

POLICY - CREDENTIALLING FOR CLINICIANS & MEDICAL OFFICERS

Aim

The aim of this policy is to support City Health Day Hospitals and Procedure Centres conduct robust credentialling processes for both their clinicians and anaesthetists. City Health has a system in place to confirm a health practitioner's credentials and regularly review their scope of clinical practice.

Policy

Evidence of minimum credentials should be collected as part of the credentialing process and reconsidered when there is a change in circumstances or a change of role for practitioners. City Health should verify the information submitted by or on behalf of a health practitioner for the purposes of determining the scope of clinical practice.

Evidence should be collected for each of the following areas:

1. Education, qualifications and formal training

The minimum required evidence of the level of education attained includes:

- formal qualifications
- details of recognised postgraduate awards, fellowships and certificates that demonstrate successful completion of training from a relevant college, association or training institution.

2. Evidence of previous experience

Evidence of relevant clinical activity and experience in similar settings in which the scope of clinical practice is being sought. This may be found in the applicant's curriculum vitae.

3. Practitioner references and referee checks

At least two current references should be obtained. These can be either:

- written references submitted by the health practitioner with their application; however, the content and authenticity of these references should be verified. This could be by senior practitioners from the relevant area of specialist practice and provided to the credentialing committee
- verbal references, which allow referees to be questioned about the applicant's competence, skills and other clinical matters. All verbal reference discussions should be documented and signed and dated by a member of the credentialing committee and the person who conducted the reference check (if they are different people).

4. Continuing education

Evidence of continuing educational requirements includes information on:

- maintaining professional continuing education standards relevant to the applicant's profession set by a national board for national registration and accreditation scheme health professions, or appropriate association for others, which is verified and submitted annually
- continuing education that relates to a role in which the practitioner is engaged, and relevant to the scope of clinical practice being sought by the health practitioner

5. Registration

A minimum requirement for appointment and continuing appointment is evidence of current registration with AHPRA. Registered health practitioners must practice in accordance with the National Law, and registration standards, codes and guidelines set by the relevant national board.

6. Professional indemnity insurance

The National Law provides that a registered health practitioner must not practice in their profession without appropriate professional indemnity insurance arrangements in force in relation to their practice. City Health will obtain a copy of the applicant's medical indemnity insurance.

7. Other documentation and pre-employment checks

- proof of identity (this should include documentation to complete a 100-point identity check)
- for overseas trained practitioners, passport and copies of relevant visas.

Copy of the following will be provided to City Health as part of the credentialing application:

- Signed Clinicians & Medical Officers Handbook
- APHRA Registration Current Curriculum Vitae Passport + Licence
- Qualification(s)
- Current Medical Indemnity Insurance Certificate
- COVID Vaccination Certificate
- Immunisation Serology Results

- Basic Life Support Certification within past 2 years (not required for Anaesthetists) Advanced Life Support Certification (may be part of ANZCA CPD – anaesthetists) Copy of current Visa documents (if you are not an Australian Citizen)

- Copy of current Visa documents (if applicant is not an Australian Citizen)

Types of Accreditation:

Temporary:

- a) A temporary accreditation is an appointment of an Accredited Medical Officer for a specified period up to four months, unless otherwise determined by the MAC;
- b) The GM or delegate may approve temporary accreditation after completion of appropriate documentation and reference checks, and sign off from the MAC representative for the speciality applied for;
- c) The decision to make the temporary appointment and any supporting documentation must be reviewed by the MAC at its next scheduled meeting;
- d) A temporary accreditation does not create a right or expectation of accreditation at a later date.

Full Appointment:

- a) Applicant approved by the MAC for up to three years in Victoria
- b) Applicant approved by the MAC for up to five years Queensland & New South Wales.

Once application has been approved, the clinical administrator shall issue a letter to the applicant advising them of the status of their application and the period of approval.

All Accredited Medical Officers at City Health Licenced Private Facilities are expected to:

It is a requirement for continued Accreditation that Accredited Medical Officers comply with By-laws at all relevant times when admitting, caring for or treating Patients, or otherwise providing services at the City Health Day Hospital. Accredited Medical Officers must comply with all relevant legislation, including but not limited to legislation that relates to health, public health, drugs and poisons, privacy, health practitioner registration, research, environmental protection, workplace health & safety, occupational health and safety, antidiscrimination, bullying, harassment, industrial relations, care of persons with a disability, substituted decision making and persons with impaired capacity, mental health, Medicare, health insurance, fair trading and trade practices, intellectual property, and other relevant legislation regulating the Accredited Medical Officer and the provision of health care or impacting upon the operation of City Health Day Hospitals and Procedure Centres.

Accredited Medical Officers must:

- Maintain registration with the Australian Health Practitioner Regulation Agency (AHPRA)
- Respect and support City Health's Mission Statement;
- Attain and maintain excellence in all episodes of patient care through individual and collective activity and close cooperation with the hospital's management and staff;
- Comply with relevant City Health Policies and Procedures;
- Treat all staff members with professionalism and respect;
- Abide by the by-laws and work within the limits of their accreditation and scope of practice;
- Comply with the National Safety and Quality Health Service (NSQHS) Standards or other legislated requirements;
- Be aware of the hospital's emergency procedures;
- Notify the GM or delegate in writing if their professional indemnity insurance lapses; their accreditation is withdrawn or suspended from any hospital or medical institution; or any restrictions are placed on their registration to practice or their registration is suspended or cancelled;
- Adhere to responsible billing practices for patients;
- Comply with reasonable requests to participate in teaching for hospital staff;
- Notify the GM or Medical Director of any potential & actual claims of patient incidents that occurred; and
- Avoid treating their own relatives (as per AHPRA guidelines).

Standard of conduct and behaviour

The Facility expects a high standard of professional and personal conduct from Accredited Practitioners, who must conduct themselves at all times in accordance with the codes of ethics of the VIC Medical Board, Australian Medical Association, professional Colleges, registration boards or associations and City Health Code of Conduct policy.

Accredited Practitioners, must also conduct themselves at all times in accordance with:

- the values of the City Health;
- the strategic direction of City Health;
- the limits of their registration or any conditions placed upon Scope of Practice in accordance with these By-laws; and
- all reasonable requests made with regard to personal conduct in City Health facilities.

If the accredited practitioner wishes to change their scope of practice, they must apply to the MAC for approval. This must also be reflected in the By-laws.

References:

DOC-CH-NU-84/DHN104 Credentialing Application Form

Credentialing health practitioners and defining their scope of clinical practice: A guide for managers and practitioners. Australian Commission on Safety and Quality in Healthcare.