

Credentialing and Scope of Clinical Practice Policy for Clinicians

Policy Statement

RFDS (Queensland Section) has a Clinical Governance Framework in place to ensure that ethical and legal obligations are met in providing optimally safe and high-quality health care services. Credentialing and defined scopes of clinical practice for all clinicians are an integral part of this framework.

Applications for credentialing and determinations of scope of clinical practice are undertaken by the authority of the Credentialing and Scope of Clinical Practice Committee (The Committee).

This document outlines the principles and process used to verify and evaluate the qualifications, experience, professional standing, and other relevant professional attributes of clinicians in defining their scope of clinical practice. The clinician's approved scope of clinical practice must be consistent with their professional registration or association membership status, as well as any conditions or undertakings on their registration.

Formal credentialing must always occur prior to commencement of employment.

Scope

This policy applies to all RFDS (Queensland Section) clinical staff, line managers, professional leads, the Clinical Governance Unit, and external members of the Credentialing Committee.

Clinical professions employed by RFDS (Queensland Section) include, but are not limited to:

- General Dental Practitioner
- Dental Hygienist
- Dental Prosthetist
- Oral Health Therapist
- Medical Officer – General Practice and Retrieval Medicine
- Medical – Specialist Dermatologist
- Registrar
- Mental Health Nurse
- Aboriginal and Torres Strait Islander Health Practitioner
- Mental Health Occupational Therapist
- Mental Health Provisional Psychologist
- Mental Health Psychologist
- Mental Health Social Worker
- Recognised Mental Health Counsellor
- Nurse Practitioner
- Registered Nurse
- Registered Midwife
- Dietitian

All new clinical employees to RFDS (Queensland Section) must submit an application for credentialing and scope of clinical practice, and be successful in achieving this prior to commencement.

Clinicians applying for a scope of clinical practice within Aeromedical or Primary Health Care services may also require credentialing by Queensland Health.

Mental Health and other Allied Health clinicians may also be required to hold local Hospital and Health Service (HHS) credentials prior to the commencement of clinical duties. These allied health professions are:

- Audiology
- Clinical Counselling
- Clinical Measurement Science
- Exercise Physiology
- Music Therapy
- Nuclear Medicine Technology
- Nutrition / Dietetics
- Occupational Therapy
- Optometry
- Orthotics and Prosthetics
- Pharmacy
- Physiotherapy
- Podiatry
- Psychology
- Radiation Therapy
- Radiology / Medical Imaging
- Social Work
- Sonography
- Speech Pathology

All applications deemed successful by the Committee will be subsequently submitted by the Clinical Governance Unit to Queensland Health, The Office of Rural and Remote, or where relevant, the local HHS for consideration.

Applications submitted to Queensland Health within 12 months prior to the request for RFDS (Queensland Section) Credentialing will be accepted by the RFDS (Queensland Section) Credentialing Committee, with any required additional documents to be submitted directly to RFDS (Queensland Section) by the clinician.

- All Allied Health employees who undertake work in Queensland Health facilities are required to provide evidence of immunity or completed vaccination for COVID, Hepatitis A (is recommended for individuals working in roles located in remote Indigenous communities or with Aboriginal or Torres Strait Islander children), Hepatitis B, pertussis, measles, mumps, rubella, and varicella, or other documentary evidence that they are not susceptible to these diseases, e.g. a letter from their doctor. This is required to be submitted as part of the Queensland Health credentialing application.

A successful application within RFDS (Queensland Section) does not guarantee a successful outcome with Queensland Health or the local HHS. Queensland Health and/or the local HHS may impose further conditions on an individual's scope of clinical practice.

Failure to obtain or renew credentials with RFDS (Queensland Section) will result in the employee being removed from the clinical roster until a complete application for renewal of the scope of clinical practice has been received and considered by the Committee.

Telehealth

All Medical Officers with a current scope of clinical practice are deemed to have statewide telehealth advice and consultation relevant to that scope of clinical practice, unless explicitly stated otherwise.

Exemptions

The credentialing process does not apply to those who are:

- Undertaking a supervised upskilling program or students undertaking a clinical term / placement with RFDS (Queensland Section); or
- Interns rotating out of a Queensland Health facility; or
- Resident Medical Officers rotating out of a Queensland Health facility; or
- Dental Assistants.

Title	Credentialing and Scope of Clinical Practice Policy for Clinicians	Document ID	MYRFDS-1800068415-1667
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Committee Actions

The Committee will undertake the following in determining Credentials:

- a) Review the credentialing application of the applicant.
- b) Confirm the current professional registration and primary professional degree/qualification of the applicant if a new appointment. The Committee will refer to the Australian Health Practitioner Regulation Authority (AHPRA), the Australian Association of Social Workers (AASW) or the Dietitians Association of Australia (where applicable) for confirmation of qualifications.
- c) Review the applicant's specialist, or other, qualifications. These are to be considered in relation to any advanced practice clinical domains applied for along with any core competencies that may have been previously defined by RFDS (Queensland Section). Overseas qualifications will be considered if equivalency is recognised by the relevant Australian College/Association.
- d) Consider any restrictions or undertakings that the applicant may have in regard to their professional registration.
- e) Review the applicant's whole of work history and curriculum vitae. This is to be considered in relation to the requirements detailed in the role description for the applicant's position.
- f) Confirm the applicant's recency of practice, ensuring the clinician has maintained an adequate connection with, and recent practice in, the clinical area related to the applied for scope of clinical practice.
- g) Review the applicant's referee reports. The referee reports are to be considered in relation to the requirements within the job description of the position being applied for. These are to be obtained in a structured format using the appropriate RFDS (Queensland Section) Reference Check Template. Referee reports can be received electronically via the CGOV system, and the Committee accepts these are received electronically with no physical signature. Where there is a relationship with the referee which may lead to bias, this relationship must be disclosed. It is mandatory that at least two (2) reference checks are obtained:
 - o One (1) is to be from a line manager/supervisor and one (1) from a clinician registered with AHPRA (for registerable professions) or AASW (for Social Workers) and DAA (for Dietitians), who can attest to the applicant's clinical skills and professional performance within the last 12 months.
 - o One referee report should be from the most recent place of employment (or, in the case of locums, the most recent locum posting). The clinical referee must be related to the areas for which the applicant has applied for a scope of clinical practice. The line manager referee is to attest to the professional performance and clinical skills if able.
 - o Additional references may be required if there is a discrepancy between the

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references provided or it is deemed by the Committee that a further clinical reference is required.

The line manager/supervisor may be the owner of the business in which the applicant has worked if no direct line manager existed. Where a clinician has been self-employed for the last 12 months or longer AND not worked within a business owned by someone else, the reference requirements are as follows:

- o At least two references commenting on the quality of clinical practice from a clinical peer to whom the applicant has regularly referred patients in the last 12 months or in the case of a sole doctor in a facility, RFDS (Queensland) will accept one reference from a clinical peer and a second reference from a peer/colleague of good standing, and;
 - o Evidence of outcomes of peer review activities undertaken in the last 12 months; this may include case review activities and/or collegial benchmarking activities.
 - o If the clinician is the owner of the practice in which they cite experience, evidence they are the owner of the business must be provided to substantiate they did not have a line manager (such as business registration documentation).
- h) Confirm evidence of ongoing participation in Continuing Professional Education (CPE), including compliance with formal College or Association requirements, where relevant.
- i) Confirm the applicant's visa status and any work restrictions or conditions of their visa, if relevant.
- j) Review any other material that the Committee considers to be relevant to safe clinical practice.
- k) An understanding from the application to provide and subject the results of their past and future work to clinical audit and peer review as requested.
- l) For current employees, review any clinical assessments or evaluations undertaken with a view to determining their ability to practice to the full scope of clinical practice required for the role.
- m) Confirm the applicant's recency of practice, ensuring the clinician has maintained an adequate connection with, and recent practice in, the clinical area related to the applied for scope of clinical practice:

Medical Officers

- o For Medical Officers, the Committee will note the currency of:
 - Adult Basic and Advanced Life Support Level 2 (ALS2) provided by an external provider within the last three (3) years, and
 - Paediatric Basic and Advanced Life Support (PALS) Certification provided by an external provider within the last three (3) years.
- o For Medical Specialist - Dermatologists, the Committee will note the currency of:
 - Basic Life Support. CPR with AED within the last 12 months and First Aid within the last three (3) years.

The Committee will inform the Line Manager and RFDS E Learning if currency is not

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in the last three (3) years.

Nursing

- For Aeromedical Nursing and Primary Health Care Nursing (including Nurse Practitioner – Aeromedical and Nurse Practitioners – Primary Health Care), the Committee will note the currency of the following that must be provided by a RFDS recognised training (or equivalent) provider within the past 12 months, covering Australia Resuscitation Council ALS2/ILS curriculum and the Paediatric Advanced Life Support curriculum:
 - Basic and Advanced Life Support Level 2 (ALS2), and
 - Paediatric Basic and Advanced Life Support (PALS), and
 - Neonatal Resuscitation (Advanced).

The Committee will inform the Line Manager and RFDS E Learning if currency is not in the last one (1) year.

Dental

- For General Dental Practitioners, the Committee will note the currency of the following:
 - Cardiopulmonary Resuscitation (including automated external defibrillation) Certification within the last (1) year and,
 - Currency of Provide First Aid Certification within the last three (3) years, both provided by an external recognised training organisation (RTO).

The Committee will inform the Line Manager and RFDS E Learning if currency is not within the specified time frames.

- For Oral Health Therapists, Dental Prosthetists and Oral Health Therapists, the Committee will note the currency of:
 - Cardiopulmonary Resuscitation (including automated external defibrillation) Certification within the last (1) year and,
 - Currency of Provide First Aid Certification within the last three (3) years,

Both must be provided by an external recognised training organisation (RTO). The Committee will inform the Line Manager and RFDS E Learning if currency is not within the specified time frames.

Mental Health

- For All Mental Health Clinicians, the Committee will note the currency of:
 - Cardiopulmonary Resuscitation (including automated external defibrillation) Certification provided by an external recognised training organisation (RTO) within the last (1) year.

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Parent Group	Credentialing and Scope of Clinical Practice		
Category / Chapter	Clinical Governance	Document Version & Status	30.0, Approved
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The Committee will inform the Line Manager and RFDS E Learning if currency is not in the last (1) year.

Allied Health

- For Dietitians, the Committee will note the currency of:
 - Cardiopulmonary Resuscitation (including automated external defibrillation) Certification provided by an external recognised training organisation (RTO) within the last (1) year.

The Committee will inform the Line Manager and RFDS E Learning if currency is not in the last (1) year.

Aboriginal and Torres Strait Islander Health

- For ATSI Health Practitioners, the Committee will note the currency of:
 - Cardiopulmonary Resuscitation (including automated external defibrillation) Certification provided by an external recognised training organisation (RTO) within the last (1) year.

The Committee will inform the Line Manager and RFDS E Learning if currency is not in the last (1) year.

Following review of the above, the Committee will grant either a broad or limited scope of clinical practice.

- Broad scope credentialing is defined as unrestricted within the relevant area of practice.
- Limited scope credentialing is where a clinician is limited in the skills and capabilities that they can carry out independently. As a result, supervision levels need to be clearly defined and a supervision plan approved by the Credentialing Committee (including an approved supervisor).

Where a limited scope of clinical practice has been granted in a given area, the Health Professional/Practitioner will either:

- Be able to work in those areas precluded from his/her scope of clinical practice in a direct or indirect supervised capacity only – as per written Committee advice. The supervision must be undertaken by a relevant Senior Clinician who has been granted a broad scope of clinical practice in that area and has been employed with RFDS (Queensland) for at least six (6) months.
- An ongoing supervision plan/ performance development plan will be put in place to facilitate the future review of scope of clinical practice and possible granting of a broad scope of clinical practice with no limitations. The applicant, clinical supervisor or line manager can submit a recommendation for consideration of review of the current scope of clinical practice.
- Be considered completely unable to work in those areas precluded from his/her scope of clinical practice, as per written Committee advice.
- Clinical personnel granted a limited scope of clinical practice must have a supervision plan submitted to the Committee prior to completion of orientation. Plans endorsed by the Committee will be held on the clinician’s credentialing file.

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Note: The scope of clinical practice granted to a Registrar will always be limited with a requirement for supervision. The Committee will consider the appropriate supervision level in view of their experience and progress on their training program.

The Committee must not make decisions on a scope of clinical practice that is outside the clinical expertise of the members. If required, the Committee will seek external input where the applicant's clinical discipline is not within the scope of Committee members' qualifications. This may be from a relevant professional College or Association. This will be via verbal or written referee report or by invitation to the Committee meeting to discuss specific applicant(s).

The decision of the Committee will be formally notified to the applicant in writing. This will include clear documentation of the scope of clinical practice that has been approved. The applicant's Line Manager and relevant Professional Lead will be notified of the scope of clinical practice that has been approved. It is both the responsibility of the individual and the organisation to ensure that each clinician complies with, and does not work outside of, their designated scope of clinical practice.

Interim Scope of Clinical Practice

It is recognised that an interim scope of clinical practice may be approved where the health practitioner is operationally required to commence duty prior to the completion of the formal credentialing process. The Committee can approve an interim scope of clinical practice for a maximum of three months. Interim credentialing is not renewable or extendable.

The Chair of the Committee may grant an interim scope of clinical practice under the following circumstances:

- A short-term appointment, such as a locum, when the full Committee is not available; or
- An appointment where the applicant is required to start work prior to a full meeting of the Committee; or
- Further information or documentation is required by the Committee in order to grant full scope of clinical practice.

To grant an interim scope of clinical practice the following conditions must be met:

- The Chair of the Committee must have consulted with the relevant Clinical/discipline lead and/or External Representative for the discipline and any other available committee member; and
- The granting of an interim scope of clinical practice must be documented and then tabled and minuted at the next Committee meeting; and
- The applicant must have their complete application considered before expiry of their interim credentials; and
- The Committee will notify the Line Manager of any outstanding mandatory courses which are required (i.e. ALS, PALS, Neonatal Resuscitation, Provide Cardiopulmonary Resuscitation [CPR], Provide First Aid). The monitoring of ongoing currency of these mandatory courses is through the Line Manager and RFDS E Learning

Title	Credentialing and Scope of Clinical Practice Policy for Clinicians	Document ID	MYRFDS-1800068415-1667
Parent Group	Credentialing and Scope of Clinical Practice		
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Renewals

All clinicians (excluding casuals and registrars) employed with RFDS (Queensland Section) must have their credentials and scope of clinical practice reviewed every five years. Casuals are required to apply for renewal of scope of clinical practice biennially, or earlier as required or requested. Registrars are only granted credentials biennially, unless otherwise specified by the relevant professional association or college.

The Chair of the Committee may use the discretion to extend the date of credentialing for clinicians on extended leave where required.

Renewal applications will require 2 referee reports:

- One (1) is from a current line manager/supervisor and one (1) from a clinician registered with AHPRA (for registerable professions) or AASW (for Social Workers) and DAA (for Dietitians), who can attest to the applicant's clinical skills and professional performance within the last 12 months.
- One referee report should be from the most recent place of employment (or, in the case of locums, the most recent locum posting). The clinical referee must be related to the areas for which the applicant has applied for a Scope of Clinical Practice. The line manager referee is to attest to the professional performance and clinical skills if able. Additional references may be required IF there is a discrepancy between the references provided or it is deemed by the Committee that a further clinical reference is required.

Renewal applications will be sent to clinicians three months before their scope of clinical practice is due to expire. Clinicians are required to provide all relevant documentation no later than six weeks before their expiry date.

The original renewal application will be sent to the clinician and their line manager. If a follow up is required, their application will be escalated to the relevant state or executive managers.

Alignment of Expiry Dates with Queensland Health

The Chair of the Committee may use the discretion to extend the date of credentialing to align with Queensland Health expiry dates.

Recency of Practice

Medical Officers and Nursing clinicians are required to maintain recency of practice as documented in the *Specific Criteria and Clinical Domains for Determination of Scope of Clinical Practice*.

Unscheduled Committee Review of SoCP and Supervision Level

The Committee, at the request of the applicant or clinical line manager, will review the level of supervision to make a determination whether to decrease the supervision level of the scope of practice. The Committee must be provided with:

- The written support of the clinical line manager; and
- A copy of the current supervision plan; and
- Logbook (if relevant).

Title	Credentialing and Scope of Clinical Practice Policy for Clinicians	Document ID	MYRFDS-1800068415-1667
Parent Group	Credentialing and Scope of Clinical Practice		
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Any other evidence/rationale of why the clinician is able to perform with a lesser level of supervision such as completion of training/education, experience gained in the workplace.

Unscheduled reviews of scope of clinical practice and level of supervision will occur as required if a clinical practice issue or concern has been raised about a clinician. The Committee will review the clinician’s current scope of clinical practice and, in light of the evidence of the clinical practice issue or concern, determine whether a change is required to their scope of clinical practice and/or supervision level or suspending/revoking of credentials is required.

Where there is an immediate and reasonable concern that patient safety may be compromised, the Chair of the Committee, in consultation with the Professional Lead, can immediately reduce or suspend a clinician’s scope of clinical practice until an extraordinary meeting of the Committee can be convened.

The following actions are required to be undertaken:

- There must be sufficient information to form a reasonable belief that reduction or suspension of the scope of clinical practice is required to ensure patient safety.
- The clinician must be given clear reasons for the course of action.
- The clinician must be given at least 10 working days’ notice of the issues to be considered by the Committee and can submit information to the Committee for consideration during their assessment.
- The Committee must meet within 14 days to review the issues of concern.
- People and Corporate Services and/or legal advice will be sought by the Committee, and further actions will be based on this advice.
- The Chief Executive Officer (CEO), the Chief Operating Officer (COO), the Line Manager and any relevant stakeholders, such as Queensland Health, will be advised of the actions being taken by the Committee and the restrictions placed on the practice of that clinician.

When a determination is made to alter the scope of clinical practice, supervision levels or suspend/revoke credentials, the clinician will be formally notified by written correspondence of the decision.

Appeals

The decisions of the Committee are reviewable and subject to appeal. The clinician may lodge a written appeal with the Chief Executive Officer within 20 business days from the date of the receipt of the Chair of the RFDS (Queensland) Credentialing and Scope of Clinical Practice Committee’s letter, outlining the written decision regarding the clinician’s scope of clinical practice.

The Chief Executive Officer will review the process followed and the evidence provided and will utilise expert Clinician and/or legal advice, as required. The Chief Executive Officer, within 10 business days of receiving the written request, will provide written notification to the Committee that an appeal has commenced.

Title	Credentialing and Scope of Clinical Practice Policy for Clinicians	Document ID	MYRFDS-1800068415-1667
Parent Group	Credentialing and Scope of Clinical Practice		
Category / Chapter	Clinical Governance	Document Version & Status	30.0, Approved
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The clinician must be advised within 20 business days of the receipt of the lodgement of the appeal of the outcome of the Chief Executive Officer’s review, which must include reasons for the decision and any recommendations of the review.

Inactive Scope of Clinical Practice

Clinicians who are no longer employed by RFDS (Queensland Section) will have their credentials marked as ‘inactive’ until the expiry date stated on the original credentialing letter sent to the applicant. Their credentials may be reinstated if they recommence employment in the same role with RFDS (Queensland Section) prior to the expiry date.

The Committee is required to notify the relevant Queensland Health credentialing body of the cessation of employment with RFDS (Queensland Section) externally registered clinicians and their credentialing is to be noted as ‘Queensland Health advised-exited’.

Queensland Health will require a new application on recommencement of employment.

Emergency Scope of Clinical Practice

A clinical emergency is any condition in which the patient could experience serious harm, or their life is in immediate danger, and where any delay in administering treatment could add to that danger. In the case of a clinical emergency, any clinician is permitted, and is expected, to do everything possible to save the patient’s life or to save the patient from serious harm to the extent permitted by his or her professional registration and other relevant law.

In such an emergency situation, if there is no clinician available with an appropriate authorised scope of clinical practice, then the clinician who is available may administer the necessary treatment outside his or her authorised scope of clinical practice.

If time allows, and clinical circumstances permit, the Professional Lead or their nominee must be contacted to approve the emergency scope of clinical practice, and the Professional Lead will immediately notify the Chair of the Committee. This approval can be given verbally but must be subsequently confirmed in writing and documented in the minutes of the next Committee meeting. The granting of emergency scope of clinical practice is only valid for the duration of the clinical emergency.

When a retrieval is tasked by an RSQ Medical Coordinator, and requires a non RFDS or non LifeFlight Medical Officer to provide clinical care for the patient during the transfer, then approval for the emergency scope of clinical practice must be provided by the Queensland Health HHS which employs the Medical Officer. RFDS (Queensland Section) is not responsible for approving this clinician’s emergency scope of clinical practice.

Title	Credentialing and Scope of Clinical Practice Policy for Clinicians	Document ID	MYRFDS-1800068415-1667
Parent Group	Credentialing and Scope of Clinical Practice		
Category / Chapter	Clinical Governance	Document Version & Status	30.0, Approved
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Escalation Process

State or Executive Managers be notified when a clinician has not completed their application for new or renewal by the required date. The manager may seek the support from the People and Culture team to assist where required.

Definitions

Broad Scope of Clinical Practice is unrestricted within the relevant area of practice.

Limited Scope of Clinical Practice is where a clinician is limited in the skills and capabilities that they can carry out independently. Supervision levels need to be clearly defined and a supervision plan approved by the Credentialing Committee.

Interim Scope of Clinical Practice is a 3-month Scope of Clinical Practice given to clinicians under certain circumstances. It is not extendable or renewable.

Legislative or Other Referencing Authority

Credentialing health practitioners and defining their scope of clinical practice: A guide for managers and practitioners (2015), available at: <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/credentialing-health-practitioners-and-defining-their-scope-clinical-practice-guide-managers-and-practitioners>

Related Documents

Applicant Checklist

Applicant Checklist – Renewals

Supervision for Credentialing and Scope of Clinical Practice

Referee Report for Employment and Credentialing and Scope of Clinical Practice

Specific Criteria and Clinical Domains for Determination of Scope of Clinical Practice

Medical Officers

Definitions for Medical Coordination and PHRM

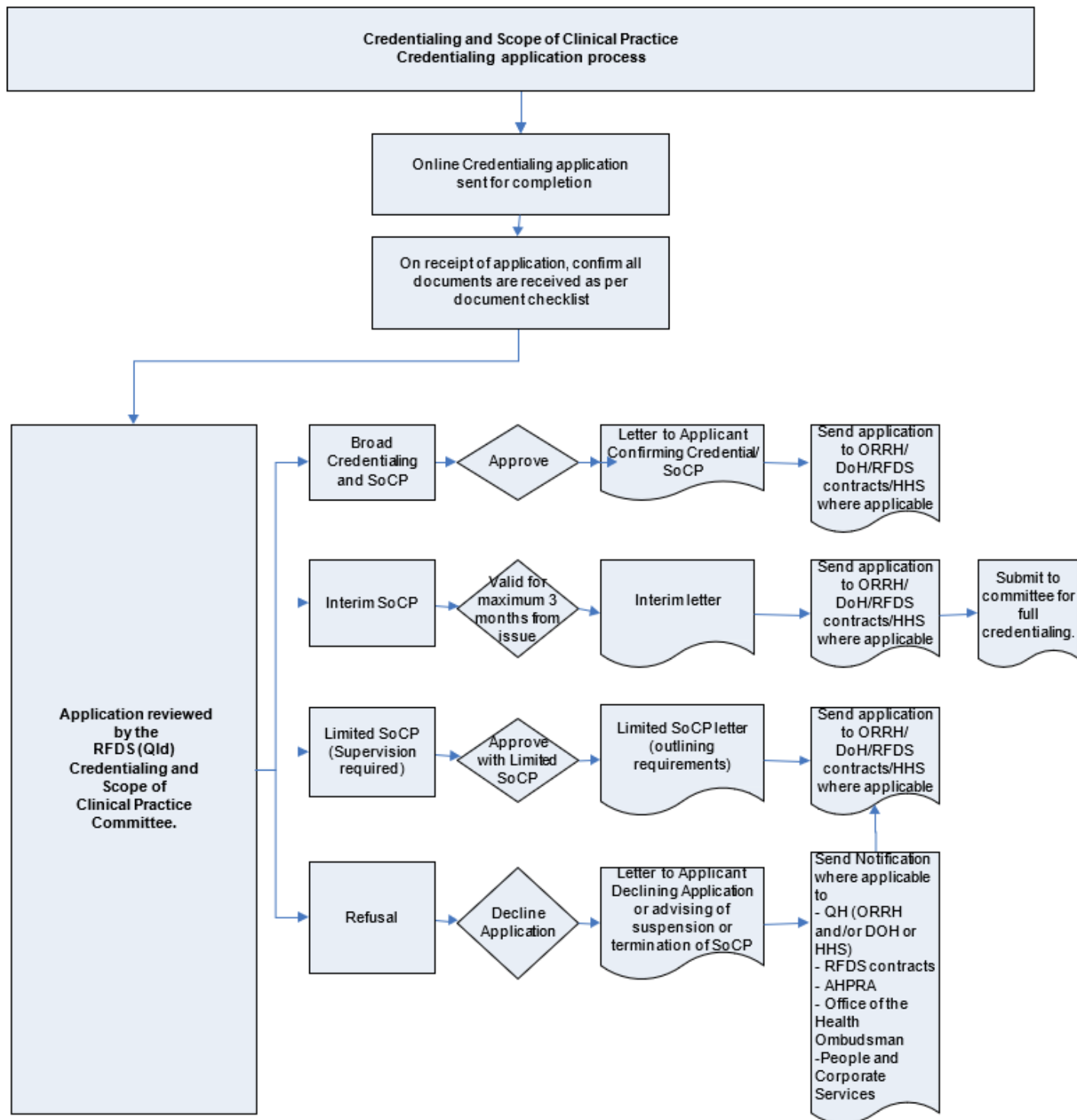
Mental Health

Mental Health Credentialing Supervision Requirements

Clinical Supervision Plan for Mental Health Practitioners

Title	Credentialing and Scope of Clinical Practice Policy for Clinicians	Document ID	MYRFDS-1800068415-1667
Parent Group	Credentialing and Scope of Clinical Practice		
Category / Chapter	Clinical Governance	Document Version & Status	30.0, Approved
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Appendix 1 – Credentialing Application Process



Title	Credentialing and Scope of Clinical Practice Policy for Clinicians	Document ID	MYRFDS-1800068415-1667
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