

**PART OF MY MIRROR'S  
STANDARD OPERATIONAL  
POLICY AND PROCEDURES**

**Document History**

**Document Information**

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## 1. Purpose

It is the policy of My Mirror to ensure that appropriately qualified, experienced, and competent clinicians perform their roles, duties and responsibilities and support My Mirror's ongoing efforts to provide safe, evidence-based, and effective clinical care.

The National Safety and Quality Health Service (NSQHS) Standards 2017 (second edition)<sup>1</sup> has an established set of requirements to ensure the health professional workforce is suitably experienced, trained, and qualified to practice in a competent and ethical manner. Scope of clinical practice is based on the individual professional's qualifications, skills, knowledge, performance, and professional suitability to provide safe, high-quality health care to patients and consumers (NSQHS 2nd Ed, sections 1.23 and 1.24)<sup>1</sup>.

My Mirror recognises that credentialing of clinicians is an important part of ensuring that services delivered to clients, their support and the community are safe and are of high quality.

This policy is supported by the Principles and Definitions outlined below and is enabled by the procedures outlined in this policy.

## 2. Principles

My Mirror adheres to the following principles for the credentialing of its clinicians:

- To maintain and approve the safety and quality of the My Mirror services it provides.
- To protect the community interests by credentialing competent clinicians
- To maintain absolute confidentiality in conducting proceedings relating to credentialing
- Details of clinician's credentials are recorded and stored in the credentialing system.

### 3. Definitions (for the purposes of this policy)

**Clinician:** any psychologist who has signed a contract and is delivering services or has delivered services to clients through My Mirror.

**Credentialing:** A formal process used to verify the qualifications, experience, professional standing, and other relevant professional attributes of clinicians for the purpose of forming a view about their competence, performance, and professional suitability to provide safe, evidence-based and effective clinical care.

**Re-credentialing:** periodically reviewing and verifying credentials to ensure a clinician continues to meet My Mirror’s requirements to provide safe, evidence-based and effective clinical care.

### 4. Roles and Responsibilities

Who	Commitment	How
Clinical Management/ Leadership Team	<ul style="list-style-type: none"> <li>Implementation of this policy</li> </ul>	<ul style="list-style-type: none"> <li>Ensuring all job descriptions specify necessary credentials and required scope of practice prior to recruitment.</li> <li>Ensuring appropriate systems are in place that support robust credentialing practices.</li> <li>Ensuring organisational accountability is clearly articulated and the Clinical Management/Leadership Team as well as clinicians understand and enact their responsibilities.</li> <li>Being satisfied that there is compliance with relevant legislations, regulations, and standards.</li> <li>Assessing credentials of all new clinicians.</li> <li>Assessing credentials of current clinicians (re-credentialing).</li> <li>Ensuring the uploading and updating of clinicians and scope of clinical practice information and documents are securely stored in the relevant system.</li> <li>Responding to new information pertaining to restrictions or conditions on a clinician’s registration, criminal history, professional misconduct, unsatisfactory professional conduct, or complaints.</li> </ul>

		<ul style="list-style-type: none"> <li>• Ensuring that credentialing processes are ceased when a clinician stops working for My Mirror; and</li> <li>• Adequately informing clinicians about the policy and the consequences of non-compliance.</li> </ul>
Clinicians	<ul style="list-style-type: none"> <li>• Participating in the implementation of this policy</li> </ul>	<ul style="list-style-type: none"> <li>• Updating My Mirror about status and capacity to maintain credentialing.</li> <li>• Complying with this policy which includes reporting any changes to information initially submitted for credentialing.</li> <li>• Maintaining relevant credentials, inclusive of participation in relevant continuing professional development; and</li> <li>• Complying with all associated policies and other clinical governance requirements.</li> </ul>

## 5. Process

### 5.1 Credential checking

A member of the Clinical Team is required to check and validate all credentialing details and supporting documents required for the scope of clinical practice prior to service provision. A member of the Clinical Team should also sight the AHPRA website to confirm registration status. All credential details are to be recorded on the appropriate data management system. At a minimum, the following details must be provided and verified during initial credentialing:

- a. Providing a current curriculum vitae (CV)
- b. Providing an original copy of degree/qualifications provided upon recruitment.
- c. Communicate any updated qualifications or skills to the Clinical Team (as appropriate) and add to practitioner profile (as appropriate), including areas of endorsement, or areas of clinical practice requiring additional training/certifications.
- d. Evidence of current registration with relevant regulatory body
- e. Evidence of professional association membership
- f. Evidence of current professional indemnity insurance including coverage relating to specific scope of clinical practice (updated as per payment schedule – monthly, quarterly, bi-yearly, annually as appropriate)
- g. Medicare registration – for delivery of Better Access (at minimum), as well as additional skills such as but not limited to Eating Disorder Treatment Plan
- h. Should the practitioner advertise availability for Worker Compensation (WC) or National Disability Insurance Scheme (NDIS) that they maintain minimum standards of registration/compliance as per relevant body requirements for individual state or commonwealth as appropriate

- i. A current Working with Children Check (WWCC) if working with children as per state regulations
- j. Maintain minimum levels of continuing professional development and supervision as per any registration body requirements.
- k. Declaration covering existing or previous restrictions or conditions on their registration, criminal history, professional misconduct, unsatisfactory professional conduct, or outstanding complaints

## 5.2 Reference and referee checks

- a. At least two current references must be provided. References provided must be for people who have observed and therefore have first-hand experience of the applicant's work or people who have assessed clinical data relating to the competence of the applicant.
- b. At least one referee must be from either a head of the speciality, direct line manager or equivalent where the applicant most recently practiced or within or directly relevant to the field of practice in which the applicant will practice.

## 5.3 Re-credentialing

Re-credentialing is the formal process to periodically review credentials of clinicians (following initial credentialing) to ensure qualifications, recency of practice, professional registration, professional association membership and insurances remain current.

# 6. Compliance

Compliance with the Credentialing Policy is mandatory for all clinicians working on the My Mirror platform.

# 7. Policy requirements

Initial authentication and re-authentication of credentials of clinicians are key corporate and clinical governance responsibilities undertaken by My Mirror to ensure that all clinicians are appropriately qualified, as a part of safeguarding clients, their support people, and the community to support providing high quality care.

# 8. References

1. Australian Commission on Safety and Quality in Health Care. (2017). National safety and quality health service standards (2<sup>nd</sup> ed.). <https://www.safetyandquality.gov.au/sites/default/files/migrated/National-Safety-and-Quality-Health-Service-Standards-second-edition.pdf>

## 9. Related documents

- [Clinical Governance Framework](#)

## 10. Review

This policy is a living document that will be continually reviewed and updated to remain relevant and adapt to changing circumstances. At a maximum, it will be reviewed every two years.