STANDARD OPERATIONAL POLICY AND PROCEDURES

TOPIC	Medical Credentialing and Clinical Privileges – SOPP 5.00		
RESPONSIBILITY	Board		
AUTHORISATION	Chief Executive		
SIGNED	Andrew Freeman.	**DATE**	14/02/2020
VERSION	1.9	**LAST REVIEWED**	February 2020
EFFECTIVE	July 2006	**NEXT REVIEW**	February 2023

1. POLICY

It is the policy of East Grampians Health Service (EGHS) to ensure that appropriately qualified, experienced and competent clinical staff perform the tasks assigned to them and support organisational ongoing efforts to provide safe, evidence based and effective clinical care.

EGHS recognises that credentialing of clinicians is an important part of ensuring that services delivered to patients/families/clients/customers 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 the appendices to this policy.

2. PRINCIPLES

EGHS adheres to the following principles for the credentialing and privileging of its medical staff:

- To maintain and approve the safety and quality of health care services it provides;
- To protect the community interests by credentialing competent clinicians;
- To maintain absolute confidentiality in conducting proceedings relating to credentialing and defining the scope of clinical practice;
- To observe the rules of natural justice in reviewing the scope of clinical practices;
- To maintain a strong partnership between EGHS and professional organisations, associations and societies;
- Credentialing and privileging of medical practitioners is undertaken by the Medical Credentialing Advisory Committee in line with DHS policy;
- Details of medical staff credentials and privileges are stored in the CEO's office;
- Appeals from a medical practitioner will be dealt through the Credentials and Privileges Appeal Committee";
- Effectiveness of credentialing and privileging policies and procedures are monitored via the following key performance indicators:
    - Number of staff engaged in clinical practice without being credentialed and privileged
    - Number of staff whose clinical practice matches with their privileges
    - Compliance with DoH credentialing policy

3. DEFINITIONS

Credentialing:

Credentialing is the formal process used to verify the qualifications, experience, professional standing and other relevant professional attributes of medical practitioners for the purpose of forming a view about their competence, performance and professional suitability to provide safe, high quality health care services within specific organisational environments.

The scope of practice:

Scope of practice involves the delineation of the extent of an individual medical practitioner's clinical practice within a particular organisation, based on the individual's credentials, competence, performance and professional suitability, and the needs and the capability of the organisation to support the medical practitioner's scope of clinical practice.

Appointment:

Appointment is defined as 'the employment or engagement of a medical practitioner to provide services within an organisation according to conditions defined by general law and supplemented by contract.

Professional Misconduct:

Professional misconduct as defined under the Act includes:

a. conduct that involves a substantial or consistent failure to reach or maintain a reasonable standard of competence and diligence;

b. conduct that violates or falls short of, to a substantial degree, acceptable professional standards;

c. conduct that would justify a finding that the practitioner is not of good character, whether this conduct occurs in connection with the practice of the health practitioner's health profession or occurring otherwise than in connection with the practice of a health profession.

4. EXPLANATORY NOTES

4.1 Appointment

Appointments are made by the Board, although the Director of Medical Services has the delegation to make interim appointments for up to twelve months.

4.2 Recommendation of a specific scope of clinical practice

The committee will only recommend a specific scope of clinical practice for a medical practitioner:

- if a responsible body of medical opinion deems the relevant clinical service, procedure or other intervention to be one that will benefit patients; and
- each of organisational need, organisational capability and medical practitioner competence and, where relevant, performance, has been established.

4.3 Temporary Credentialing

Temporary credentialing may be necessary to enable locums and other medical practitioners appointed on a short term basis to provide health care services.

Temporary credentialing will:

- enable medical practitioners to have a scope of clinical practice defined on a time limited basis (120 days);
- involve an assessment of each medical practitioner's credentials by the Director of Medical Services.

4.4 Emergency credentialing

Emergency credentialing may be necessary in times of disaster or major emergency. Emergency credentialing will:

- be strictly time limited and not continue beyond a designated period (7 days);
- enable medical practitioners whose credentials have not been formally reviewed to assist in the provision of clinical care at times of disaster or major emergency;
- should involve an assessment of the medical practitioner's credentials by the Director of Medical Services, or nominee;

4.5 Authority for suspension of a medical practitioner's right to practise

Authority for suspension of a medical practitioner's right to practise within the organisation is retained by the Board, but is delegated to the Chief Executive Officer. If the Chief Executive Officer is contemplating suspending a medical practitioner's right to practise, he or she will:

- consider all relevant available documentation and information;
- provide the medical practitioner with an opportunity to consider and respond to any information, material and allegations and to present any further relevant information;
- allow the medical practitioner to be accompanied by a support person, who may be a barrister or solicitor or other person, whose role is to advise but not represent the medical practitioner when making his or her response; and
- consider available advice from the Medical Appointments & Credentialing Committee and/or of independent medical practitioners with experience in the field in which the medical practitioner's scope of clinical practice is under review.

If the CEO resolves to suspend a medical practitioner's right to practise he or she will:

- document fully the reasons for the decision;
- immediately advise the medical practitioner in writing of the decision including specific reasons, and of his or her right to an immediate review of the decision by the governing body;
- immediately advise all relevant areas of the organisation that will be impacted on by the decision (e.g. theatre, wards);
- arrange for the Board to be convened as soon as practicable to review the decision; He or she should refer the matter to the relevant professional registration board, and facilitate where appropriate the provision to the medical practitioner of any necessary professional and personal support.

4.6 Processes

- All applications for credentialing and privileging are to be completed on the appropriate form by the practitioner and forwarded to the CEO;
- Upon the establishing that the application is true and accurate, the original copies of the application forms are to be forwarded to the Director of Medical Services;
- All applications are to be screened by the DMS using the check list;
- Copies of applications are to be provided to expert members (representatives of RACGP, VMO group and other colleges) of the Credentialing and Privileging Committee two weeks prior to the meeting;
- Upon the conclusion of the Credentialing Committee Meeting, the recommendations pertinent are to be forwarded to the Board for approval, which will in turn notify the Chair of the Credentialing Committee of the outcome of its decision;
- When the outcome of the Board's decision is available, the individual medical practitioner is to be notified by the Chair of the Committee via a letter of confirmation, and an accreditation certificate;
- Copies of the minutes of the meeting, confirmation of credentials and privileging are kept in the CEOs Office.

4.7 Professional Misconduct

Purpose:

The Health Professions Registration Act 2005 requires that conduct that may be defined as professional misconduct must be reported to the relevant health registration board (AHPRA).

*Without limiting the circumstances under which a health service might make a notification to a registration board, health services **must** make a notification under section 42 of the Act in circumstances where:*

a. the health service management is made aware of allegations that:

- *a practitioner has engaged in sexual misconduct; or*
- *a practitioner has been working while intoxicated with drugs or alcohol or with a significant degree of cognitive impairment or untreated mental illness; or*
- *the practitioner is placing the public at risk because of a significant departure from accepted professional standards;*
- *a practitioner has accepted inducements to use certain medical products, order certain diagnostic tests or refer patients to certain services, thereby compromising their responsibility to act in the best interests of their patients; or*

b. the internal performance management or other quality systems of the health service have identified a practitioner with an ongoing pattern of poor performance who has not responded to or complied with remedial strategies; or

c. the employment or appointment of the registered health practitioner has been terminated due to concerns about their competence or conduct.

5. REFERENCES

National Safety and Quality Health Service Standards – Standard One

The Rural and Regional Health Services Branch, Victorian Government Department of Health, Melbourne, Victoria

Credentialing and Clinical Privileging (defining the scope of clinical practice) for medical practitioners in Victorian rural health services- a policy handbook, March 2006

The Australian Council for Safety and Quality in Health Care (May 2005)

Credentialing and Defining the Scope of Clinical Practice Handbook (Department of Health)

Hospital Circular 07/2009 issued by DHS on 6th March 2009

Aged Care Quality Care Standard 4.2

DHS Hospital Circular 07/2009

6. RELATED DOCUMENTS

Grampians Region Credentialing Committee and Appeals Committee – TOR 6.01