

Visiting practitioners and staff specialists Delineation of clinical privileges for policy for imp

Document Number PD2005_497

Publication date 28-Feb-2005

Functional Sub group Personnel/Workforce - Recruitment and selection
Clinical/ Patient Services - Governance and Service Delivery
Personnel/Workforce - Conditions of employment

Summary Describes the process required for aligning the competence of a medical practitioner with the competence of a health care facility, to ensure that the right clinicians are providing the right services in the right public health organisations.

Also refer to Staff Specialist and Visiting Practitioner Appointments (including clinical academics) Critical Actions Compliance Declaration PD2008_060 issued October 2008.

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Applies to Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Affiliated Health Organisations - Non Declared, Public Hospitals

Distributed to Public Health System, NSW Department of Health, Public Hospitals

Review date 28-Feb-2010

File No. 05/1349

Previous reference N/A

Status Active

Director-General

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is **mandatory** for NSW Health and is a condition of subsidy for public health organisations.

Delineation of clinical privileges for visiting practitioners and staff specialists:

Policy for implementation



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Definitions

Appointment – the process of appointing an applicant deemed to be the preferred practitioner for a position.

Area of need – an ‘area of need’ is a medical position, not a geographic location. A medical position may be designated an ‘area of need’ if certain criteria are met which indicate there is major difficulty recruiting doctors from within Australia. Area of need status enables public health organisations to recruit suitably qualified overseas-trained doctors to a position.

Clinical privileges – the kind of work (subject to any restrictions) that the public health organisation determines a medical practitioner or dentist is to be allowed to perform at any of its hospitals or health services. Clinical privileges result from the credentialling process, and represent the range and scope of clinical responsibility that a professional may exercise in a facility. Clinical privileges are specific to an individual, and also relate to the role delineation resources, equipment and staff available in a single health care facility or group of facilities.

Competence – the knowledge, skills judgement and core practiced in decision-making and performance consistent with a professional’s practice role.

Credentials – documented evidence of a person’s formal qualifications, training, experience and clinical competence.

Dentist – a person registered under the *NSW Dental Practice Act 2001*.

Discipline – the speciality in which a practitioner is trained, including sub-speciality areas of practice.

Health service – any hospital, medical, community health, environmental health or other service relating to the maintenance or improvement of the health, or the restoration to health, or the prevention of disease in or injury to persons.

Medical practitioner – a person registered under the *Medical Practice Act 1993 (NSW)*.

Practitioner – a medical practitioner or a dentist who is appointed as a visiting practitioner, or employed as a staff specialist by a public health organisation to practise as a medical practitioner or dentist in accordance with the conditions at any of its hospitals or health institutions, or in relation to any health service it provides. This includes clinical academics and senior medical practitioners (academic).

Public health organisation – an area health service, a statutory health corporation or an affiliated health organisation in respect of its recognised establishments and services.

Performance review – a process that determines whether a practitioner continues to have the ability to meet the terms and conditions of their appointment or employment contract.

Role delineation – the level of clinical services that can be provided safely and is appropriately supported within a health facility as determined by the available support services, staff profile, minimum safety standards and other requirements that the public health organisation considers appropriate.

Selection – the process of selecting an applicant or applicants suited to a position.

Purpose

The purpose of this document is to describe the process required for aligning the competence of a medical practitioner with the competence of a health care facility, to ensure that the right clinicians are providing the right services in the right public health organisation.

Scope

Visiting practitioners and staff specialists have key roles in health service delivery and quality improvement processes. People who access health care services in NSW expect to be cared for by practitioners who are appropriately trained, experienced and competent. To meet this expectation, transparent and consistent processes must be maintained for the delineation of clinical privileges for visiting practitioners and staff specialists in NSW public health organisations.

The delineation of clinical privileges is the outcome of the matching of a person's credentials, skills and competencies with the position description and the role delineation of the facility. There are two main components to the delineation of clinical privileges process:

1. Credentialing, which is the review of a practitioners credentials, skills, experience and competencies.
2. Role delineation to inform the determination of clinical privileges to be allowed at each facility. The public health organisation should consider the level of service provision, staffing, facilities, equipment and support services available.

Clinical privileges are delineated for each individual practitioner in order to protect patients/clients, by enabling objective assessment of the competence of each practitioner. This assessment informs the determination of the scope of practice of a practitioner within the clinical services provided by the public health organisation. Clinical privileges granted at one facility make no inference on the range of services a practitioner may perform in another facility under different terms of appointment.

The process for delineating clinical privileges cannot eliminate the possibility of error. It is an essential component of an effective clinical governance framework. This process should not be used to:

- limit appropriate professional initiatives
- inappropriately restrict measures that may need to be taken in an emergency situation
- allow practitioners to work in isolation without appropriate support systems.

This policy applies to visiting practitioners and staff specialists working in public health organisations in NSW.

Sources of authority and related documents

This policy is to be implemented in conjunction with the following:

Authority

- *Health Services Act 1997 (NSW)*
- Health Services Regulation 1998 (NSW)
- Health Services Model By-Law (2000)

Related documents

- *Appointment of Visiting Practitioners: Policy for implementation (2005)*
- *Appointment of Staff Specialists: Policy for implementation (2005)*
- *Performance Review of Visiting Practitioners: Policy for implementation (2005)*
- *The Clinician's Toolkit for Improving Patient Care (2001)*
- NSW Health Circular 2001/74 *A Framework for Recruitment and Selection*
- *Policy on the Management of a Complaint or Concern about a Clinician (2001)*
- Australian Council for Safety and Quality in Health Care (July 2004)
Standard for Credentialling and Defining the Scope of Clinical Practice.

General principles

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This policy is based on the following broad principles:

- a) The public health organisation has the responsibility to ensure the competence and to facilitate the performance of all medical practitioners and dentists practising within the organisation. Therefore, all medical practitioners and dentists must have their clinical privileges delineated at the time of appointment and re-appointment and as part of the performance review process.
- b) All practitioners must have their clinical privileges reviewed at regular intervals throughout the period of their appointment or employment.
- c) The assessment of clinical privileges must be undertaken by peers and associated professionals.
- d) Given the importance of this process to professional practice, the principles of natural justice (merit, integrity, impartiality, openness, fairness) should be observed at all stages.
- e) “No applicant is to be denied privileges on the basis of any elements of discrimination (such as sex, race, age, colour, creed or national origin) prohibited in relevant legislation, and the terms of any applicable discrimination legislation should be met”.*
- f) The perspective of patients/clients and the public should be sought and taken into account when decisions affecting the provision of health care are made. To this end, consideration should be given to appointing a member to the Medical and Dental Appointments Advisory Committee (MDAAC), who is a non-health care professional.
- g) The role and infrastructure of the relevant facility is to be taken into account in determining the clinical privileges that will be allowed.
- h) Clinical privileges may be reviewed at any time at the request of the MDAAC or at the request of the practitioner.

To support the implementation of the above principles, the following systems must be in place:

- public health organisations must keep a record of all information relating to outcomes of the appointment process, including delineating and granting clinical privileges in any facility
- public health organisations must undertake regular performance review of practitioners to identify improved performance and/or advances in skills and competencies and to ensure early identification of matters that may compromise quality of care. The public health organisation should adopt the strategies to address such matters.

* From Australian Council for Safety and Quality in Health Care (July 2002) *National Guidelines for Credentials and Clinical Privileges* (p 6).

The role of the public health organisation

Each public health organisation must ensure that practitioners are appointed according to the needs and available resources of the organisation. The governing body must ensure that proper procedures are in place for determining the number and scope of such appointments.

Health Services Act 1997

Delegation of authority

The governing body of a public health organisation is responsible for making the final decision as to whether or not a person is to be appointed as a practitioner. As this may involve a large amount of documentation and a substantial number of applications, delegation of the appointment function to a committee or to senior management may be appropriate. However, the governing body retains responsibility for the consequences of the appointment of visiting practitioners and staff specialists as part of its overall clinical governance responsibility.

Any such delegation should be in accordance with applicable by-laws and in specific, written form to other such senior staff or body, to conduct the appointment function of senior medical staff and dentists.

The delegation does not remove the requirement to refer appointments to the Medical and Dental Appointments Advisory Committee (MDAAC) and the Credentials (Clinical Privileges) Subcommittee for advice and recommendations.

*Accounts and Audit
Determination
sections 7.9 and 7.10*

All delegation approvals are to be recorded and maintained in a separate file. The governing body has responsibility for ensuring that the manual of delegations is kept up-to-date and that each delegate is adequately informed of their respective delegations.

The governing body of a public health organisation must ensure that appropriate senior staff have responsibility for ensuring adherence to the appointment process. This includes ensuring that the principles underlying appointment identified in these policies and guidelines are followed and that committees and subcommittees comply with appropriate principles and procedures.

Referring applications to MDAAC

*Health Services Model
By-law 2000
clause 41*

Applications for visiting practitioner and staff specialist appointments (including conjoint academic appointment) should be sent to the MDAAC for advice. As indicated above, while the decision maker will have regard to advice from the MDAAC, the decision to appoint a particular applicant is ultimately the responsibility of the decision maker.

Some visiting practitioner appointments may not have to be referred to the MDAAC. These include temporary appointments and those for which the Director-General of the NSW Department of Health has made a relevant determination.

*Health Services Model
By-law 2000
clause 43*

The decision maker should be particularly aware of the following relevant provisions in Model By-law 2000:

- the governing body is to determine the period of office of MDAAC members
- the governing body may appoint a person to MDAAC either in a general capacity, or for the purpose of considering a particular matter or matters.

Medical and Dental Appointments Advisory Committee (MDAAC)

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Role of MDAAC

MDAAC is a committee of the public health organisation that provides advice to the Area Health Service CE on the appointment of persons as practitioners and the clinical privileges that should be granted to those persons.

*Health Services Model
By-law 2000
clause 41*

The Health Services Model By-law 2000 expresses this function in terms of both providing advice and, where appropriate, making recommendations with reasons. Public health organisations will make by-laws that are consistent with the model by-law.

*Health Services Model
By-law 2000
clause 41*

The composition of the MDAAC, its term of office and the rules for committee meetings are set out in the public health organisations by-laws. Failure to comply with the public health organisations by-laws may result in invalidation of the appointment process.

The MDAAC should be particularly aware of the following relevant provisions in relation to its meetings:

*Health Services Model
By-law 2000
clause 44*

- the chairperson determines the procedure for the conduct of meetings (clause 4)
- the quorum for a meeting is a majority of the members (clause 24)
- the MDAAC may invite any person to attend a meeting (clause 25)
- a decision is determined by a majority of the votes cast at a meeting (clause 26)
- the chairperson or a person authorised by the chairperson is to give written notice of a meeting to each member at least seven days prior to the meeting (clause 27).

In addition, it should be noted that MDAAC members are required to absent themselves from a meeting at which their own clinical privileges are discussed.

*Health Services Model
By-law 2000
clause 43(4)*

Referral to subcommittees

The MDAAC may form subcommittees, whether at a hospital or otherwise, to provide advice or other assistance to enable it to perform its duties. For example, a subcommittee may be formed to consider a particular class of appointments, such as dental appointments, at a hospital. It should be remembered that the subcommittee provides advice to the MDAAC but does not advise the governing body directly, since advice to the governing body is provided by the MDAAC.

*Health Services Model
By-law 2000
clause 41(3)*

This document is focused on the delineation of clinical privileges. The appointment process, including the functions and membership of an interview subcommittee, the processes of assessing an applicant's suitability, checking referees and past performance and preparing written advice and recommendations to the MDAAC, is described in detail in the *Appointment of Visiting Practitioners: Policies and Guidelines for Implementation (2004)*.

The Credentials (Clinical Privileges) Subcommittee

*Health Services Model
By-law 2000
clauses 45 and 47*

The Credentials (Clinical Privileges) Subcommittee is established by the MDAAC to advise it on matters concerning the clinical privileges to be given to an applicant or practitioner. It should be noted that the delineation of clinical privileges takes place as part of the appointment process and maybe reviewed for non-routine purposes as required.

There is no requirement about the timing of the referral of applicants to the Credentials (Clinical Privileges) Subcommittee in the course of the appointment process. Some organisations refer applicants selected for interview to the Credentials (Clinical Privileges) Subcommittee prior to the interview to ensure that an applicant who cannot be credentialled is not recommended for an appointment. However where the composition of the MDAAC or Interview Subcommittee and the Credentials (Clinical Privileges) Subcommittee is the same, or substantially similar, it may be preferable to ensure that they convene consecutively.

There are no restrictions on the number of Credentials (Clinical Privileges) Subcommittees. According to circumstances, it may be appropriate to have a subcommittee for an entire public health organisation, for each health facility within the organisation or for particular specialities or classes of appointment.

The relevant by-laws of the public health organisation set out the functions, composition, terms of office and rules in relation to committee meetings.

Composition

*Health Services Model
By-law 2000
clause 46*

A Credentials (Clinical Privileges) Subcommittee is to consist of:

- at least two members of the MDAAC who are medical practitioners or dentists, one of whom is the chairperson
- any other medical practitioners or dentists whom the MDAAC considers necessary.

*Health Services Model
By-law 2000
clause 46(3)*

In considering whether any other medical practitioner or dentist is to be appointed to the Credentials (Clinical Privileges) Subcommittee, the MDAAC must take into account the relevant NSW Department of Health guidelines and circulars and the matter under consideration. The following should be included in the membership:

- At least one practitioner from the discipline in which privileges are sought, that is, a specialist nominated by the relevant College. In some instances this may be a general practitioner who is a peer in the area of practice. Where it is not possible for the College representative to be a member of the committee, relevant information should be sought from the College.
- A person with a broad overview of clinical services, usually the Medical Superintendent or the Director of Clinical Services.

Term of office

A member may be appointed for the time it takes to consider a particular matter or matters.

*Health Services Model
By-law 2000
clause 47*

Meetings

Procedural requirements for the conduct of meetings of a Credentials (Clinical Privileges) Subcommittee are the same as those for MDAAC meetings, set out in 'Role of the MDAAC'.

*Health Services Model
By-law 2000
clause 48*

Delineating clinical privileges

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The process of delineating clinical privileges has two steps:

1. Credentialing, which is the review of a practitioners credentials, skills, experience and competencies.
2. Role delineation to inform the determination of clinical privileges to be allowed at each facility. The public health organisation should consider the level of service provision, staffing, facilities, equipment and support services available.

Credentials are documents that constitute evidence of a person's formal qualifications, training, experience and competence. Credentialing refers to the process of assessing a medical or dental practitioner's credentials to work within a defined clinical area.

The term 'clinical privileges' refers to the kind of work (subject to any specified restrictions) that a public health organisation determines a practitioner is allowed to perform at any of its hospitals or health services.

*Health Services Model
By-law 2000
Dictionary*

The section 'skills and competence' refers to the evaluation of qualifications and skills that is applied in the delineation of clinical privileges.

The purpose of the clinical privileges delineation process is to assess a practitioner's ability to provide defined clinical services and to match that with the capability of being properly supported by the infrastructure of the relevant facility.

This process must take place as part of the appointment process and be undertaken on a routine basis as part of performance review. It may also take place on an ad hoc basis to review existing clinical privileges. As part of these processes:

- applicants or practitioners should be given the right to respond to criticisms and/or potentially negative outcomes before the committee finalises its decision.
- there are particular circumstances where clinical privileges may be granted subject to the applicant or practitioner undertaking a period of supervised practice or training to address identified deficiencies.

*National Guidelines
for Credentials and
Clinical Privileges
2002 p 6*

Delineating privileges as part of the appointment process

The delineation of clinical privileges must occur as part of the appointment process. Potential applicants must be informed of the delineated role of the facilities of the public health organisation relevant to the position advertised, and the potential scope of privileges to be granted at the time they enquire about a position. The Credentials (Clinical Privileges) Sub-committee needs to have access to this information to assist them in their decision-making.

Some components of the appointments process* are listed below; the sequence in which they are completed may differ across public health organisations.

- Criteria to be used by the interview sub-committee for assessing and culling applicants against the position description are defined.
- The interview sub-committee recommends the preferred applicant to the MDAAC based on outcome of interviews.
- The credentials (Clinical Privileges) sub-committee makes a recommendation to the MDAAC regarding the clinical privileges to be granted to the preferred applicant. The considerations the committee must make in making such a recommendation are discussed below:
- The MDAAC makes a recommendation to the governing body or delegate regarding the preferred applicant and appropriate clinical privileges.
- The governing body or delegate makes a decision about appointment of the applicant based on the advice from the MDAAC.

The organisation should establish and clarify local needs and service requirements, which will inform decisions on the skills and qualifications needed to provide those services.

Public health organisations may choose to consult with professional colleges, which can provide advice on:

- Qualifications and recent experience required to provide a specific medical or dental service.
- Infrastructure required to support a practitioner within a specialist area.
- Completion of postgraduate training qualifications.
- Availability of practitioners within the relevant specialty.

Criteria for determining clinical privileges

When developing criteria for determining clinical privileges to be granted at a particular facility, a public health organisation should consider the level of service provision, staffing, facilities, equipment and support services available, and the delineated role of the facility.

Sample lists of criteria for determining clinical privileges, when clinical privileges should be reviewed and documentation required are provided at Appendix B.

* For full details of the steps required for appointment of a medical officer, refer to the *NSW Health Policy for Appointment of Visiting Practitioners* and the *NSW Health Policy for Appointment of Staff Specialists*.

Categories of clinical privileges

Each practitioner may be granted clinical privileges in three categories:

1. **Broad** – procedures or treatment areas in keeping with the practitioner’s qualifications and training. The Credentials (Clinical Privileges) Subcommittee should not assume that because a speciality group generally undertakes a specific procedure, that privileges would automatically be granted to all specialists in that group.
2. **Specific** – procedures/treatment areas that are a normal part of a practitioner’s training, but that may be performed irregularly by many in that field. These are procedures/treatments in subspecialties or areas where additional training has been undertaken, for example general surgery with a sub-speciality in breast surgery; and general surgery with training in endoscopies. Each professional group should define the special treatment areas where specific privileges need to be granted. If specific guidelines are available for a particular therapeutic intervention, these should be considered by the Credentials (Clinical Privileges) Subcommittee.
3. **Non-routine** – procedures or treatment areas not routinely associated with the practitioner’s professional group, for example a general practitioner providing obstetric services.

A sample checklist of information that should be documented about clinical privileges allowed is provided in Appendix B.

New skills and identified training needs

The Credentials (Clinical Privileges) Subcommittee, in making a recommendation about clinical privileges, may recommend a specified period of supervision or oversight for practitioners with newly acquired skills, or with special needs for skill development, such as may be identified by the performance review process.

In recommending supervision for the practitioner, the committee should determine:

- the purpose of the supervision
- any training requirements
- the method of evaluation to be used and when that will occur
- when and under what conditions supervision can cease.

Duration of clinical privileges

- Clinical privileges may be granted for a period commensurate with the term of the service contract, subject to review from time to time
- the Credentials (Clinical Privileges) Subcommittee may recommend limits on the duration of clinical privileges if appropriate
- the Credentials (Clinical Privileges) Subcommittee may recommend a probationary period to be served under appropriate supervision. In such a case, the practitioner's credentials and clinical privileges must be reviewed at the end of the probationary period

Reduction, suspension or termination of clinical privileges

The granting of clinical privileges is concomitant with appointment as a visiting practitioner or a staff specialist. The public health organisation must have mechanisms in place to ensure the ongoing suitability for all clinical privileges which have been granted.

Clinical privileges form part of the conditions of a practitioner's appointment and are automatically terminated as part of any termination of appointment. There may be circumstances where clinical privileges are suspended although the appointment remains current. For example, where pending the outcome of an investigation and/or disciplinary proceedings, the registration authority suspends a practitioner's professional registration or places conditions on that registration which prevent the practitioner from legally undertaking the relevant clinical practice, the public health organisation should immediately suspend these privileges. It would also be necessary for the public health organisation to consider either at the time of suspension, or subsequently, appropriate action in respect of the practitioner's ongoing appointment.

If a public health organisation:

- reduces the clinical privileges of a person appointed as a visiting practitioner that have previously been granted, or
- suspends or terminates the appointment of a person as a visiting practitioner the public health organisation

the public health organisation must give notice in writing to the person of its decision and the reasons for the decision within 14 days of the date of the making the decision.

Visiting practitioners have a right of appeal in these circumstances. Refer to the appeals process in the *Appointment of Visiting Practitioners: Policy for implementation* (2005) for further details.

Skills and competence

The Credentials (Clinical Privileges) Subcommittee makes recommendations to the MDAAC regarding the clinical privileges to be granted to a practitioner.

It is a requirement of the NSW Medical Board that medical practitioners must provide an annual statement of their continuing medical education. Registration is conditional on this being provided.

Applicants for positions must provide evidence of continuing medical education (CME), within the specialty in which they are practising, to the relevant public health organisation. This information must be made available to the Credentials (Clinical Privileges) Subcommittee to assist them in making a recommendation on clinical privileges to be allowed to the practitioner, especially if a college representative is not available to participate in the process.

Public health organisations must undertake regular reviews of an individual practitioner's CME program to ensure ongoing appropriateness for clinical practice. Practitioners must provide, annually, evidence of completion of CME programs to the public health organisation to which they are appointed.

Practitioners who are not fellows of professional colleges are able to participate in their CME programs.

Credentials

Credentials are documents which constitute evidence of a person's formal qualifications, training, experience and competence. According to the Australian Council for Safety and Quality in Health Care (July 2002), *National Guidelines for Credentials and Clinical Privileges* "They are evidenced by documentation such as university degrees, fellowships/memberships of professional colleges or associations, registration by professional bodies, certificates of service, certificates of completion of specific courses, periods of verifiable formal instruction or supervised training, validated competence, information contained in confidential professional referee reports and professional indemnity history and status." (p.3)

Competencies can be separated into the following categories: specific and technical skills, and general skills, which must be recent.

Specific and technical skills

Specific and technical skills refer to the ability of a practitioner to perform procedures or clinical interventions within a defined specialty. A sample checklist is provided in Appendix A.

General skills

General skills include communication, collaboration and capacity for teamwork. They are related to professional competence and include personal behaviour. If relevant clinical colleges or professional bodies have established criteria, they should be considered. **

Practitioners are team members and need effective communication skills in order to fulfil their role. Communication skills are fundamental to the effectiveness of an individual's contribution to a team effort. It is through communication between team members that health care services are managed, outcomes achieved and patients/clients involved in decision-making about their care.

Effective teamwork is necessary to ensure safe patient/client care. Collaboration and effective communication are needed to achieve effective teamwork.

A sample checklist of evidence of general skills and sources of information are provided in Appendix A.

Recent experience

Recent experience refers to skills that practitioners have obtained or enhanced within a time frame that is considered acceptable within the clinical specialty.

A sample checklist of indicators of recent experience and sources of information is provided in Appendix A.

Reviewing and redelineating privileges

A review of a practitioner's clinical privileges may occur within an appointment period, or as part of a performance review. It involves a structured review of a practitioner's credentials and a reassessment of their clinical privileges. Such a review can be requested at any time by either the public health organisation or the practitioner.

There is no continuing obligation on a facility to support privileges granted at appointment or at any other time. If a facility ceases to support a practice or particular privileges, the clinical privileges granted to individual practitioners at that facility must be reviewed.

*Health Services Model
By-law 2000
clause 45(1)(d)*

** From or modified from Australian Council for Safety and Quality in Health Care (July 2002) *National Guidelines for Credentials and Clinical Privileges* (p 6)

A review of clinical privileges is recommended when:

- new technology or clinical interventions are introduced. This will usually take the form of a new practice or a change from previously accepted practice. The new practice or procedure should be monitored until its effectiveness and outcomes are justified. Where a new technology or clinical intervention is being introduced the public health organisation must adhere to the *Policy for the safe introduction of new interventional procedures into clinical practice (2003)*. The policy requires appropriate credentialling for clinicians performing the new intervention.
- a practitioner is introducing an established technique or clinical intervention for the first time in a health service
- a practitioner acquires or demonstrates enhanced skills
- performance review indicates a practitioner's lack of competence; for example, higher than expected infection rates, or unexpected complications among patients/clients
- the outcome of an investigation following a complaint to either the NSW Health Care Complaints Commission and/or registration authority indicates a review is appropriate.

NSW Department of
Health Circular 2003/84

The performance review system is described in the *Performance Review of Visiting Practitioners: Policy for implementation (2005)*. Reference should also be made to the *Clinician's Toolkit for Improving Patient Care (2001)* and *The Management of a Complaint or Concern about a Clinician (2001)*.

Public health organisations are required to give notice in writing to a visiting practitioner within 14 days of the date of any decisions which result in:

- reduction of clinical privileges
- the practitioner not being re-appointed
- suspension or termination of the appointment of the practitioner.

Health Services Act 1997
section 105

Public health organisations must also have in place similar processes for staff specialists.

The process for delineating clinical privileges and its outcomes must be documented to ensure transparency and accountability. Refer to the *Appointment of Visiting Practitioners Policy for implementation (2005)* for additional information.

Past performance

For the purpose of assessing applications for visiting practitioner positions, applicants must provide written authorisation to the public health organisation to obtain information about past performance and confirmation of credentials.

*Health Services
Regulation 1998
section 5(2)(b)*

In the case of applications for staff specialist positions, applicants must provide permission for the current or most recent past employer to be contacted as a referee, as outlined in the *Framework for Recruitment and Selection*.

*NSW Department
of Health
Circular 2001/74*

Appendix D describes the roles of the NSW Medical Board, the NSW Health Care Complaints Commission and professional colleges. These organisations are additional sources of information relevant to the delineation of clinical privileges.

The public health organisation must be provided with either original or verified copies of documentation by the applicant prior to appointment.

Documentation

Recommendations made by the Credentials (Clinical Privileges) Subcommittee to the MDAAC or by the MDAAC to the decision maker or governing body must identify:

- those involved in the decision making process
- evidence available to the decision-makers
- the final recommendation
- basis for the final recommendation.

The MDAAC is required to prepare a written report to the decision maker, setting out its advice and recommendations for appointment and the clinical privileges to be allowed. To enable proper evaluation, the decision-maker must have access to all relevant material considered by the MDAAC. This includes advice and recommendations from the interview subcommittee and the Credentials (Clinical Privileges) Subcommittee.

If the advice and recommendations of the MDAAC to the decision-maker are not in accordance with the advice and recommendations of any subcommittees, this must be documented with a clear explanation of the decision-making process in a form that allows the decision to be reviewed or defended if it is challenged.

A checklist of information that should be provided to MDAAC is provided in Appendix C.

NSW Department
of Health
Circular 01/74

The requirement to document advice and recommendations also applies to selection recommendations for all health service employees, as set out in *A Framework for Recruitment and Selection*.

The public health organisation should decide how and where information collected during the delineation of clinical privileges process will be stored and managed. Local policies need to be developed which specify what information is maintained to comply with any legal or other requirements. Policies should identify who is allowed access to the information collected during the process, and under what conditions. Public health organisations should refer to publications such as the *Principles and Minimum Standards for the Development of Health Service Codes of Conduct* for guidance.

NSW Department
of Health
Circular 98/97

The clinical privileges allowed to a practitioner are to be included in the contract, or, for staff specialists, in the letter of appointment.

Information on clinical privileges

Information regarding the clinical privileges allowed to any practitioner, either appointed to or employed by a public health organisation, should be available to other practitioners, health organisations and consumers on request. Public health organisations will need to develop detailed local policies on how this is to be managed. For example, it may be that the Area Director of Clinical Services and managers at each health service keep a copy of appointment conditions. Local management of information collected, used or documented, as part of the process must comply with relevant legislation for privacy and records management.

Delineating clinical privileges for locums

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The appointment and the delineation of clinical privileges of locum medical practitioners varies from the procedures outlined above. The governing body can delegate to a medical administrator (however designated) the authority to appoint a practitioner for a single period not exceeding six months. However exercise of this delegation shall be subject to the advice of the relevant MDAAC, if the advice or recommendation of that Committee is required for that appointment.

The delegate must conduct the same checks as required by the appointment process and the Credentials (Clinical Privileges) Subcommittee before a locum is appointed. A written contract is required that delineates clinical privileges allowed.

Delineating clinical privilege for Area of Need applicants

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The process for delineating clinical privileges for Area of Need positions is the same as for permanent appointments. There is a difference, however, in the registration of such applicants.

In addition to the ordinary appointment process the public health organisation must submit the applicant's delineated clinical privileges to the registration board for assessment. Public health organisations need to be aware that restrictions can be placed on practitioners working within Area of Need positions and that regular assessment is required.

Appendix A. Skills and competencies (sample checklist)



Specific and technical skills

The public health organisation must sight original documentation from the relevant registration authority, educational institution(s), college(s), and current or past employer(s)

- Registration with the relevant professional body and current entitlement to practise. The public health organisations must verify this with registration authority. At the time of appointment, eligibility for registration with the relevant registration authority may be sufficient. Granting of clinical privileges would be subject to subsequent registration being granted by the NSW registration authority.
- Qualifications and training, including undergraduate, postgraduate and special training, with respect to the clinical privileges that are being requested
- Clinical experience and competence in the field of expertise in which clinical privileges are sought

Evidence of ongoing evaluation of the results of clinical work by quality assurance mechanisms, examples include but are not limited to:

- Clinical audits (assess results)
- Log of procedures performed, including volume
- Participation in peer review processes, for example sample readings of x-rays
- Results of comparative analysis of clinical practice and outcomes undertaken locally, or in collaboration with other public health organisations
- Results of supervision or review of skills
- Contribution to national audits and/or registers

Evidence of continuing medical education (CME), examples include:

- Teaching
- Research
- Quality improvements initiatives
- Satisfactory professional referee reports, including peer reports based upon objective assessment
- Evidence from sources such as the outcome of any complaints, professional body investigations, indemnity and legal records
- Satisfactory review of performance indicators derived from available data

General skills

Indicators of general skills include but are not limited to:

- CME participation (presentations, supervision, teaching, mentor programs, publications)
- Experience working within a health service with other team members and participating in teaching and or supervision

- Understanding evolving knowledge and standards
- Communication skills, for example with patient/clients, families and team members
- Skills in sharing learning across professional boundaries
- Awareness of cultural appropriateness, especially when dealing with patients/clients of indigenous or non-English speaking background

Collaboration skills, for example:

- Participation in interdisciplinary team activities
- Ability to work within, develop or lead a team

Management skills, for example:

- Understanding cost effective and efficient resource utilisation
- Knowledge of the NSW health system
- Advocacy skills, from a patient/client and professional perspective
- Academic and/or research skills – continuing education aimed at the attainment of best practice models and practices
- Professional integrity

Sources of information for assessing skills include but are not limited to:

- Evaluation of communication skills at interview
- Questions relating to these skills both in interview and in requests for information from referees
- Information from complaints and incident reporting systems
- Feedback from team building activities within a clinical department

Recent experience

Indicators of recent experience include but are not limited to:

- Evidence of continuing medical education (CME)
- Record of clinical activities (log book)
- Evidence of recent teaching and research activity

Sources of information for assessing recency of experience include but are not limited to:

- Verification of participation in CME at relevant professional college
- Referee reports
- Employment history

Appendix B. Delineating clinical privileges – scope of practice (sample checklist)

B

To develop criteria for determining clinical privileges to be allowed at each facility, the public health organisation should consider the role delineation of the facility and level of service provision, staffing, facilities, equipment and support services available.

Criteria

Clinical privileges allowed to each practitioner must be based on:

- The roles and responsibilities of the position
- Outcome of the credentialling process (refer to Appendix A), which assesses, inter alia, for example:
 - The individual's experience, post-graduate qualifications, college fellowship or equivalent
 - Where relevant experience and competence in the performance of specific procedures or treatment, and a log of such procedures or treatments
- Evidence of continuing medical education
- The practitioner's availability, commitment and ability to attend the health service
- The practitioner's need for supervision and/or skill development
- The delineated role of the hospital, infrastructure support, including nursing levels and numbers required needs of the community for the specific service to be provided

When clinical privileges should be reviewed

Examples of when clinical privileges should be reviewed by the public health organisation include:

- Introduction of new procedures or technology, including:
 - Appropriateness of introducing a new procedure or technology
 - Analysis and measurement of outcomes of a new procedure or technology
 - Any standards for training and experience from relevant college
- Practitioner acquires new skills, or demonstrates enhanced skills, or is undertaking a procedure for the first time
- Practitioner introducing a procedure for the first time in a health service
- The outcome of an investigation following a complaint to either the NSW Health Care Complaints Commission or registration authority indicates a review is appropriate
- At the end of any specified probationary period
- Where the public health organisation has a concern about a practitioner's performance
- Situations where a public health organisation considers clinical privileges should be reduced

Documentation

Clinical privileges allowed should be documented and include relevant information in each of the three categories. In each category, the type of information to be recorded includes but is not limited to:

- Itemised procedures (procedure codes may be used).
- Categories or type of work to be undertaken/service provided.
- Volume (number of procedures to be performed, or type of work).
- Facility/facilities where the procedures can be performed.
- Descriptive information on the privileges allowed.
- Any restriction on privileges or circumstances under which a procedure should not be performed.

The public health organisation should maintain a schedule of clinical privileges. Where clinical privileges are allowed at more than one facility, those allowed at each facility should be clearly documented. This information should form part of a visiting practitioner's contract or staff specialist's letter of appointment.

Appendix C. Documentation (sample checklist)



Examples of documents which should be provided to the MDAAC include:

- Position description.
- Number of positions advertised.
- Number of applicants for each position.
- List of persons involved in the interview process/Credentials (Clinical Privileges) Subcommittee.
- Decision made by the interview panel/Credentials (Clinical Privileges) Subcommittee.
- Reasons for the decision.

Recommendations should include:

- Applicant(s) suitable for appointment immediately.
- Applicant(s) not suitable for appointment at this time.
- Applicant(s) not suitable for appointment.

Public health organisations should have a written contract with the practitioner, which includes the clinical privileges allowed to the practitioner.

Public health organisations need to develop local policies within current state and Commonwealth requirements on:

- Holding, maintenance of, and access to the contract.
- Access to information on clinical privileges by health services and members of the public.

D

Appendix D. Relevant organisations

Registration boards

The role of the NSW Medical Board and the NSW Dental Board is to protect the public by ensuring that practitioners in NSW have appropriate qualifications which entitle them to be registered. In certain circumstances the registration boards are also responsible for investigating and assessing a practitioner's competence and conduct.

Under the legislation which governs them, the Medical and Dental Boards impose standards of competence and professional conduct required as a condition of registration. The boards must be notified of criminal charges and convictions against practitioners, and are able to grant certain discretionary categories of registration.

Under both the *NSW Medical Practice Act 1993* and the *NSW Dental Practice Act 2001*, dentists and medical practitioners, when renewing their registration, will be required to disclose details of any continuing education they have undertaken in the last twelve months.

The NSW Medical Board has stated that practitioners have a professional obligation to participate in continuing education, and that consistent failure to do so could result in a performance assessment under the *Act*.

*NSW Medical Board
Newsletter
December 2001*

NSW Health Care Complaints Commission (HCCC)

The NSW Health Care Complaints Commission (HCCC) is a State public authority that was created to ensure that complaints from consumers of health care services are dealt with fairly and appropriately in the public interest. The HCCC does this by offering a range of resolution options best suited to the issues raised in the complaint and the circumstances of the complainant. The HCCC also monitors and supports complaint management by the health system, and ensures that the lessons to be learnt from complaints are connected to the individual, organisational, regional and state-wide quality and safety improvement strategies.

Complaints are handled as part of a co-regulatory scheme, under which every complaint received by a professional registration board is referred to the HCCC and vice versa. The HCCC may either resolve complaints itself (through such means as direct resolution involving its Patient Support Office, mediation, investigation or prosecution), or it may refer complaints to other bodies for resolution, including the identified health care organisation, the relevant Health Service or the appropriate registration board. The Commission's Patient Support Officers are located throughout NSW and provide a health care advocacy service to consumers and the community.

Under the *Health Care Complaints Act 1993*, the HCCC will inform a respondent to the complaint of its receipt and its assessment outcome. Where the HCCC has decided to investigate a complaint against a respondent, and the complaint concerns a health service provided by the respondent in the capacity of an employee of or under a contract or agreement with a health facility, the HCCC will advise the respondent of its obligation to notify the employer. A notification to an employer may only be

withheld under the *Act* if it appears to the HCCC that the giving of notice will unreasonably prejudice the employment of the health practitioner. The HCCC will wherever possible seek the respondent's advice on their employment status prior to determining whether to notify the employer.

Professional colleges

Professional colleges advocate professional standards for their speciality. Most professional colleges are responsible for:

- developing and publishing applicable professional standards
- training practitioners within the speciality
- accrediting training sites (hospitals)
- assessing trainees
- developing a curriculum for training within a speciality
- providing continuing medical education and/or professional maintenance standards
- providing further training, supervision or mentorship for members
- participating on review panels of practitioners if requested by registration boards
- reviewing qualifications of applicants for positions within public health organisations and providing that information to the public health organisation
- assessing overseas trained practitioners.

The Australian Medical Council is responsible for accrediting professional colleges providing training. The Australian Dental Council accredits educational programs.

The representative from the college on the Credentials (Clinical Privileges) Subcommittee provides advice (in person, or via teleconference or correspondence) on matters relating to the qualifications and status of applicants including:

- date on which the fellowship was or is to be conferred
- an equivalent qualification in the speciality (for example, appropriate overseas training)
- appropriate experience for the position.

If a college representative is to participate on a combined appointment/Credentials (Clinical Privileges) Subcommittee the representative needs to be informed prior to the meeting. In the case of such combined subcommittees, the college representative will be acting on behalf of the public health organisation, except for advice on the matters listed in dot points in the previous paragraph.

E

Appendix E. Reporting relationship between committees

