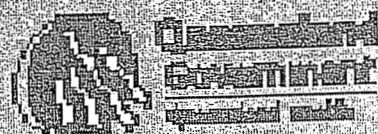


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Credentials & Clinical Privileges

Guidelines for
Medical Practitioners

July 2002



Foreword

This document provides guidelines on the assessment of credentials and delineation of clinical privileges for medical practitioners using Queensland Health facilities. The original document was written in 1993 following extensive consultation with a wide range of organisations and professional groups throughout Queensland. The guidelines and associated processes have recently been reviewed and updated to ensure the improved quality system continues to lead to better health care for our patients/clients.

The guidelines allow for flexibility to meet local circumstances occurring in each Queensland Health district. However, the guideline's essential principles are to be observed in establishing the appropriate mechanisms and committees to oversee the process.

Adherence to the guidelines will ensure that medical practitioners treating public and/or private patients within Queensland Health facilities have an appropriate level of training, experience and ability to perform medical practice within their level of competence.

It has long been recognised that rural medical practitioners need to use a more comprehensive range of skills than their urban counterparts. Specific guidelines for rural medical practitioners and general practitioners have been incorporated into this updated document.

These guidelines should be read with consideration of the role delineation of each health care facility, which determines the extent of services offered in individual institutions.

Finally, appropriate quality assurance programs should be in place to assist in the assessment of medical practitioners when reviewing clinical privileges.



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1. Purpose of the credentials and clinical privileges process

The principal reason for undertaking such a process is to ensure that all medical practitioners¹ using a health care facility practise safe, high quality care. In other words only those practitioners who are appropriately qualified, trained and experienced will undertake clinical care within the constraints imposed by the available resources, including staff and equipment, and the physical facilities available within the healthcare facility concerned.

Additionally, the general public have a growing awareness and an increased expectation of high quality health care. The formal processes of reviewing credentials and delineating clinical privileges are a significant contribution to achieving this end.

Historically the possession of a basic medical degree has entitled medical practitioners to admit and treat patients in many public and private hospitals. The gaining of higher qualifications simply extended the scope of the work performed. However, some larger hospitals have had restrictions on admissions to specific categories of doctors for many years.

With growth in population and an increase in the number and variety of health care facilities, there has been a corresponding increase in the number of medical practitioners accessing these. With advancing technological change, controls have been introduced, often informally, to define which practitioners may practise in certain facilities, and the scope of activities that individual practitioners may undertake. In the public sector there is the specific issue of the use of public health care facilities by medical practitioners for private patients and the role of such practitioners in the provision of services to public patients.

¹ These guidelines do not apply to junior medical staff such as interns, residents, principal house officers, registrars, or fellows appointed on a short-term basis as a part of post fellowship training.

The review of credentials and the delineation of clinical privileges formalises the process of determining what activities a practitioner may undertake in a public health care facility. It is a peer process undertaken by medical practitioners in relation to other medical practitioners.

This document provides guidelines for the assessment of credentials and the delineation of clinical privileges for medical practitioners with a clinical role in Queensland public hospitals and other health care facilities. It provides specific guidelines to medical administrators, medical staff and district health executives in implementing this process. The guidelines were originally prepared with the assistance of the major clinical colleges, the Rural Doctors Association of Queensland, the Queensland Branch of the Australian Medical Association and the Medical Superintendents Association of Queensland.

2. General principles and definitions

2.1 Applicant

An applicant for credentials and clinical privileges may be either:

- A medical practitioner who is seeking employment with Queensland Health.
- An existing employee of Queensland Health undergoing review of existing clinical privileges.
- An independent medical practitioner seeking endorsement to practise within the public health facility but is not, nor will become, an employee of Queensland Health.

2.2 Credentials

Credentials represent the formal qualifications, training, experience and clinical competence of the medical practitioner providing the professional health service. They are evidenced by documentation such as university degrees, fellowships of professional colleges or associations, registration by medical boards, certificates of service, certificates of completion of specific courses, periods of verifiable formal instruction or supervised

training, information contained in confidential professional referees reports and medical indemnity history and status.

2.3 Clinical privileges

Clinical privileges result from the permission granted to a practitioner to provide medical and other patient care services within defined limits in a health care facility. They represent the range and scope of clinical responsibility that a practitioner may exercise in the facility. Clinical privileges are specific to the individual, usually in a single health care facility, and relate to the resources, equipment and staff available.

Privileges granted at one facility are not automatically transferable to another. However, consideration should be given whenever appropriate for privileges to be granted on a district basis, permitting an individual access to a range of health care facilities. The extent of the privileges may vary from facility to facility depending on the role of the service.

Clinical privileges may be general (or global) in nature such as those in general practice involving family practice, or quite specific in defining complex areas of procedural medicine in which only a few highly qualified and skilled practitioners may be competent to practise.

Clinical privileges may relate to admission and treatment of in-patients (public or private), treatment of outpatients, areas of clinical practice, use of facilities such as operating theatres and procedure rooms, use of specialised equipment and technologies, including diagnostic facilities, performance of specific operations or interventional procedures.

2.4 Assessment of credentials and delineation of clinical privileges

The process of assessing the credentials of an applicant and recommending clinical privileges is one undertaken by medical practitioners who form a credentials and clinical privileges committee. Thus it is a peer process. The committee reviews the credentials of applicants, having regard to

the needs and resources of the health care facility.

The recommendations of the credentials and clinical privileges committee are provided to either:

- The recruitment and selection/appointment committee.
- The district manager in cases of existing employees undergoing a review and independent medical practitioners seeking endorsement to practise within the public facility.

The final decision is made by the district manager who has the delegated authority for either the appointment of a practitioner to a specified position, or for the endorsement of admitting rights to a specified public health facility. The district manager will consider the recommendations of the credentials and clinical privileges committee as well as the administrative and resource implications for the facility.

The assessment of credentials is a key element of the recruitment and selection process for applicants and must be considered in accordance with the principles of the *Office of the Public Service Directive Recruitment and Selection (5/97)*.

2.5 Recruitment and selection/ appointment process

The process of recruitment and selection/appointment as a Queensland Health employee is a formal mechanism, separate from the credentials and clinical privileges process, which grants a medical practitioner the right to practise medicine within a health facility. It involves recommending a preferred candidate on merit from among competing applicants, taking into account the recommendations of the credentials and clinical privileges committee.

Where it cannot be confidently established that an applicant has the necessary knowledge, skills and experience in the area of medicine for which they are applying, based on curriculum vitae and referee reports, the applicant must undergo a period of supervision by a specialist in the area/s of

medicine before being granted clinical privileges. The supervisor will be required to provide a written report in relation to the applicant's knowledge and skills.

Medical practitioners recruited from outside Australia must be aware that their appointment to Queensland Health is subject to at least three criteria:

- registration with the Medical Registration Board
- Queensland Health's acceptance of credentials
- successful awarding of clinical privileges.

2.6 Role delineation

Role delineation is a separate process that determines what level of care, facilities and procedures a health care facility offers. The role delineation process assesses health care facilities both as whole institutions, and individual clinical services provided against predetermined criteria. It takes account of the direct clinical service plus the support services available. Services are then ranked on a scale, which indicates the level of the service. It is primarily a planning tool for development of services and health care facilities to agreed levels. Clinical privileges take account of role delineation in defining what a practitioner may do within the constraints of the physical facilities and resources of the health care facility including support services.

2.7 Health care facility

The term health care facility is used in this document as a generic term to reflect all public health services in Queensland including public hospitals, mental health facilities and community health services.

2.8 Supervision

Experiential learning for junior medical officers/practitioners should be at the discretion of and under the supervision (direct or delegated) of the medical superintendent of the facility at which the junior medical officer/practitioner is practising. Delegated supervisors must have had their credentials assessed and clinical privileges delineated.

Medical superintendents and delegated supervisors should undertake to ensure that local processes are in place to facilitate learning within a safe environment for patients and staff. Responsibility for patient care will rest with the supervising credentialled doctor in any identified episode of care.

2.9 Written procedures

All health service districts or other governing bodies in Queensland will ensure that written procedures for dealing with the process of assessment of credentials and delineation of clinical privileges for medical practitioners are developed. This may be delegated to individual larger health care facilities to develop guidelines suitable for that facility.

All individual medical practitioners using the resources of a health facility, including affiliated medical practitioners and university employees, should have their clinical privileges defined and reviewed in accordance with the procedures defined by these guidelines.

3. Credentials and clinical privileges committees

Such committees are peer committees composed of medical practitioners making recommendations in respect of other medical practitioners in relation to the clinical activities they may undertake.

The applicants considered by the committee will include potential medical employees, existing medical employees and other practitioners seeking endorsement to practise within the public health facility but not defined as employees of Queensland Health.

The committee may be constrained in making recommendations by the needs and resources of the facility, as determined by the levels of service for the facility under the formal process of role delineation. However, the credentials and clinical privileges committee will be independent of the governing body in making recommendations about individual applicants who will be assessed on the criteria developed by the committee.

4. Role and function of credentials and clinical privileges committees

The committees will:

- Undertake the process of assessing credentials and recommending appropriate clinical privileges for new applicants.
- Review clinical privileges of medical practitioners practising within a public health facility at regular intervals and as soon as practicable on request (see section 8).
- Develop procedures for evaluation of credentials and delineation of clinical privileges (based on these guidelines) including establishment of specific criteria.
- Establish guidelines for clinical privileges for all disciplines involved in the facility with regard to the resources and facilities available, taking into account recommendations of clinical colleges where appropriate.
- Inquire into the formal credentials of each applicant requesting privileges.
- For all applicants for appointment, make recommendations on the granting of clinical privileges for consideration by the recruitment and selection/appointments committee auspiced by the district manager.
- Make recommendations to the district manager in respect of all medical practitioners whose clinical privileges have been reviewed.

The committee will decide how the process of its operation is organised.

5. Membership of credentials and clinical privileges committee

5.1 General principles

- All members of the credentials and clinical privileges committee must be medical practitioners.
- There should be a core membership of practitioners constant for all applications considered. Additional members should be invited as required, depending on the size and complexity of the facility, with representation from relevant professional and other bodies as dictated by the principle of peer representation. Representation from an 'industrial organisation' is not appropriate. The committee may be structured at a health care facility, district or cross district or zonal level.
- The district manager will decide on the categories of variable membership of the committee. This may be delegated to the health care facility involved, which will make a recommendation to the district manager. Gender balance should be achieved on the committee where possible.
- Members of the credentials and clinical privileges committee should be chosen so as to ensure that recommendations are based on adequate knowledge of the requirements of the position and are free from bias in relation to any applicant. At least one member should be conversant with the requirements of the *Office of the Public Service Directive Recruitment and Selection (5/97)*.

5.2 Core (permanent) membership

The following members should be present for all deliberations of the credentials and clinical privileges committee to provide continuity of process and decision making by the committee.

- The committee should be chaired by the medical superintendent (or delegate) of the relevant facility, except where it is the medical superintendent of the facility whose privileges are being considered. A medical superintendent from a similar facility is to join the committee in this situation.
- Two other medical practitioners nominated by the district manager.

5.3 Variable membership

The actual composition of the committee will vary depending on the discipline of the applicant(s) under consideration and the type of facility involved, but should include, in addition to the core membership, a representative from the following where appropriate:

- Relevant clinical/professional college (such as Royal Australian College of Surgeons, Royal Australian College of Physicians, Royal Australian College of General Practitioners, Australian College of Rural and Remote Medicine, Australian College of Emergency Medicine).
- University representative for positions at teaching hospitals or other health facilities with an academic presence.
- Relevant clinical department (larger facilities).
- For rural facilities a representative of the Rural Faculty, Royal Australian College of General Practitioners, the Australian College of Rural and Remote Medicine or the Rural Doctors Association of Queensland.
- Other medical practitioners co-opted as appropriate by the committee.

The respective colleges and professional associations will nominate a representative to the committee. The district manager may refer the name to the committee for consideration as to whether the committee regards the nominee as inappropriate such as when a conflict of interest may apply.

6. Guidelines for credentials and clinical privileges committees

6.1 General principles

- All applicants for positions within a facility will have their clinical privileges defined before the completion of the selection/appointment process.
- All other applicants will have their clinical privileges defined before commencing admissions or treatment of any patient within a public health facility.
- Criteria will be established which reflect both the needs and resources of the health care facility (ie. levels of service under role delineation) and the credentials of the applicant.
- Criteria will be uniformly applied to all applicants.
- The principles of equity and compliance with all relevant standards and policies will underpin phases of the process of assessment of credentials and delineation of clinical privileges.
- Criteria will be designed to assure both the district manager and medical staff that patients will receive safe, high quality care.
- Cognisance should be taken of clinical privileges granted at other public health care facilities. The outcome of credentials and clinical privileges processes, such as the credentialled status of the medical practitioner, will be stored and updated on a central database.
- In some circumstances privileges may be granted subject to the applicant undertaking a period of supervised practice or training. For example, a surgeon may be granted general privileges, but not endoscopic privileges until evidence of satisfactory training is provided. Additionally, a medical practitioner recruited from outside Australia may need to undertake a period of supervised practise.

- With the consent of the applicant, information may be sought from colleagues other than those listed as referees.
- Minutes of the credentials and clinical privileges committee meetings will be maintained by the medical superintendent or a relevant officer nominated by the district manager or zonal manager.
- Applicants should be notified promptly by the district manager of the decision regarding clinical privileges. Where a request for privileges has been denied, withheld or granted in a different form to that requested, the reasons for this should be provided to the applicant. The applicant should be advised that if they are dissatisfied with the decision that a right of appeal exists and the mechanism for this to occur.
- In relation to significant variations to, or the withdrawal of, existing clinical privileges, which may have the potential to impact upon the existing employment contract, information must be forwarded promptly to the district manager for consideration of the impact of this recommendation upon the contract of employment.

6.2 Specific criteria for evaluating credentials and recommending clinical privileges

6.2.1 The health care facility

The following information will be requested from the district manager or delegate and provided to the committee:

- functions of the facility
- staffing
- facilities available
- equipment available
- availability of necessary support services
- limitations or restrictions of the facility
- needs and requirements of the facility and the community served.

The district manager may elect not to grant clinical privileges on the grounds that the facility cannot support or does not provide a specific service, despite the committee's recommendation that clinical privileges be granted.

6.2.2 Applicant – general criteria

- All criteria must be related to professional competence.
- Where available, criteria established by the relevant clinical college should be considered. For example, appendices 1, 2 and 3, based on the Royal Australian College of General Practitioners Joint Consultative Committee's Guidelines, are to be used for general practice anaesthetics, obstetrics and surgery.
- No applicant is to be denied privileges on the basis of sex, race, colour, creed or national origin. The terms of the *Anti-Discrimination Act 1991* should be met (including age discrimination provisions).
- Peer recommendations are to be taken into account.

6.2.3 Applicant – specific criteria

The committee should review documentary or other evidence provided by the applicant which demonstrates the following:

- Eligibility for professional registration and current entitlement to practise.
- Qualifications and training including undergraduate, postgraduate and special training with respect to privileges requested.
- Clinical experience and competence in the field of expertise in which privileges are sought.
- That the applicant will continue to subject the results of clinical work to quality assurance mechanisms including clinical audit and peer review processes.
- Commitment to past and continuing professional education.

- Professional "good standing".
- Satisfactory professional referees reports including peer comments.
- Physical and mental fitness to practise. The applicant may be required to undergo a medical examination to assess physical and mental fitness.

6.3 Collocated facilities

For those health service districts that have collocated facilities, the Queensland Health facility and the other facility should separately consider the credentials and clinical privileges of medical staff. The Queensland Health credentials and clinical privileges committee can only make recommendations for medical staff applying for privileges or holding current appointments within Queensland Health facilities.

7. Duration of clinical privileges

7.1 Duration of privileges

- Clinical privileges will be granted for a specific period of time, usually three (3) years.
- The credentials and clinical privileges committee may make recommendations as to any limitation on the duration of clinical privileges if appropriate. Reasons for such decisions must be documented in case of appeals.
- The awarding of continuing privileges will require evidence that individual doctors have participated in quality assurance activities relevant to their privileges.

7.2 Probationary period

- The credentials and clinical privileges committee may recommend a probationary period to be served by an individual with respect to clinical privileges. The committee should determine the purpose of the probationary period and method of

evaluation, such as following a period of skill development.

- Where relevant, details of completion, extension or cessation of the probationary period must be provided to the district manager for consideration of the ongoing clinical privileges of the medical practitioner.

7.3 Temporary privileges/locums

- A mechanism acceptable to the district manager should exist for the granting of temporary privileges for short-term appointees, such as locums, without recourse to the full committee. The district manager may also grant temporary privileges pending the review of the full committee. It may be appropriate to delegate this power to the medical superintendent. This may vary between health care facilities depending on specific circumstances, for example, provision of locums in rural areas who may move regularly between hospitals and in many cases may be medical practitioners with registered medical officer level appointments. This might include cross-district appointments.

8. Review of clinical privileges

There must be a review of clinical privileges in the following circumstances:

- At the end of any specified probationary period.
- Periodically, usually at three (3) year intervals.
- At the request of a relevant professional association, medical staff association chair, head of the relevant department, medical superintendent, executive officer or chief executive officer, General Manager (Health Services) or the individual practitioner to whom the privileges apply.

A review of clinical privileges may be appropriate when there are indicators of decreasing clinical competence such as

outdated practices, clinical disinterest or poor outcomes.

While the review of clinical privileges is not intended as a mechanism for initiating disciplinary matters, details of the findings or recommendations of the credentials and clinical privileges committee may be a consideration in such matters.

Disciplinary matters should be managed through Queensland Health's guidelines for the management of conduct and disciplinary matters.

Reference should also be made to the Queensland Health *Industrial Relations Policy Manual Unsatisfactory Performance (IRM 8.3)* where it is appropriate that this process be adopted.

9. Appeals

9.1 Appeals procedure

A practitioner whose request for privileges has been denied, withheld or granted in a different form to that requested has the right to appeal against the decision. The suggested procedure is:

- Appeals should be made to the district manager within 21 days of receipt of notification that clinical privileges have not been granted.
- The credentials and clinical privileges committee should be requested to reconsider its decision within 21 days of receipt of the appeal. If the reconsidered decision is favourable to the applicant an offer of altered privileges will be made.
- If the reconsidered decision is not acceptable to the applicant, then that individual may *discontinue* the appeal or request a formal hearing. In the latter case the district manager will refer the matter within a further 21 days to a privileges appeals tribunal consisting of the following medical practitioners:
 - The Chief Health Officer, Queensland Health, who will chair the meeting.

- A nominee of the Queensland Branch of the Australian Medical Association.
- A medical practitioner nominee of the Director-General.
- A medical practitioner nominee of the appellant.
- A nominee of the appropriate clinical college.
- The quorum for the privileges appeals tribunal should be all members. Alternate nominees should be provided if the original nominee is not available.
- The privileges appeals tribunal will call for written or verbal comment from relevant medical practitioners and associations or colleges as to the clinical competence of the appellant in the area of dispute.
- The applicant making the appeal is entitled to attend the privileges appeals tribunal and to be accompanied by a barrister or solicitor or another person. Such individuals may not represent the appellant but will be in an advisory capacity.
- Hearings of the privileges appeals tribunal will be closed.
- Decisions of the privileges appeals committee will be by majority members with the chair having a casting vote if necessary.
- The members of the credentials and clinical privileges committee and the privileges appeals tribunal will be indemnified for their decisions in accordance with the Queensland Health policy on indemnity, as amended from time to time. Reference should be made to the Queensland Health *Industrial Relations Policy Manual Legal Liability of Employees and Other Persons (IRM 3.8-3)*.
- The privileges appeals tribunal will submit a recommendation to the district manager.
- At all times the principles of natural justice apply and the appellant will be

given every opportunity to have all available information brought forward for consideration.

- Decisions of the district manager will be given in writing to the appellant.
- If the appeal is refused, the reasons for the decision will be given to the appellant.
- The applicant may reapply for clinical privileges when able to *satisfactorily* demonstrate clinical competence in the field involved.
- The credentials and clinical privileges committee or the privileges appeal tribunal may recommend remedies to restore clinical privileges, such as a period of supervised practice or a period of training.

10. Termination of clinical privileges

Clinical privileges will be terminated immediately if the practitioner ceases to be legally entitled to practise.

Clinical privileges may also be terminated if the appointment of the practitioner is terminated by Queensland Health or under conditions as determined by Queensland Health, or if the practitioner resigns from the Department.

11. Implementation of credentials and clinical privileges process

Credentials and clinical privileges committees will be established to make recommendations in relation to clinical privileges within all Queensland Health facilities. The committee may be responsible for an individual facility, one or more districts or a zone.

The committee should meet to establish its terms of reference and define any local criteria to be used.

A timetable should be drawn up for the progressive and ongoing review of the credentials and clinical privileges of all practitioners with existing appointments. Recommendations can then be made regarding continuing clinical privileges in accordance with these guidelines, and the timetable for periodic review of all privileges.

Practitioners who have been exercising particular skills proficiently and have built up considerable clinical experience, but may not have formal qualifications consistent with current requirements, should be granted clinical privileges to continue to practise in this way by means of an appropriate transitional provision.

This provision should be applied as appropriate at initial review of practitioners and thereafter at subsequent reviews, provided that clinical competence has been maintained, in line with criteria developed by the credentials and clinical privileges committee.

New applications for clinical privileges and requests to vary existing privileges will be dealt with as per these guidelines.

12. Specific criteria for delineation of clinical privileges

As a general guide, reference should be made to the criteria established by clinical colleges, faculties or associations. These are available from those bodies and are updated from time to time. Local committees should endeavour to obtain up-to-date copies relevant to issues being considered. Broadly, these fall into two groups, specialist privileges and general practice. In both categories, there should be no limitation on clinical privileges in a life-threatening emergency situation.

12.1 Specialist privileges

This generally involves the delineation of privileges in specific areas of medicine, surgery, obstetrics and gynaecology,

diagnostic medicine and anaesthetics. Such categories of practitioners have usually completed periods of training and performance of procedures of increasing difficulty and complexity.

The credentials and clinical privileges committee must be satisfied that the category is well defined by the relevant professional body, with recognised formal qualifications, and that the applicant meets the standards set by such bodies.

Privileges may be granted in a broad way according to the speciality, for example, privileges in general surgery may be modified to include or exclude specific new technologies, such as performance of endoscopic surgery.

In granting specialist privileges, note should be taken of the resources of the facility (as provided to the committee by the district manager or delegate – refer to 6.2.1) to support the clinical work undertaken.

12.2 General practice

Reference to guidelines developed by the Royal Australian College of General Practitioners and the Australian College of Rural and Remote Medicine should be made in respect of general practice privileges. It should be recognised that rural general practitioners by nature of their geographical isolation may be called upon to undertake a much wider range of practice than general practitioners in urban or provincial settings.

13. References

Reference should be made by members of the credentials and clinical privileges committees and the appointments committees to the following directives:

Office of the Public Service Appeals Directive (11/96 amended by 4/97 and 16/97)

Office of the Public Service Directive Performance Management (18/97)

Office of the Public Service Directive Recruitment and Selection (5/97)

Queensland Health Industrial Relations Policy Manual Grievance Resolution (IRM 3.5)

Queensland Health Industrial Relations Policy Manual Legal Liability of Employees and Other Persons – Health Service Districts (IRM 3.8-3)

Queensland Health Industrial Relations Policy Manual Performance Appraisal and Development (IRM 8.2)

Queensland Health Industrial Relations Policy Manual Unsatisfactory Performance (IRM 8.3)

Queensland Health Policy Statement Credentials and Clinical Privileges for Medical Practitioners.

Appendix 1 General practice anaesthetics

Guidelines regarding general practitioners who perform anaesthetics in Queensland Health services.

General

The medical practitioner will practice anaesthetics with care and diligence within the bounds of his/her competency and experience.

Emergency life saving procedures outside these bounds are to be covered, such as intubation of a child less than three years during resuscitation if that medical practitioner does not usually practise anaesthetics in that age group.

The medical practitioner must maintain his/her anaesthetic skills and knowledge with a regular caseload commitment to anaesthesia, and participation in ongoing continuing professional development in the field of anaesthetics.

Commencing

Medical practitioners commencing rural practice require a certificate of competency from a supervising anaesthetist if recently performing anaesthetics at a major hospital.

If the medical practitioner has been practising anaesthetics at a large rural hospital without an anaesthetist, then a medical superintendent of that hospital could issue a certificate of competency.

The medical practitioner is then required to comply with a triennial quality assurance and continuing professional development program.

Transferring

If transferring from one centre where privileges apply to another, those privileges should carry on with the provision of a commitment to maintenance of standards and compliance with a triennial quality assurance and continuing professional development program.

Implementation

It is envisaged that medical practitioners already practising anaesthetics will be granted privileges, provided they undertake to comply with a triennial quality assurance and continuing professional development program.

Quality assurance and continuing professional development

All medical practitioners practising anaesthetics should participate in a triennial quality assurance and continuing professional development program. This is in line with the guidelines drawn up and agreed to by the Joint Consultative Committee on Anaesthesia (JCCA). The JCCA is a tripartite committee of the Australian and New Zealand College of Anaesthesiologists (ANZCA), the Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural and Remote Medicine (ACRRM). Information about the triennial quality assurance and continuing professional development program of the JCCA is available through the RACGP (www.racgp.org.au).

Each general practitioner performing anaesthetics should maintain a log book or similar record of anaesthetic caseload and continuing professional development activities consistent with the requirements of the JCCA.

Appendix 2 General practice obstetrics

Guidelines regarding general practitioners who perform obstetrics in Queensland Health services.

General

The medical practitioner will practise obstetrics with care and diligence within the bounds of his/her competency and experience. It is desirable that the medical practitioner has a diploma through the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) or extensive experience in obstetrics (preferably in their third or subsequent postgraduate year).

Emergency life saving procedures outside these bounds are to be covered.

The medical practitioner must maintain his/her skills and knowledge in obstetrics with a regular caseload commitment to obstetrics, and participation in continuing professional development in the field of obstetrics.

Commencing

To be eligible for consideration of clinical privileges, the medical practitioner must have completed the requirements of the RANZCOG, as recommended by the Joint Consultative Committee on Obstetrics (JCCO), or a satisfactory equivalent. The JCCO is a tripartite committee of RANZCOG, the Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural and Remote Medicine (ACRRM). Information about the requirements of the RANZCOG is available through the RACGP (www.racgp.org.au).

The medical practitioner is then required to comply with a triennial quality assurance and continuing professional development program.

Transferring

If transferring from one centre where privileges apply to another, those privileges should carry on with the provision of a commitment to the maintenance of standards

and compliance with a triennial quality assurance and continuing professional development program.

Implementation

It is envisaged that medical practitioners already practising obstetrics will be granted privileges provided they comply with a triennial quality assurance and continuing professional development program, and demonstrate continued involvement in the management of obstetric cases.

Quality assurance and continuing professional development

All medical practitioners practising obstetrics should participate in a triennial quality assurance and continuing professional development program. This is in line with the guidelines drawn up and agreed to by the JCCO as part of a quality assurance and continuing professional development program. Information about the triennial quality assurance and continuing professional development program of the JCCO is available through the RACGP (www.racgp.org.au).

Appendix 3 General practice surgery

Guidelines regarding general practitioners who perform surgery in Queensland Health services.

General

The medical practitioner will practise surgery with care and diligence within the bounds of his/her competency and experience. It should be clearly understood that these guidelines do not endorse, reflect on, or prejudge the issue of anaesthesia being undertaken in these circumstances (it is assumed an appropriately trained doctor such as a general practice anaesthetist is available).

Emergency life saving procedures outside these bounds are to be covered.

The medical practitioner must maintain his/her skills and knowledge in surgery with a regular caseload commitment to surgery, and participation in continuing professional development in the field of surgery.

Commencing

Medical practitioners commencing rural practice require a certificate of competency from a supervising surgeon if recently performing surgery at a major hospital.

If the medical practitioner has been performing surgery at a large rural hospital without a surgeon, then a Medical Superintendent of that hospital could issue a certificate of competency.

The medical practitioner is then required to comply with a triennial quality assurance and continuing professional development program.

Transferring

If transferring from one centre where privileges apply to another, those privileges should carry on with the provision of a commitment to the maintenance of standards and compliance with a triennial quality assurance and continuing professional development program.

Implementation

It is envisaged that medical practitioners already practising surgery will be granted privileges provided they undertake to comply with a triennial quality assurance and continuing professional development program.

Quality assurance and continuing professional development

All medical practitioners practising surgery should participate in a triennial quality assurance and continuing professional development program. This is in line with the guidelines drawn up and agreed to by the Joint Consultative Committee on Surgery (JCCS). The JCCS is a tripartite committee of the Royal Australian College of Surgery (RACS), the Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural and Remote Medicine (ACRRM). Information about the triennial quality assurance and continuing professional development program of the JCCS is available through the RACGP (www.racgp.org.au).

Each general practitioner performing surgery should maintain a log book or similar record of his/her surgery caseload and continuing professional development activities, consistent with the requirements of the JCCS. At a minimum log books should contain de-identified information such as:

- age and gender of patient
- date and operation performed
- outcome and complications (if any).

Appendix 4 Application Form (Specialists)

APPLICATION FOR CLINICAL PRIVILEGES (SPECIALISTS)

FOR THE POSITION/S OF _____
AT FACILITY/FACILITIES _____

Clinical Privileges Requested (Specify in which areas of practice clinical privileges are sought, such as family medicine, obstetrics, paediatrics, surgery, anaesthetics, medicine and give details of any subspeciality/procedures in which you wish to participate.)

Personal Details

Family name _____ Given name(s) _____

Business address _____

Postcode _____

Private address _____

Postcode _____

Telephone: Business _____ Private _____ Mobile _____

E-mail address _____

Date of birth _____ Sex: M F

Qualifications

Degree/fellowship etc.	University/college etc.	Year of qualification
------------------------	-------------------------	-----------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Previous Appointments (List chronologically – attach separate list if necessary.)

Current Appointments

(List appointments that would continue concurrently at other health care facilities, including time commitment.)

Papers Published / Presentations / Special Interests

Are you currently registered to practice in Queensland? Yes No

If yes, quote registration number _____

If conditional, under what section of the *Medical Practitioners Registration Act 2001*? _____

Have you subjected your clinical work to quality assurance mechanisms including clinical audit and peer review processes? Yes No

If yes, are you prepared to continue to do so? Yes No

Are you the subject of disciplinary proceedings in any state, territory or country, or preliminary investigations or actions that may lead to disciplinary proceedings in relation to your practice as a health practitioner? Yes No

If Yes comment _____

References* (List names and contact details of three professional referees who can comment on your skills in the areas for which you are seeking clinical privileges.)

1 _____

2 _____

3 _____

**Please note that the medical superintendent of the facility at which you are currently practicing and/or your immediate supervisor will be contacted for referee comments. Where relevant the applicable professional college will be invited to participate in the committee meeting or provide comments in writing.*

Signature _____ **Date** ____/____/____

Note

1. First time applicants please attach copies or other evidence of any qualifications detailed in the application form.
2. A separate typed curriculum vitae should be attached in support of this application.
3. A position description should be attached to this application.

This information is collected for review by the relevant Queensland Health credentials and clinical privileges committee to assist in the determination of your application.

Appendix 5 Application Form (Rural Facilities & GPs)
APPLICATION FOR CLINICAL PRIVILEGES (RURAL FACILITIES & GPs)

FOR THE POSITION/S OF _____
 AT FACILITY/FACILITIES _____

Clinical Privileges Requested (Specify in which areas of practice clinical privileges are sought, such as anaesthetics, obstetrics, surgery, orthopaedics, radiography, ultrasound and give details of any subspeciality/procedures in which you wish to participate.)

General Practice

☐

Note:

General practice includes all other primary care areas including geriatrics, paediatrics, palliative care, antenatal care, psychiatry, internal medicine, closed orthopaedics, minor operations and radiology.

Anaesthetics

Adult

☐

Child 3 years and over

☐

Child 12 months and over

☐

Obstetrics

Uncomplicated deliveries

☐

Instrumental deliveries

☐

Caesarean section

☐

Surgery

Abdominal surgery

☐

(indicate scope of surgical procedures to be undertaken)

Endoscopy

Upper

☐

Lower

☐

Orthopaedics Operative: Minor

☐

(such as carpal tunnel, ganglion, tendon repair)

Radiography

☐

Licence Number _____

Ultrasound¹ (indicate scope of practice)

☐

Other (please specify) _____

Personal Details

Family name: _____

Given name(s): _____

Business address: _____

Postcode: _____

Private address: _____

Postcode: _____

Telephone: Business _____

Private _____

Mobile _____

E-mail address: _____

Date of birth: _____

Gender: M ☐ F ☐

Qualifications

Degree/fellowship etc	University/college etc	Year of qualification

Previous Appointments (List chronologically – attach separate list if necessary.)

¹ Note: As there are currently no guidelines or standards available for ultrasound, clinical privileges will be reviewed on the basis of experience and qualifications. Medical practitioners should demonstrate due care and diligence within the bounds of their competencies and experience.

Current Appointments (List appointments that will continue concurrently at other health care facilities, including time commitment.)

Papers Published / Presentations / Special Interests

Registration

Are you currently registered to practice in Queensland?

Yes ☐ No ☐

If yes quote registration number _____

Is your registration

General ☐

Conditional ☐

If conditional, under what section of the *Medical Practitioners Registration Act 2001*? _____

Are you the subject of disciplinary proceedings in any state, territory or country, preliminary investigations, or actions that may lead to disciplinary proceedings in relation to your practice as a health practitioner?

Yes ☐ No ☐

Are you vocationally registered?

Yes ☐ No ☐

Have you any physical or other condition that may limit your ability to practice?

Yes ☐ No ☐

If yes comment _____

References* (List names and contact details of three professional referees who can comment on your skills in the areas for which you are seeking clinical privileges.)

1 _____

2 _____

3 _____

**Please note that the medical superintendent of the facility at which you are currently practicing and/or your immediate supervisor will be contacted for referee comments. Where relevant the applicable professional college will be invited to participate in the committee meeting or provide comments in writing.*

Applicant's Endorsement

I agree to abide by the policy and guidelines applicable to the facility to which I am applying for clinical privileges.

Signature _____

Date _____ / _____ / _____

Note

1. First time applicants please attach copies or other evidence of any qualifications detailed in the application form.
2. A separate typed curriculum vitae should be attached in support of this application.
3. A position description should be attached to this application.

This information is collected for review by the relevant Queensland Health credentials and clinical privileges committee to assist in the determination of your application.

Appendix 6 Application Form for Review (Specialists)

REVIEW OF CLINICAL PRIVILEGES (SPECIALISTS)

FOR THE POSITION/S OF _____

AT FACILITY/FACILITIES _____

Clinical Privileges Requested (Specify in which areas of practice clinical privileges are sought, such as family medicine, obstetrics, paediatrics, surgery, anaesthetics, medicine and give details of any subspeciality/procedures in which you wish to participate.)

Privileges previously granted _____

Additional privileges _____

Personal Details (Please include any changes since your last review.)

Family name _____ Given name(s) _____

Business address _____

Postcode _____

Private address _____

Postcode _____

Telephone: Business _____ Private _____ Mobile _____

E-mail address _____

Date of birth _____ Sex: M F

Qualifications (Please provide details of qualifications obtained since your last review.)

Degree/fellowship etc.	University/college etc.	Year of qualification
_____	_____	_____
_____	_____	_____
_____	_____	_____

Appointments (Please provide details of appointments since your last review. List chronologically and attach separate list if necessary.)

Current Appointments (List appointments that will continue concurrently at other health care facilities, including time commitment.)

Papers Published / Presentations / Special Interests (Since your last review.)

Are you currently registered to practice in Queensland? Yes No

If yes, quote registration number _____

If conditional, under what section of the *Medical Practitioners Registration Act 2001*? _____

Since your last review have you continued to subject your clinical work to quality assurance mechanisms including clinical audit and peer review processes? Yes No

If yes, are you prepared to continue to do so? Yes No

Since your last review have you been the subject of disciplinary proceedings in any state, territory or country or preliminary investigations or actions that may lead to disciplinary proceedings in relation to your practice as a health practitioner? Yes No

If Yes, comment _____

Referees Please note that the medical superintendent of the facility at which you are currently practising and/or your immediate supervisor will be contacted for referee comments. Where relevant the applicable professional college will be invited to participate in the committee meeting or provide comments in writing.

Signature _____ **Date** ____/____/____

Note: This information is collected for review by the relevant Queensland Health credentials and clinical privileges committee to assist in the determination of your application.

Appendix 7 Application Form for Review (Rural Facilities & GPs)

REVIEW OF CLINICAL PRIVILEGES (RURAL FACILITIES & GPs)

FOR THE POSITION/S OF _____

AT FACILITY/FACILITIES _____

Clinical Privileges to be Reviewed (Specify in which areas of practice clinical privileges are to be reviewed, such as general practice, anaesthetics, obstetrics, surgery, endoscopy, orthopaedics, radiography, ultrasound and give details of any subspeciality procedures in which you wish to participate.)

General Practice

☐

Endoscopy

Upper

☐

Lower

☐

Note:

General practice includes all other primary care areas including geriatrics, paediatrics, palliative care, antenatal care, psychiatry, internal medicine, closed orthopaedics, minor operations and radiology.

Anaesthetics

Adult

☐

Child 3 years and over

☐

Child 12 months and over

☐

Obstetrics

Uncomplicated deliveries

☐

Instrumental deliveries

☐

Caesarean section

☐

Surgery

Abdominal surgery

☐

(indicate scope of surgical procedures to be undertaken)

Orthopaedics Operative: Minor

(such as carpal tunnel, ganglion, tendon repair)

☐

Radiography

Licence Number _____

☐

Ultrasound¹ (indicate scope of practice)

☐

Other (please specify) _____

If you are applying for general practice anaesthetics, obstetrics or surgery please indicate whether you have participated in continuing professional development in these areas since your last review:

Surgery No ☐ Yes ☐ (please specify) _____

Anaesthetics No ☐ Yes ☐ (please specify) _____

Obstetrics No ☐ Yes ☐ (please specify) _____

If yes, please attach evidence of continuing professional development undertaken.)

Personal Details (Please provide any changes since your last review.)

Family name: _____ Given name(s): _____

Business address: _____

Postcode: _____

Private address: _____

Postcode: _____

Telephone: Business _____ Private _____ Mobile _____

E-mail address: _____

Date of birth: _____ Gender: M ☐ F ☐

¹ Note: As there are currently no guidelines or standards available for ultrasound, clinical privileges will be reviewed on the basis of experience and qualifications. Medical practitioners should demonstrate due care and diligence within the bounds of their competencies and experience.

Additional Qualifications (Please provide copies of any additional qualifications since your last review.)

Degree/fellowship etc	University/college etc	Year of qualification

Appointments (Please list appointments since your last review – attach separately if necessary.)**Current Appointments** (List appointments that will continue concurrently at other health care facilities, including time commitment.)**Papers Published / Presentations / Special Interests** (Since your last review.)**Registration**

Are you currently registered to practice in Queensland?

Yes ☐ No ☐

If yes quote registration number _____

Is your registration

General ☐Conditional ☐If conditional, under what section of the *Medical Practitioners Registration Act 2001*? _____

Since your last review have you been the subject of disciplinary proceedings in any state, territory or country or preliminary investigations or actions that may lead to disciplinary proceedings in relation to your practice as a health practitioner?

Yes ☐ No ☐

Are you vocationally registered?

Yes ☐ No ☐

Have you any physical or other condition that may limit your ability to practice?

Yes ☐ No ☐

If yes comment _____

Referees Please note that the medical superintendent of the facility at which you are currently practicing and/or your immediate supervisor will be contacted for referee comments. Where relevant the applicable professional college will be invited to participate in the committee meeting or provide comments in writing.

Applicant's Endorsement

I agree to abide by the policy and guidelines applicable to the facility to which I am applying for clinical privileges.

Signature _____ Date ____/____/____

Note: This information is collected for review by the relevant Queensland Health credentials and clinical privileges committee to assist in the determination of your application.



QUEENSLAND HEALTH POLICY STATEMENT

Policy Title	Credentials and Clinical Privileges for Medical Practitioners
Policy Statement	Medical practitioners using Queensland Health facilities shall have their credentials and clinical privileges periodically peer reviewed by the relevant credentials and clinical privileges committee to ensure the practise of safe, high quality care. (Please refer to the Queensland Health document <i>Credentials and Clinical Privileges Guidelines for Medical Practitioners, July 2002.</i>)
Principles (where appropriate)	<ul style="list-style-type: none">• All medical practitioners treating public and/or private patients within Queensland Health facilities shall have the appropriate level of training, experience and ability to perform medical practice within their level of competence, with consideration of the resources available at each particular facility.• District Managers are responsible for ensuring that all medical practitioners operating within the Health Service District have their credentials and clinical privileges periodically reviewed by the relevant credentials and clinical privileges committee. District Managers are responsible for ensuring that a process is in place within the District to enable this to happen.• The review of credentials and clinical privileges is a peer review process with medical practitioners reviewing and making recommendations regarding the clinical privileges of other medical practitioners.• Credentials and clinical privileges are granted for a specific period of time. Clinical privileges are periodically reviewed, either at three year intervals, at the end of a specified probationary period, or at the request of an authorised person as identified in the document <i>Credentials and Clinical Privileges Guidelines for Medical Practitioners, July 2002, Section 8 Review of Clinical Privileges.</i>• The privacy and confidentiality of applicant's information will be maintained. Information provided by applicants is collected for review by the relevant Queensland Health credentials and clinical privileges committee to assist in the determination of applications and will not otherwise be disclosed in an identifiable form.
Scope and Application	<p>Applies to all medical practitioners (other than junior medical staff) treating public and/or private patients within a Queensland Health facility.</p> <p>The process does not apply to junior medical staff such as interns, residents, principal house officers, registrars, or fellows appointed on a short-term basis as a part of post fellowship training.</p>

Effective date	August 2002
Supersedes	<ul style="list-style-type: none"> • <i>Credentials, Clinical Privileges and Appointments for Medical Practitioners August 1993</i> • <i>Credentials and Clinical Privileges: Guidelines for Rural Medical Practitioners</i>
Compliance	<p>District Managers are responsible for ensuring that all medical practitioners operating within the Health Service District have their credentials and clinical privileges periodically reviewed by the relevant credentials and clinical privileges committee. District Managers are responsible for ensuring that a process is in place within the District to enable this to happen.</p> <p>All medical practitioners using a Queensland Health facility are responsible for completing and submitting an application form to the District Manager for the review of his or her credentials and clinical privileges.</p>
Review cycle and responsibilities	<p>Credentials and clinical privileges are reviewed periodically, usually every three years, or as otherwise specified by an authorised person as identified in the document <i>Credentials and Clinical Privileges Guidelines for Medical Practitioners, July 2002, Section 8 Review of Clinical Privileges</i>.</p> <p>This Policy Statement and the document <i>Credentials and Clinical Privileges Guidelines for Medical Practitioners, July 2002</i> will be reviewed as required by Southern Zone Management Unit, Queensland Health or as delegated by the General Manager (Health Services).</p>
Further information	Linda Dawson, Manager, Southern Zone Management Unit, Queensland Health.



Queensland Government

Queensland Health

QUEENSLAND HEALTH INSTRUCTION
to Policy Statement 15801 (Policy number if applicable)

Policy Title	Credentials and Clinical Privileges for Medical Practitioners
Scope and Application	<p>Applies to all medical practitioners (other than junior medical staff) treating public and/or private patients within a Queensland Health facility.</p> <p>The process does not apply to junior medical staff such as interns, residents, principal house officers, registrars, or fellows appointed on a short-term basis as a part of post fellowship training.</p>
Effective date	August 2002
Supersedes	<ul style="list-style-type: none">• <i>Credentials, Clinical Privileges and Appointments for Medical Practitioners August 1993</i>• <i>Credentials and Clinical Privileges Guidelines for Rural Medical Practitioners</i>
Compliance	<p>District Managers are responsible for ensuring that all medical practitioners operating within the Health Service District have their credentials and clinical privileges periodically reviewed by the relevant credentials and clinical privileges committee. District Managers are responsible for ensuring that a process is in place within the District to enable this to happen.</p> <p>All medical practitioners using a Queensland Health facility are responsible for completing and submitting an application form to the District Manager for the review of his or her credentials and clinical privileges.</p>
Review Cycle and Responsibilities	<p>Credentials and clinical privileges are reviewed periodically, usually every three years, or as otherwise specified by an authorised person as identified in the document <i>Credentials and Clinical Privileges Guidelines for Medical Practitioners, July 2002, Section 8 Review of Clinical Privileges</i>.</p> <p>This Policy Statement and the document <i>Credentials and Clinical Privileges Guidelines for Medical Practitioners, July 2002</i> will be reviewed as required by Southern Zone Management Unit, Queensland Health or as delegated by the General Manager (Health Services).</p>

Legislation and Associated Documentation	<i>Credentials and Clinical Privileges Guidelines for Medical Practitioners, July 2002.</i> <i>Queensland Health Industrial Relations Policy Manual Legal Liability of Employees and Other Persons – Health Service Districts (IRM 3.8-3).</i>
Corporate Office file	1236-0355-008

CONTENTS (where considered appropriate)

Refer to the Table of Contents of the document *Credentials and Clinical Privileges Guidelines for Medical Practitioners, July 2002*

COMPLIANCE AND RESPONSIBILITIES

- District Managers are responsible for ensuring that all medical practitioners operating within the Health Service District have their credentials and clinical privileges periodically reviewed by the relevant credentials and clinical privileges committee. District Managers are responsible for ensuring that a process is in place within the District to enable this to happen.
- All medical practitioners using a Queensland Health facility are responsible for completing and submitting an application form for the review of his or her credentials and clinical privileges by the relevant credentials and clinical privileges committee.
- The credentials and clinical privileges committee is responsible for reviewing the credentials and clinical privileges of applicants and making a recommendation to the relevant District Manager.
- The final decision about granting the requested clinical privileges is made by the District Manager who has the delegated authority for either the appointment of a practitioner to a specified position, or for the endorsement of admitting rights to a specified public health facility. The District Manager will consider the recommendations of the credentials and clinical privileges committee as well as the administrative and resource implications for the facility.

IMPLEMENTATION PROCESS (eg Instructions, Guidelines)

Refer to the document *Credentials and Clinical Privileges Guidelines for Medical Practitioners, July 2002*

GLOSSARY, DEFINITIONS, REFERENCES (where considered appropriate)

Credentials represent the formal qualifications, training, experience and clinical competence of medical practitioners.

Clinical privileges represent the range and scope of clinical responsibility that a practitioner may exercise in a specific facility. Clinical privileges may relate to areas of clinical practice, use of facilities or specialised equipment, or the performance of specific operations or procedures. The extent of privileges may vary between facilities depending on the resources available and the role of the service.

For other definitions please refer to the document *Credentials and Clinical Privileges Guidelines for Medical Practitioners, July 2002*.