Head of Service or Department).
- Skill mix of the Relevant Practice Setting and the availability of support, facilities and equipment.
- The medical practitioner's particular expertise, qualifications, training and experience and the recency of that experience.
- The volume of clinical activity undertaken by the medical practitioner over the past 12 months.
- The Health Service Provider (hospital/health service) role delineation, as defined by the current [WA Health Clinical Services Framework](#).
- Evidence-based information in credible publications regarding competence in and performance of the requested scope of clinical practice.
- The level of information and evidence to be reviewed will differ based on the seniority of the position

Appendix 8: Inconclusive Credentialing Committee Determination Flowchart



Appendix 9: Credentialing Committee Review Flowchart



Appendix 10: Additional Guidelines for Variation, Suspension or Termination of Scope of Clinical Practice Process

Credentialing Committees are encouraged to develop a process for the variation, suspension or termination of a medical practitioner's scope of clinical practice. This process should include a Credentialing Committee's:

- outcome or recommendation from the Chair to the medical practitioner
- advice for the medical practitioner to appear before the Credentialing Committee with representation, if so requested by the medical practitioner
- advice to the medical practitioner on their Appeal rights
- final outcome of a Credentialing Committee's decision

Examples where a medical practitioner's scope of clinical practice may be varied, suspended or terminated include if:

- the outcome of an investigation following a complaint to the Health and Disability Services Complaints Office or the MBA indicates a review is appropriate;
- a medical practitioner ceases to be registered with the MBA;
- a medical practitioner ceases to have appropriate and adequate medical indemnity cover or insurance;
- a medical practitioner is found to have made a false declaration through omission or false information which justifies such action;
- a medical practitioner's employment or engagement contract expires or is terminated;
- a medical practitioner engages in serious or wilful misconduct;
- a medical practitioner presents a risk to the safety and well-being of patients and/or staff;
- a medical practitioner otherwise departs from generally accepted standards of medical practice in their conduct;
- a medical practitioner is subject to criminal investigation or has been convicted of a serious offence;

- a medical practitioner has been identified through onsite performance review or peer reference processes as performing substandard to clinical, professional, or ethical standard expectations. Some examples of specific reasons include:
 - making continued poor or incorrect decisions;
 - inability to work unsupervised;
 - failure to collaborate or consult with colleagues and other stakeholders where it is a requirement of the role; and
 - inability to make clinical decisions within the scope of the job requirements, leading to unnecessary referral of decisions to others.

A medical practitioner is to be advised of an immediate review of their credentialing and scope of clinical practice by the Credentialing Committee Chair and their right to the provision of any necessary personal or professional support.

In notifying a medical practitioner of a Credentialing Committee's determination with respect to the variation (includes reduction), suspension or termination of their defined scope of clinical practice, the medical practitioner is to be advised of any modifications, restrictions or request denials and the rationale. The medical practitioner is to be given a reasonable opportunity to comment with respect to any issues of concern prior to a final determination being made by the Credentialing Committee. At this time the medical practitioner is to also be advised of the appeal process.

If a medical practitioner is applying for scope of clinical practice across multiple sites across a health service, then each Principal Medical Administrator must be informed of the Credentialing Committee outcome any modification, restriction and/or denial.

A Credentialing Committee will, subject to principles of confidentiality and appeal rights, also advise the relevant Heads of Department.

All information and correspondence regarding a Credentialing Committee's decision on modification, restriction and/or denial of scope of clinical practice is to be provided by the Committee Chair in writing. The principles of procedural fairness and natural justice and probity must be observed by a Credentialing Committee. The Credentialing Committee must determine if a medical practitioner can continue to practice under the temporary credentialing process or is to be suspended or terminated.

If the nature of the matter results in the suspension or termination of a medical practitioner and the Principal Medical Administrator believes in good faith that the safety and quality of health care in another institution is subsequently at risk, the matter is to be referred to the Principal Medical Administrator of that Relevant Practice Setting.

Appendix 11: Guidelines for Credentialing Appeal Panel

1. A medical practitioner whose request for a re-review of a Credentialing Committee's determination has been denied, withheld or granted in a modified form to that requested has the right to appeal the decision. The procedure is:
 - The appellant to inform the Chair of the Credentialing Committee of their intention to proceed to an appeals process within seven days of receiving notification of the result of the re-review from the Credentialing Committee.
 - The appellant to advise the Chief Executive in writing of the intention to undertake the appeal process.
 - The Chief Executive must appoint a Credentialing Appeal Panel whose membership will be entirely independent to that of the Credentialing Committee.
2. The Credentialing Appeal Panel membership is to include:
 - an independent Chair who is a medical practitioner and is not the Principal Medical Administrator nor a member of the Credentialing Committee
 - a senior medical practitioner from the same clinical discipline as the appellant
 - a professional nominee of the appellant, who is a medical practitioner
 - a medical practitioner nominated by the relevant college where the college agrees to make a nominee
 - where the appellant so requests, the Chief Executive must seek a nominee of the Australian Medical Association, who is a medical practitioner
 - other members who the Chief Executive, on the advice of the independent Chair, decides will bring specific expertise to the Credentialing Appeal Panel.
3. Appointments to the Credentialing Appeal Panel will be on an ad-hoc basis to consider particular appeals and will not involve persons previously concerned with the subject of the appeal.
4. The Credentialing Appeal Panel should convene within 28 working days of receipt of a request for a formal hearing. During this time the appellant should not have visiting/admitting rights except within the scope of those visiting rights already granted and not in dispute.
5. At all times the principles of procedural fairness and natural justice are to apply and the appellant given every opportunity to have all available information brought forward for consideration.
6. The Credentialing Appeal Panel will call for written or verbal comment from relevant medical practitioners and Associations or Colleges as to the clinical competence of the appellant in the area of dispute.
7. The appellant is entitled to attend the Credentialing Appeal Panel and to be accompanied by a barrister or solicitor or another person. Such individuals may not represent the appellant but will be in an advisory capacity.

8. Hearings of the Credentialing Appeal Panel are to be closed.
9. Decisions of the Credentialing Appeal Panel are to be by majority of members with the Chair having a casting vote if necessary.
10. The Credentialing Appeal Panel to submit a written recommendation to the Chief Executive within 14 days of the agreed decision.
11. The Chief Executive will consider the Credentialing Appeal Panel recommendation and make a final decision.
12. The Chief Executive will advise the Chair of the Credentialing Committee in writing of the decision.
13. Final outcome of the Credentialing Appeal Panel, including the Chief Executive's decision and the rationale for that decision must be provided in writing to the appellant within seven days of the determination.
14. The appellant is eligible to reapply for credentialing or definition of scope of clinical practice if the appeal is refused.

Credentialing Appeals General Principles

The appeal process provides an opportunity for reconsideration of an adverse decision and the presentation of any required relevant information. When a Credentialing Appeal Panel is convened the process must include the following format:

- All available information is to be presented to the members. There should be no specific time limit set for the meeting and members should be prepared to debate fully the issues until a solution is achieved.
- At all times the principles of procedural fairness and natural justice are to apply and the appellant given every opportunity to have all available information brought forward for consideration.
- The minutes recording the result of the Appeal Panel deliberations are to be kept in accordance with the [State Records Act 2000 \(WA\)](#). Each party is to be given the opportunity to seek clarification and identification of the issues. Every opportunity should be taken to seek options for change and resolution. The aim of the process is to clearly identify the issues and arrive at a solution which, wherever reasonably practicable, is acceptable to all parties.

Credentialing Appeal Panel Roles and Responsibilities

The Credentialing Appeal Panel is to:

- In the absence of exceptional circumstances, hear and determine the appeal on the evidence and matters raised.
- Not involve persons previously concerned with the subject of the appeal.
- Not be bound to the rules of evidence but may inform itself on any matter it thinks just and obtain legal advice to assist in its processes and deliberations.

- Determine the matter according to equity, good conscience, and the substantial merits of the case without being constrained by legal technicalities or legal forms.
- Afford procedural fairness to all persons but may proceed to hear any appeal if documents or information are not provided within time limits specified by the panel.
- Act as rapidly as practicable.
- Prepare a written report setting out:
 - Conclusions arrived at including any dissenting view of a panel member;
 - Reasons for arriving at those conclusions; and
 - Materials that were:
 - referred or provided to the panel; or
 - relied upon in arriving at the conclusions.
- Provide the appellant adequate opportunity to present submissions before preparing the report.
- With the consent of the Chief Executive, take legal advice concerning the appeal and may in its discretion keep this advice confidential to itself.
- Otherwise determine the manner in which the appeal is to be conducted.
- Report and provide its recommendations to the Chief Executive and may make such recommendations concerning the appeal as it considers appropriate to best protect the interests of all parties.

Procedural Fairness

The Credentialing Appeal Panel must at all times:

- Ensure the principles of procedural fairness are applied throughout the process.
- Ensure there is no victimisation of complainants, respondents, witnesses or anyone involved in the process.
- Listen to the appellant's concerns and allegations.
- Ask questions and gain an understanding of the concerns.
- Ensure the appellant has the opportunity to present their version of events.
- Treat all appeals seriously, sensitively and promptly.
- Ensure that confidentiality is maintained.

Quorum

All members must be present for the Credentialing Appeal Panel to meet quorum. If a nominated member is unavailable, an alternate must be appointed to maintain full panel representation.

Medical Practitioner Support

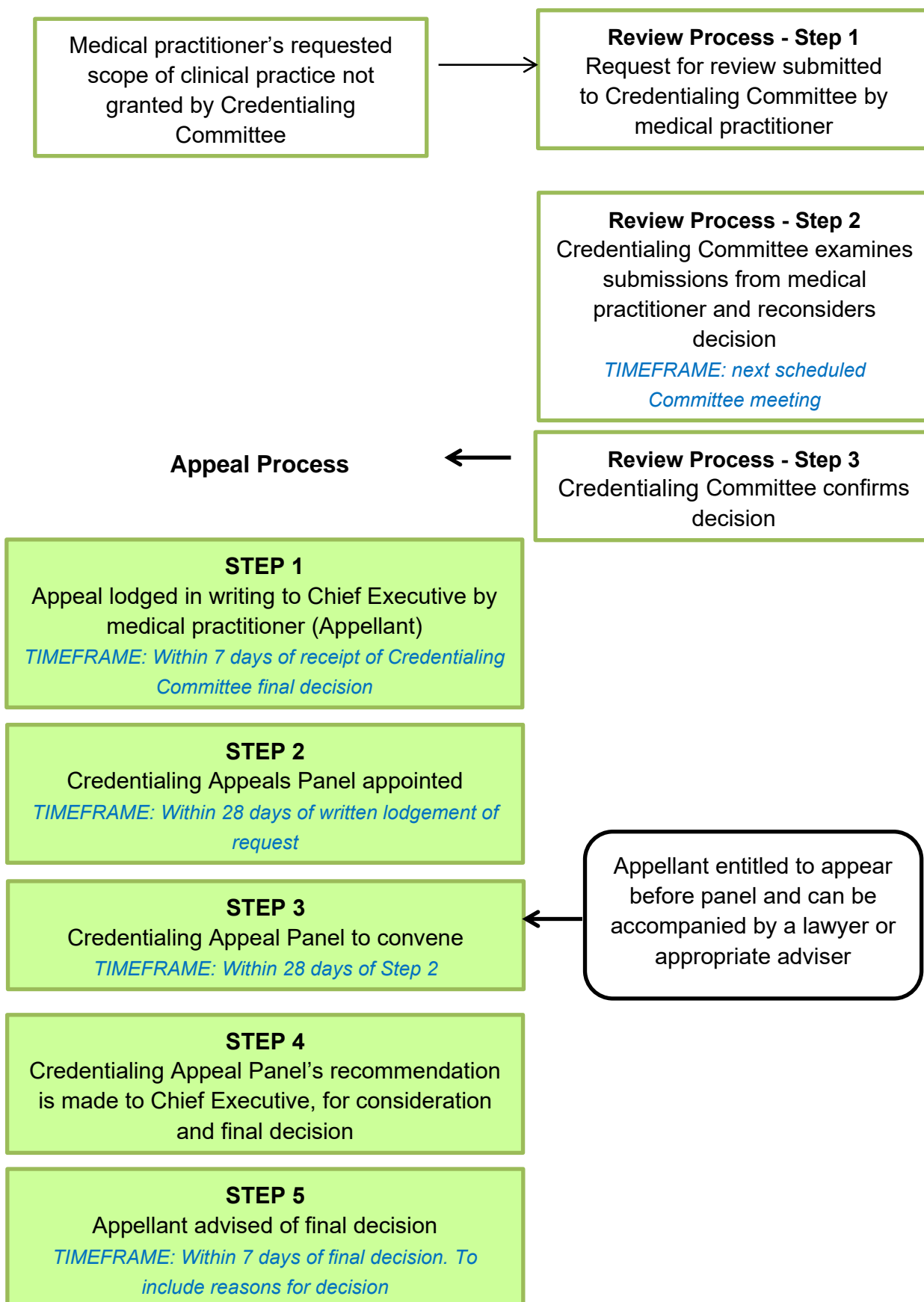
The appellant is entitled to appear before the panel and can be accompanied by a support person. This person may be a barrister or a solicitor however their role is to advise, not

represent, the appellant. Both the appellant and the Credentialing Appeal Panel will be given the opportunity to have all available information brought forward for consideration.

Administrative Costs

The administrative costs of the Credentialing Appeal Panel, including any fees for members of the Credentialing Appeal Panel, will ordinarily be borne by the Chief Executive. The legal costs of each party will be borne by the party.

Appendix 12: Credentialing Appeal Panel Process Flowchart



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