



**ANZCA**  
FPM

11 July 2025

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Australian Commission on Safety and Quality in Health Care (ACSQHC)  
Via email: [cmo@safetyandquality.gov.au](mailto:cmo@safetyandquality.gov.au)

### **Draft Credentialing and Defining Scope of Clinical Practice: A guide for managers and clinicians June 2025 – ANZCA feedback**

Thank you for the opportunity to provide feedback on the draft guide. Outlined below is ANZCA's feedback.

ANZCA is one of the largest medical colleges across Australia and New Zealand - responsible for the postgraduate training programs of anaesthetists and specialist pain medicine physicians. The college is responsible for the training, assessment, examination, qualification and continuing professional development of specialist anaesthetists and specialist pain medicine physicians, the standards of anaesthesia and pain medicine in Australia and New Zealand, and specialist international medicine graduate assessment.

Anaesthetists apply their knowledge and skills to caring for patients in a variety of clinical contexts, providing anaesthesia and sedation for surgery and other procedures, providing pain management and peri-procedural care, working in resuscitation, trauma and retrieval teams and working with specialists in intensive care medicine. There are sub-specialised areas of practice based around patient groups such as paediatric anaesthesia and obstetric anaesthesia, or surgical sub-specialties such as anaesthesia for cardiac surgery, medical perfusion and neurosurgery.

We are happy to be contacted on the following email address if there are any follow-up queries or clarifications required: [policy@anzca.edu.au](mailto:policy@anzca.edu.au).

#### **Endorsed by:**

Nigel Fidgeon  
CEO, ANZCA

**Context provided from ACSQHC:** This guidance has been developed to assist health service organisations to develop a local policy and process. The guidance is also intended to assist health service organisations to meet the requirements of the National Safety and Quality Health Service Clinical Governance Standard. The feedback will inform finalisation of this guidance prior to publication on the Commission's website.

**Responses due:** via the provided response template by Monday 14 July 2025.

Section	Comment/Suggested change	Rationale for change
<b>Overview pp. 1-3</b>	No identified issue	
<b>1. Policy framework for credentialing and scope of clinical practice p.8</b>	No issue	
<b>2. Governance and processes pp.9-11</b>	Assessment of credentials may be undertaken by a subcommittee of the credentialing committee and a recommendation made to the credentialing committee by the subgroup. Usually involves at least two credentialing committee members as well as subject matter expertise. This assessment usually occurs at interview.	Need to add this consideration as this is how it operationally occurs.
<b>3. Credentialing applications pp.9-15</b>	Working with children checks Immunisation status And any jurisdictional specific requirements	These are jurisdictional requirements that are part of credentialing that have been omitted on the document
	Insert following words: “For newly qualified <b>advanced practice or</b> specialist clinicians this may involve review of...”	To reflect standard language around non-medical clinicians
	“National Boards, professional associations and colleges set standards for clinicians to undertake continuing professional development (CPD).”	Standards for CPD are set by the national regulator. For medicine this is the Medical Board of Australia. CPD are AMC accredited programs that are responsible for managing and supporting doctors’ CPD activities. Doctors must be a member of an AMC accredited CPD home. CPD homes and specialist colleges may have more specific requirement than those within the broader framework.
	Medical clinicians	Should be doctors or medical practitioners, not medical clinicians
<b>4. Scope of Clinical Practice pp.17-23</b>	“There may be instances where a Credentialing Committee has doubt about an applicant’s ability to perform... At these times, the Credentialing Committee should consider:	A clinician should not be given a restricted time to do a scope if it is felt they have doubt about ability.

Section	Comment/Suggested change	Rationale for change
	<ul style="list-style-type: none"> <li>Placing restrictions on the duration of the scope of clinical practice.”</li> </ul>	
<b>5. Recredentialing pp.25-26</b>	Insert the word ‘may’: “Other examples for specific recredentialing requirements <b>may</b> include annual recredentialing for clinicians greater than 70 years of age or if there has been a break in a clinician’s clinical practice for greater than 12 months”	Included because age is not a restriction to practice.
<b>6. Credentialing and scope of clinical practice for specific roles pp.27-28</b>		
<b>7. Credentialing and scope of clinical practice in specific contexts pp.29-30</b>	“this credentialing and scope of clinical practice should be valid for up to 1 month and should be formally reviewed at the next scheduled Credentialing Committee meeting.”	Short term/ locum VMO contracts are three months. Information is provided to the next credentialing committee which may be more than 1 month after the date.
<b>8. Monitoring changes and compliance pp.32-33</b>		
<b>9. Credentialing and scope of clinical practice across multiple sights pp.34-36</b>		
<b>Appendix 1: Checklist of required policies and procedures pp.37-39</b>	It should be commented that checklists are as examples only that can be adapted for local use.	
<b>Appendix 2: Template Terms of Reference for Credentialing Committee pp.40-44</b>		
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<b>Appendix 3: Documenting committee processes and outcomes pp.45-46</b>		
<b>Appendix 4: Checklist for clinicians applying to be credentialed pp.47-48</b>		
<b>Appendix 5: Advice on seeking clinical references pp. 49-50</b>		

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<b>Appendix 6: Template for written clinical medical peer referee report pp.51-52</b>		
<b>Appendix 7: Template for verbal reference for medical clinician pp.53-54</b>		
<b>Appendix 8: Previous and recent clinical experience pp. 56-57</b>		
<b>Appendix 9: Checklist to determine the scope of clinical practice p.58</b>		
<b>Appendix 10: Example process for review of credentialing and scope of clinical practice related to clinical issues or investigations p.59</b>		
<b>Appendix 11: Required evidence for recredentialing pp.59-61</b>		Need to add “and other evidence as required e.g. working with children checks, immunisation status etc.”
<b>Appendix 12: Checklist for recredentialing of clinician pp.62-63</b>		
<b>Appendix 13: Critical actions in considering temporary scope of clinical practice pp.64-66</b>		
<b>Appendix 14: Mutual recognition – Example Letter of Good Standing p.67</b>		
<b>Glossary pp.68-74</b>		
<b>General Comments</b>		