



Procedure

TCHHS-CLIN-1-PRO-0179

Allied Health – credentialing, defining the scope of clinical practice and professional support

1. Purpose

This procedure describes the processes for credentialing and defining the scope of clinical practice (SoCP) and professional support for allied health professionals (AHPs) providing clinical care in Torres and Cape Hospital and Health Service (TCHHS).

2. Scope

2.1 Inclusions

The procedure applies to:

- External AHPs employed by a third party, contractor or agency and providing clinical services in a TCHHS public health facility
- AHPs engaged on temporary locum contracts
- AHPs who are engaging in extended scope of practice

A full list of all AHPs is detailed in **Appendix 1**

2.2 Exemptions

AHPs are exempt from the credentialing and defining the scope of clinical practice process in the following circumstances:

- AHPs employed by TCHHS, including permanent, temporary and casual employees, who are working within the defined scope of practice of their profession
- AHPs employed by another Hospital and Health Service (HHS) or the Department of Health (DoH) and providing clinical services in TCHHS
- AHPs conducting research where such research does not involve any direct patient contact

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- AHPs conducting workplace or work capacity assessments related to WorkCover, Occupational Health and Safety or Radiation Safety related assessments.
- Students and trainees participating in supervised training activities where the activity does not include any unsupervised clinical practice or patient contact.

3. Process

3.1 External allied health professionals

An external AHP is a practitioner who is employed by a third party and is providing clinical care to patients in a TCHHS public health facility and has not gone through a Queensland Health (QH) formal recruitment process.

The business unit contracting the external services is responsible for ensuring the external AHP is suitably credentialed and operating under an approved scope of clinical practice (SoCP). This can be done by:

- Ensuring the service agreement includes credentialing and SoCP requirements for the external party to fulfil.
- Requesting credentialing via the TCHHS credentialing officer.

3.1.1. Service agreements (contracts)

The external provider's credentialing and SoCP requirements can be included in the contract between the provider and TCHHS. If the initial contract does not include provisions for credentialing, the responsible business unit may request to include these with a contract variation. All variations must be requested via the Contracts and Procurement unit.

3.2 Locum allied health professionals

Locum AHPs must undergo the standard application process, as detailed in **Section 3.3: Standard application process**, prior to commencing services.

The duration of SoCP for locum practitioners is limited to a maximum of **three (3) years**.

3.3 Standard application process

During each stage of the credentialing and SoCP process, it is important that there is compliance with the principles of natural justice and procedural fairness, and that any perceived or real conflicts of interest are appropriately managed.

All recommendations and decisions must be professionally lead; applications are reviewed by an appropriately qualified and experienced professional in the profession in which SoCP is sought.

This process applies to both new and renewal applications. Renewal applications must be reviewed within a reasonable time frame to ensure the practitioner's SoCP does not lapse.

Step 1: On receipt of the application the credentialing officer requests all documentation is provided against the profession specific application requirements detailed in **Appendix 2**. If the application is not complete, the credentialing officer is to contact the applicant and/or agency to source the relevant documentation.

If the practitioner commences duties prior to approval of full SoCP, an interim SoCP may be approved by the Executive Director of Allied Health (EDAH). Refer to **Section 3.6**: Interim scope of clinical practice.

Step 2: The collated application is forward to a TCHHS Discipline/Professional Lead for review. If TCHHS does not employ the profession/discipline, then the application is forwarded to an equivalent person in another HHS.

Step 3: The Discipline/Professional Lead will review the application and complete the Reviewer Section of the application within five (5) working days of receipt, and either:

- a) endorse the application and recommend SoCP (go to **Step 5**)
- OR**
- b) not endorse and clearly state the reasons why (go to **step 4**)

Step 4: If the application is not endorsed, the credentialing officer is to notify the applicant of what additional information is required. On receipt of this new information, the application is redistributed to the Discipline/Professional Lead for review as described in *Step 3*.

If, upon submission of further information the application for SoCP is still not recommended, the practitioner must be notified in writing by the EDAH. The correspondence must clearly state the reasons why SoCP was not recommended and how the practitioner may appeal the decision. Refer to **Section 3.8** regarding the management of appeals.

Step 5: On receipt of the Discipline/Professional Lead recommendation, the credentialing officer will forward the application to the TCHHS Allied Health Manager (north, east or west) (AHM) for endorsement.

Step 6: The AHM reviews the application and completes the Endorsement Section of the application within 5 working day of receipt, and either:

- a) endorse the application and recommend SoCP (go to Step 8)
- OR**
- b) not endorse and clearly state the reasons why (go to step 5)

Step 7: On receipt of all the required endorsements, the credentialing officer drafts a SoCP letter. Duration of SoCP may be up to five (5) years, or as determined by the EDAH

- Locums – maximum of three (3) years
- All others – maximum of five (5) years

Duration of SoCP can be less, and the reasons for the reduced period must be noted in the SoCP correspondence.

The SoCP may contain special conditions or limitations of practice as specified by the Discipline/Professional Lead in consultation with the AHM.

Step 8: The draft letter and copy of the endorsements are forward to the Office of the EDAH for final endorsement before forwarding to the Health Service Chief Executive (HSCE) for approval. The HSCE is to sign the SoCP letter within 10 working days of receipt. The signed letter is then returned to the credentialing officer to distribute.

Step 9: The credentialing officer updates the credentialing database with the details of the SoCP and distributes the SoCP correspondence:

- Original to the practitioner
- Copies to the relevant AHMs and EDAH
- Copies to Locum Agency or third-party employer, where relevant and
- Copy to RRCSU Credentialing Officer

3.4 Extended scope of practice

Where a practitioner seeks to undertake a task or clinical practice that falls outside the recognised scope of practice of that profession, the practitioner must apply for extended scope of practice.

If the extended scope of practice is a new service, intervention, technique or procedure it must first be considered in accordance with the [TCHHS New clinical interventions and technologies procedure](#).

Step 1: On receipt of the application the credentialing officer confirms that all documentation has been provided. If the application is not complete, the credentialing officer is to contact the applicant and source the relevant documentation.

Step 2: In consultation with the EDAH, a suitable allied health credentialing panel or committee in another HHS will be identified for the review of the application. The reviewing panel or committee must have the appropriate membership to adequately review the application. A TCHHS representative will be considered a Co-Opted member of this panel or committee for the purposes of reviewing the application.

Step 3: On receipt of the recommendation from the AHM/s, the credentialing officer will draft a SoCP letter and forward the letter and recommendation to the EDAH for final review before forwarding to HSCE for approval. The HSCE must sign the correspondence within 10 working days of the panel or committee meeting. The signed letter is then returned to the credentialing officer for distribution.

Step 4: The credentialing officer updates the credentialing database with the details of the SoCP and distributes the SoCP correspondence:

- Original to the practitioner
- Copies to the relevant AHMs and EDAH
- Copies to Locum Agency or third-party employer, where relevant and
- Copy to RRCSU Credentialing Officer

3.5 Mutual recognition of scope of clinical practice

If a practitioner has an equivalent scope of clinical practice in another HHS, they may apply to have this scope of practice mutually recognised to TCHHS. It is important to consider each request on a case by case basis as processes may vary between HHSs.

Step 1: On receipt of the application the credentialing officer confirms that all documentation is provided against the profession specific application requirements detailed in **Appendix 2**. If the application is not complete, the credentialing officer is to contact the applicant and source the relevant documentation.

Step 2: The credentialing officer obtains a copy of the SoCP letter from the primary HHS.

Step 4: The credentialing officer drafts a SoCP letter. The expiry date of the SoCP must be same as the primary HHS SoCP.

Step 5: The collated application, including the primary SoCP letter, is forward to the EDAH for review and endorsement

Step 6: The draft letter and copy of the endorsement are forward to the HSCE for approval. The HSCE is to sign the SoCP letter within 10 working days of receipt. The signed letter is then returned to the credentialing officer to distribute.

Step 7: The credentialing officer updates the credentialing database with the details of the SoCP and distributes the SoCP correspondence:

- Original to the practitioner
- Copies to the relevant AHMs and EDAH
- Copies to Locum Agency or third-party employer, where relevant and
- Copy to RRCSU Credentialing Officer

3.6 Interim scope of clinical practice

In cases where a practitioner commences work prior to completing the full process as outlined in **Section 3.3** an interim SoCP may be approved.

Interim SoCP may only be approved for a maximum of three (3) months and cannot be extended.

Step 1: The credentialing officer forwards the application and draft interim SoCP letter to the EDAH for final endorsement before forwarding to HSCE for approval. The signed letter is returned to the credentialing officer for distribution.

Step 2: The credentialing officer updates the credentialing database with the details of the SoCP and distributes the SoCP correspondence:

- Original to the practitioner
- Copies to the relevant AHMs and EDAH
- Copies to Locum Agency or third-party employer, where relevant and
- Copy to RRCSU Credentialing Officer

3.7 Termination of scope of clinical practice

A practitioner's SoCP may be immediately terminated by the HSCE when:

- A practitioner's AHPRA registration or professional membership is cancelled or modified in a way that precludes them from practising within their approved SoCP.
- A practitioner's employment/contract is terminated which may include by way of, for example, resignation or the contract comes to an end.

A practitioner's SoCP may be immediately suspended by the HSCE when:

- A practitioner's AHPRA registration or professional membership is suspended.
- A practitioner's employment is suspended, and in the case of a contracted practitioner, their contract is varied accordingly.

At times, Human Resource (HR) matters may intersect with the credentialing and SoCP process. Importantly, prior to proceeding to a review of a practitioner's SoCP, the panel or committee needs to be clear that the matter to be considered specifically relates to credentialing and SoCP and is not a HR matter. Consultation with HR staff may assist in clarifying and resolving the matter prior to considering or proceeding to a credentialing and SoCP review.

When considering any concerns about the practitioner's standard of care there is a paramount duty to ensure patient safety while at the same time adhering to principles of natural justice and procedural fairness.

A comprehensive guideline is available in *Part 4: Termination, suspension or reduction of scope of clinical practice of the Department of Health Guideline - Credentialing and defining the scope of clinical practice for medical practitioners and dentists: a best practice guideline*. This process can be used by replacing all references to 'medical practitioners and dentists' with 'allied health professionals' (AHP). The following steps outlines the process

- Step 1:** Advise the practitioner in writing, within 10 business days of the request for review, that a review has been requested.
- Step 2:** Provide the individual or entity that made the request for the review with an opportunity to make a submission regarding the grounds for the request within 20 business days of the practitioner being notified of a review being undertaken.
- Step 3:** Establish a review panel with membership appropriate to the matters under review or the profession of the practitioner.
- Step 4:** Convene the panel or committee meeting within 20 business days after the closing date for the receipt of the practitioner's written submission.

At the first meeting, the panel or committee will consider all available documentation, and may request further information if necessary.
- Step 5:** If necessary, convene a second or subsequent meeting of the committee to hear oral presentations, or consider additional information submitted by the practitioner.
- Step 6:** Ensure all members of the panel or committee and the practitioner are provided with all available information at least five (5) business days prior to the meeting.
- Step 7:** Following the consideration of all available relevant material (including any oral presentations) the panel or committee must make a recommendation/s regarding the practitioner's SoCP to the decision maker (refer to Part 1, section 3.1.4). All reason//s and recommendation/s of the review must be clearly documented.

3.8 Appeals

A practitioner whose SoCP has been terminated, suspended, reduced, denied or approved in a different form to that requested, has the right to appeal against that decision through a review by an independent appeal panel or committee.

The appeal process is instigated after all possibilities of resolution have been exhausted at the department division level. This may include conducting a review process, such as holding an extraordinary credentialing panel or committee comprising membership appropriate to the matters under review meeting (at times previously referred to as an 'unscheduled review').

A comprehensive guideline is detailed in *Part 5: Appeals Process of the Department of Health Guideline - Credentialing and defining the scope of clinical practice for medical practitioners and dentists: a best practice guideline*. This process can be effectively used by replacing all references to 'medical practitioners and dentists' with 'allied health professionals' (AHP). The following steps outlines the process:

- Step 1:** The appeal is initiated by the practitioner (appellant) making a request in writing to the relevant delegated decision maker within 20 business days from the date of receipt of the decision maker's written advice regarding the practitioner's requested SoCP. The appellant must clearly articulate the grounds for their appeal and submit any associated evidence to support these grounds.
- Step 2:** The relevant decision maker must, within 10 business days of receiving the written request, provide written notification to the EDAH that an appeal has been initiated.
- Step 3:** The appeal panel or committee must be convened by EDAH within 20 business days of the date the notification is made to the relevant decision maker
- Step 4:** The appeal panel or committee may request a person to appear before the committee and provide further information, for example, the appellant or the panel or committee chair, to assist in making a recommendation.
- Step 5:** The appeal panel or committee considers all the information presented, and makes a recommendation/s, including the reasons for the recommendation/s.
- Step 6:** The appeal panel or committee chair must forward the committee's recommendation/s in writing to the relevant decision maker within 20 business days of the final convening of the appeal committee.
- Step 7:** Once the relevant decision maker has received the appeal panel or committee's recommendation/s they must make a decision on the practitioner's appeal of their SoCP.
- Step 8:** The decision, with comprehensive reasons, must be communicated in writing to the appellant, the chair of the appeal panel or committee within 20 business days of the last day that the panel or appeal committee convenes. The appeal is then closed.

3.9 Professional support

Professional support is a process to ensure AHPs participate in activities for professional development and maintain competence in their profession.

The AHMs will be the central point of contact for AHPs, allied health discipline leaders and service managers in TCHHS regarding professional support.

Professional support activities may include (not an exhaustive list):

- Professional supervision, peer group supervision or mentoring.
- Conduct regular peer review activities
- Promotion of available education and training initiatives and opportunities.
- Participating in the orientation and induction process for practitioners new to TCHHS and sites.
- Meeting with new staff early in their tenure with explanation of allied health support roles.

Clinical experience	Recommended support
New graduate allied health professional (under 2 years' experience)	One (1) hour per week or equivalent
Recent role or scope of practice change	One (1) hour per week or equivalent
Allied health professional with 2 - 5 years' experience	One (1) hour per fortnight or equivalent
Allied health professional with > 5 years' experience	One (1) hour per month or equivalent

4. Responsibilities

Position	Responsibility
Executive Director Allied Health	Responsible for the oversight, implementation, review and compliance monitoring. Ensure complete records of the credentialing process for each recommendation and ensures those records are maintained and are available for audit. Provide leadership support as required to the credentialing officer in matters relating to credentialing and SoCP.
Discipline / Professional Lead	Provide independent advice to the decision maker. Conduct their responsibilities to a high standard and in a timely manner.
TCHHS Allied Health Managers	Ensure all practitioners working in the relevant facility have an approved SoCP. Ensure that practitioners are working within their approved SoCP and the clinical services capability of the facility. Ensure the Medical Workforce Coordinator is notified of any new practitioners requiring SoCP.
Allied Health Professionals and/or Locum agencies	Where required, ensure they have an approved SoCP prior to commencing work at any TCHHS facility. At all times act in good faith. Information provided in an application is true and correct. Ensure all requested information is provided within the required timeframes to ensure an informed recommendation on credentials and SoCP is made.

Position	Responsibility
	Disclose the status of registration, including any conditions, past or present suspensions, reprimands or undertakings, limitation on SoCP by another public health facility or any other matter that the EDAH could reasonably expect to be disclosed in order to make an informed recommendation on credentials and SoCP.
Credentiaing officer	<p>Coordinate the Credentiaing and SoCP process.</p> <p>Maintain accurate records for all practitioners requiring SoCP.</p> <p>Monitor and maintain Credentiaing Hub and Database to ensure accuracy of information.</p> <p>Process applications in a timely manner to ensure practitioners have SoCP prior to commencing work and that renewal applications are processed to ensure ongoing SoCP.</p> <p>Ensure all requested information is provided to the Discipline leads, AHMs, and EDAH, within the required timeframes to enable them to make an informed recommendation on credentials and SoCP.</p> <p>Ensure all information is forwarded to the relevant decision maker to enable them to make an informed decision on credentials and SoCP.</p>

5. Supporting documents

5.1 Legislation / standard/s

- [National Safety and Quality Health Service \(NSQHS\) Standards \(2017\) Clinical Governance Standard](#)
- [Health Service Directive: Credentiaing and defining the scope of clinical practice.](#)

5.2 Other procedures, process flows and guidelines

- [Human Resources Policy: Recruitment and Selection B1.](#) (QH-POL-212)
- [Guideline for Credentiaing, Defining the Scope of Clinical Practice and Professional Support for Allied Health Professionals.](#) (QH-HSDGDL-034-1:2015)
- [Credentiaing health practitioners and defining their scope of clinical practice: A guide for managers and practitioners.](#) Australian Commission on Safety and Quality in Health Care, December 2015.
- [TCHHS Credentiaing and Scope of Clinical Practice policy](#) (0001)
- [TCHHS Policy: Contract management.](#) (1379)
- [TCHHS: New clinical interventions and technologies procedure.](#) (0428)
- [TCHHS Human Resource \(HR\) Delegations Manual \(0042\)](#)

5.3 Forms and templates

- [TCHHS Application for scope of clinical practice](#) (1838) (new, renewed, mutual recognition, extended scope)
- [TCHHS Referee report \(0252\)](#)

6. Definition of terms

Term	Definition / explanation / details	Source
AHM	Allied Health Manager	
AHP	Allied Health Professionals	
AHPRA	Australian Health Practitioner Regulation Agency	
AHRRTS	Allied Health Rural and Remote Training and Support	
Credentialing	The formal process used to verify the qualifications, experience, professional standing and other relevant professional attributes for the purpose of forming a view about their competence, performance and professional suitability to provide a safe, high quality healthcare service within specific environments.	Australian Commission on Safety and Quality in Health Care Credentialing and defining scope of practice
CHaD	Credentialing Hub and Database	
EDAH	Executive Director, Allied Health	
Extended scope of clinical practice	Any task or clinical practice that falls outside the recognised scope of practice of that profession.	Ministerial Taskforce on health practitioner expanded scope of practice: final report 2014
HHS	Hospital and Health Service	
HR	Human Resource	
HSCE	Health Service Chief Executive	
Service Agreements	Service Agreements (Contracts)	
SoCP	Scope of practice/ scope of Clinical Practice: The extent of an individual practitioner's approved clinical practice within a particular organisation based on the individual's credentials, competence, performance and professional suitability and the needs and capability of the organisation to support the practitioner's scope of clinical practice.	NSQHS Standard Clinical Governance Standard
TCHHS	Torres and Cape Hospital and Health Service	

7. Consultation

- Executive Director Allied Health
- Medical Workforce Coordinator (Credentialing Officer)
- RRCSU Senior Credentialling Officer
- TCHHS Contracts and Procurement unit

8. Approval governance pathway

8.1 Document author

The following officer is the author of this procedure

- Executive Director Allied Health

8.2 Document custodian

The following officer will have responsibility for implementation of this procedure

- Executive Director Allied Health

8.3 Endorsing committee

The following committee will have responsibility for implementation of this procedure

- Clinical Governance Committee

8.4 Approving officer

The following officer has approved this document

- Executive Director Allied Health

Signed: 21/10/2022

9. Effective dates

Schedule	Dates
Approval date	21/10/2022
Effective from	21/10/2022
Next date of review	21/10/2024
Superseded procedure	Version 3.0

10. Version control

Version	Date	Comments
3.0	16/09/2021	Approved by Executive Director Allied Health
3.1	11/10/2022	Updated by Allied Health Coordinator and Credentialling Officer to reflect new process on documentation compliance checks
4.0	21/10/2022	Approved by EDAH

11. Evaluation strategy

Strategy	Evaluation
Risk	Overall risk rating: Medium (9)
Audit strategy	<ul style="list-style-type: none"> • Expiry reports fortnightly for locums • Reminders sent and monitored in database • AHPRA • Standard Offer Agreement with providers for locums – audited
Audit frequency	AHPRA registration of permanent employees fortnightly
Audit responsibility	Medical and Allied Workforce and Medical Recruitment Coordinator
Indicators / outcomes	100% of employees are credentialled

12. Document communication and implementation plan

Action	Responsible position
Identify the target group <ul style="list-style-type: none"> • All Allied Health Professionals 	Medical Workforce Coordinator Executive Director Allied Health
Provide a timeline for communication and implementation milestones <ul style="list-style-type: none"> • Weekly CE Broadcast • Monthly Policy and Procedure Newsletter 	ED Allied Health Policy and procedure admin officer Comms-Media Officer
Identify method of communication <ul style="list-style-type: none"> • Weekly CE Broadcast • Monthly Policy and Procedure Newsletter 	ED Allied Health Policy and procedure admin officer Comms-Media Officer
List education and training available to support implementation <ul style="list-style-type: none"> • Education and training support 	Medical Workforce Coordinator
Identify frequency of communication <ul style="list-style-type: none"> • Weekly CE Broadcast • Monthly Policy and Procedure Newsletter 	ED Allied Health Policy and procedure admin officer Comms-Media Officer

13. Appendices

Appendix 1 - List of Allied Health Professions

Appendix 2 – Minimum requirements for external credentialing processes

Appendix 1- List of Allied Health Professions (recognised by QH)

Registered professions	Self-regulated professions	Unregulated professions
Medical Radiation Professions Occupational therapy Optometry Pharmacy Physiotherapy Podiatry Psychology	Art Therapy Audiology Clinical physiology Dietetics/Nutrition Exercise physiology Leisure therapy Music therapy Orthoptics Orthotics and prosthetics Medical and health physics Social work Sonography (including echo-sonography) Speech pathology	Rehabilitation engineering

Appendix 2 – Minimum requirements for external credentialing processes

Note: It is the responsibility of the Office of the EDAH to ensure compliance as per the SOA (non-credentialing specific documentation)

Area	Application form	Registration, membership or accreditation	Current CV	CPD	Qualifications	References x 2	2 forms of ID: 1 x photo (passport or drivers lic.) and 1 other	Professional indemnity insurance	Other
Audiology	Yes	Audiology Australia.	Yes	Certificate of clinical practice (CCP)	Masters in clinical Audiology	Yes	Yes	Yes	Full/ordinary members of Australian College of Audiology (ACAud) with Hearing Rehabilitation Specialist (HRS) and Diagnostic Rehabilitation Specialist (DRS) competencies
Audiometry	Yes	Australian College of Audiology (ACAud)	Yes	Yes	Australian Diploma - level TAFE vocational qualification in audiometry or Bachelor in Audiometry	Yes	Yes	Yes	Hearing Rehabilitation Specialist (HRS) competency and/or Full member of Hearing Aid Audiometrist Society of Australia (HAASA)
Dietetics and Nutrition	Yes	Dietitians Association of Australia	Yes	30 hours per year	Bachelor or Masters in Nutrition and Dietetics	Yes	Yes	Yes	
Exercise Physiology	Yes	Exercise and Sports Science Australia	Yes	20 hrs	B. Exercise Physiology	Yes	Yes	Yes	Current CPR and current first aid certs

Area	Application form	Registration, membership or accreditation	Current CV	CPD	Qualifications	References x 2	2 forms of ID: 1 x photo (passport or drivers lic.) and 1 other	Professional indemnity insurance	Other
Occupational Therapy	Yes	AHPRA	Yes	30 points (AHPRA audited)	Bachelor (Some practice with Dip if qual prior to Bachelor degree)	Yes	Yes	Yes	
Optometry	Yes	AHPRA	Yes	Yes	Master of Optometry	Yes	Yes	Yes	
Pharmacy	Yes	AHPRA	Yes	Yes	Bachelor or Master of Pharmacy	Yes	Yes	Yes	
Physiotherapy	Yes	AHPRA	Yes	20 hrs per year	Bachelor of Physiotherapy	Yes	Yes	Yes	
Podiatry	Yes	AHPRA	Yes	Yes	Bachelor of Podiatry	Yes	Yes	Yes	
Psychology	Yes	AHPRA	Yes	Yes	Ba Psychology or Ba with Post Grad Dip Psychology	Yes	Yes	Yes	
Radiography - Medical Imaging	Yes	AHPRA	Yes	ASMIRT / ASA / AHPRA	B. Med Radiation Science (Medical Imaging)	Yes	Yes	Yes	Qld Radiation Health - Use Licence
Social work	Yes	AASW (not mandatory but must be able to demonstrate eligibility to be a Member)	Yes	If AASW member CPD can be provided **; otherwise up to individual	Ba Social Work As deemed accepted qualifications by AASW (refer to website)	Yes	Yes	Yes	**Total of 30 hours of professional development including: <ul style="list-style-type: none"> • 10 hours of Category 1 'Supervision' • 15 hours Category 2 Skills & Knowledge • 5 hours Category 3 'Professional Identity'

Area	Application form	Registration, membership or accreditation	Current CV	CPD	Qualifications	References x 2	2 forms of ID: 1 x photo (passport or drivers lic.) and 1 other	Professional indemnity insurance	Other
Sonography	Yes ** <i>see comment</i>	Australian Sonographer Accreditation Register (ASAR)	Yes	ASA / ASUM / ASAR	Grad Dip Sonography – Cardiac Sonography or Echocardiography or/ Diploma Medical Ultrasonography DMU	Yes * <i>see comments</i>	Yes	Yes	1. USS Specific Reference Template * 2. Application form and MSK Scope of Practice Feedback **
Speech Pathology	Yes	Speech Pathology Australia (SPA) (not mandatory but must be demonstrate eligibility to be a Member)	Yes	20 points professional self-regulated (PSR) program	Ba Speech Pathology	Yes	Yes	Yes	Maintain currency of knowledge which equates to approximately 20 hours of continuing education per year or approximately 25 minutes per week. A minimum of 10 points per year must be accrued in activities related to clinical practice.