

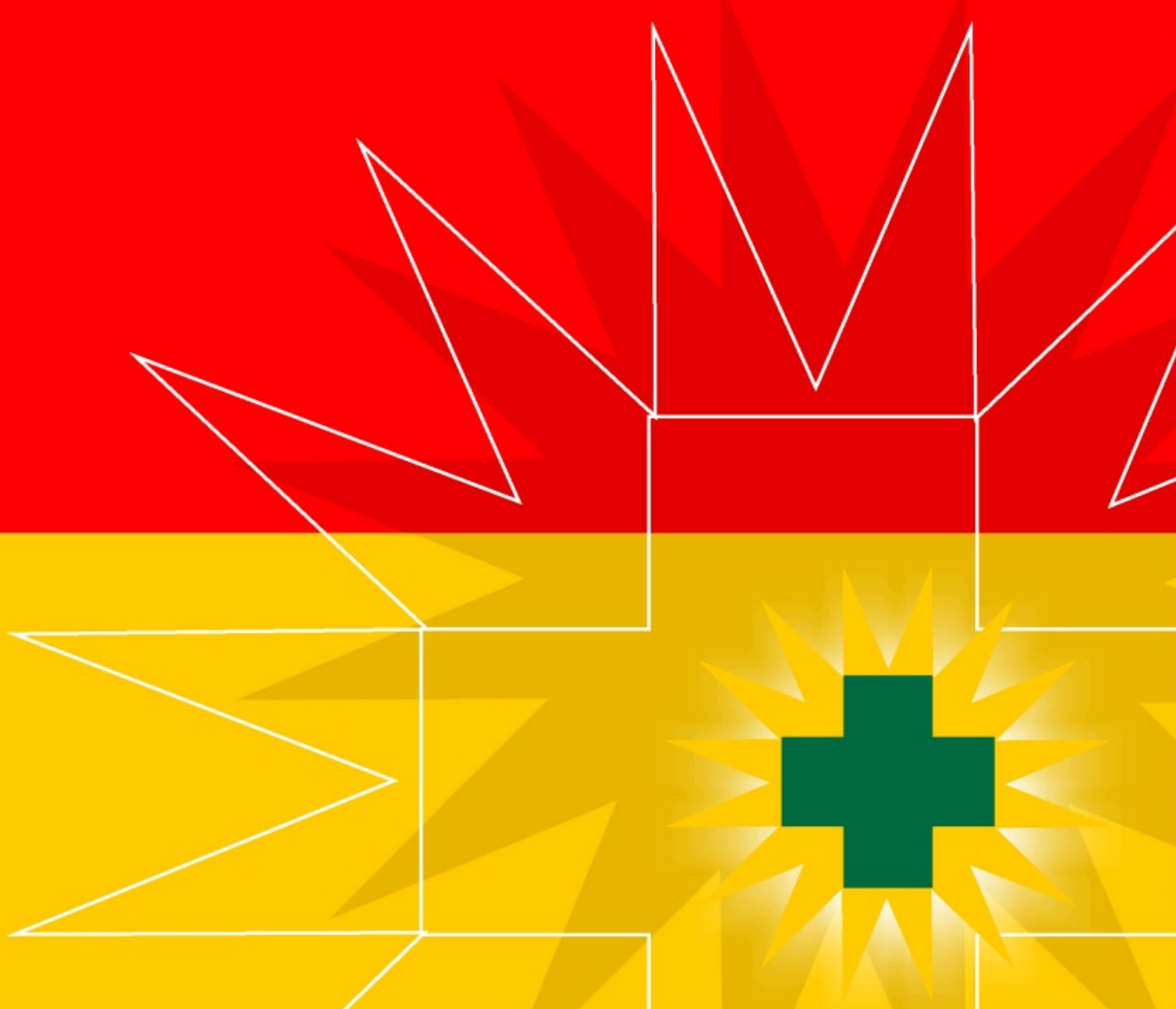
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**Safety+Quality**  
COUNCIL

JULY 2002

**NATIONAL GUIDELINES FOR  
CREDENTIALS AND  
CLINICAL PRIVILEGES**

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AUSTRALIAN COUNCIL FOR SAFETY AND QUALITY IN HEALTH CARE



# **National Guidelines for Credentials and Clinical Privileges**

**July 2002**

The Australian Council for Safety and Quality in Health Care was established in January 2000 by all Australian Health Ministers to lead national efforts to improve the safety and quality of health care, with a particular focus on minimising the likelihood and effects of error. Council reports annually to Health Ministers.

This document is an attachment to Council's third report to Health Ministers - *Safety Through Action — Improving Patient Safety in Australia, Third Report to the Australian Health Ministers' Conference 19 July 2002.*

Further information on the work of the Council can be found at [www.safetyandquality.org](http://www.safetyandquality.org) or from the Council Management Group tel 02 6289 4244, fax 02 6289 8470 or email [safetyandquality@health.gov.au](mailto:safetyandquality@health.gov.au)

### ***Acknowledgments***

The Australian Council for Safety and Quality in Health Care would like to acknowledge the role played by the Council's Standards and Accreditation Working Group in the consultation and production of these guidelines and the contribution of the State Quality Officials (in particular Queensland Health), in the process to produce this document.

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## **1. Introduction**

The Australian Council for Safety and Quality in Health Care has consulted nationally on the working draft paper entitled *Credentials and Clinical Privileges Guidelines*. There has been widespread support for a national set of guidelines for credentialling that incorporate procedures for ongoing performance assessment. In light of feedback received in the consultation, the Council has finalised the following *National Guidelines for Credentials and Clinical Privileges*.

To support implementation and uptake of these guidelines the Council has commissioned work to develop a national standard based on these guidelines, an organisational support package to accompany the standard and a communications plans to promote national uptake of these products. The project will include a strong focus on developing practical tools to support health care services to establish an appropriate process for the initial granting of clinical privileges and the ongoing review and revalidation of these clinical privileges.

In these guidelines the Council has initially focussed on the medical profession with a view to considering how the guidelines, standard and support package can be adapted in the future to include all health care professional groups that exercise independent clinical decision making.

## **2. Purpose**

The purpose of these guidelines is to provide a framework that can be used by various health care services/facilities to establish an appropriate process for the initial granting of clinical privileges for all health care professionals and the ongoing re-validation and review of these clinical privileges.

The need for national multidisciplinary competency based credentialing and privileging processes arises from a growing public awareness of the need for institutions to fulfil their mandate of protection of public health, safety and welfare and the desire of organisations to ensure quality care.

The aim of such a process is to ensure that health care professionals have an acceptable level of knowledge, skills, attitudes and competence consistent with standards established by their registering professional body (or equivalent) and are practising safely. The process will also consider performance and reflect on the constraints and support imposed by the available resources, including staff, equipment and the physical resources available within the health care facility.

Health care professionals will be required to provide evidence of their qualifications including registration and/or equivalent training, experience and current competence in the delivery of professional health care services for which clinical privileges are requested.

### 3. Definitions

**Appointment** is the formal process of selecting a preferred candidate from among competing applicants and setting the terms and conditions of appointment, consistent with relevant industrial awards or other determinants. Consideration should be given at the time of appointment to the assessment of credentials and delineation of clinical privileges for the successful applicant in line with needs and resources of the facility as determined by the levels of service provided by the facility. The process is required to comply with guidelines designed to ensure fairness and equity.

**Competence** is the application of knowledge and skills in interpersonal relations, decision making and performance consistent with the professional's practice role.

**Credentials** represent the formal qualifications, training, experience and clinical competence of the health care professional. 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.

**Credentialling** is the formal process of assessing a professional health care professional's credentials in relation to that professional role within a specific facility.

**Clinical privileges** result from a process in which the Governing Body or its delegate grants a health care professional the authority to provide health care services within defined limits in a health care facility. They represent the range and scope of clinical responsibility that a professional may exercise in the facility. Clinical privileges are specific to the individual, usually in a single health care facility (or group of facilities such as a rural District/Region or a Multi-Purpose Service) and relate to the resources, equipment and staff available. Recommendations are made to the Governing Body following the determination of what a health care professional can or cannot do in a facility.

**Governing Body** refers to the body or its delegate who has ultimate responsibility for the health care facility.

**Health Care Professional** is a health care worker eligible for registration with a State or Territory professional body or complies with the requirements of a professional body where registration is not a requirement to practise. All health care professionals working in a facility should hold current registration or its equivalent.

**Performance** describes how the output of a process conforms to requirements and expectations and suggests how well an individual, process or team is operating.

#### **4. General Principles**

- A health service's Governing Body has the responsibility to ensure the competency and facilitate the performance of all health care professionals practising within its facilities. All professional health care appointees should have their credentials assessed prior to the selection/appointment process. This will ensure only those applicants who meet the selection criteria and who have the relevant credentials will be interviewed. The appointment process should ensure any appointee has the relevant credentials to enable privileges to be granted consistent with the clinical needs of the service to which the appointment relates.
- The process of assessing credentials and delineating clinical privileges is undertaken by professional peers who form a Credentials and Clinical Privileges Committee. Depending on the size of the facility the role of this committee may be undertaken through other mechanisms, for example, sharing across small facilities. The Committee reviews the credentials having regards to the needs and resources of the health care facility in recommending privileges to be granted by the Governing Body.
- Individuals involved in the process must be indemnified by the Governing Body for their actions to enable the role to be performed responsibly without constraints imposed by potential legal action.
- All professional health care professionals will have their credentials and clinical privileges reviewed at regular intervals throughout the period of their employment.
- Facilities will have in place systems to record all information in relation to the credentials and clinical privileges process. The credentialed status of health professionals should be stored and updated on a central database. This may be on a local, regional or state base.
- The Governing Body will have systems in place for the early identification and management of compromised performance including that related to incompetent and impaired practitioners.
- All processes must be underpinned by the principles of natural justice given the significance of this process to professional practice.

## **5. Committees**

### **5.1 Credentialling and Privileging**

These committees have the responsibility of ensuring that all appointees/health care professionals have the necessary credentials to fulfil the responsibilities outlined in the position description “before appointment”. They will assess the credentials of the individual in the context of the role of the professional in the organisation and recommend to the Governing Body the extent of clinical privileges to be granted to the individual. They are also responsible for the ongoing review of clinical privileges of all appointed health care professionals.

Members of committees will ensure that recommendations are based on adequate knowledge of the requirements of the position and are free from bias in relation to any applicant. Terms of reference including the recording of meetings should be established for such committees. Consideration should also be given to the need for such committees to be designated as Quality Committees so as to afford appropriate immunity of the deliberations of the committee as the need arises.

#### **Membership**

Such committees are peer review committees and as such should be predominantly comprised of representatives of the profession of the health care professional being credentialled but could also include members of related professions. Consideration should be given to consumers being included on these committees.

### **5.2 Privileges Appeal Tribunal**

A practitioner who has had clinical privileges denied, withdrawn or granted in a different form to that requested has the right to appeal the decision. A separate committee independent of the original credentialling committee will need to be established to consider appeals.

#### **Membership**

Recommended membership of the Privileges Appeal Tribunal includes:

- A senior health care professional of the same profession
- A senior peer from a similar clinical area
- A professional nominee of the Governing Body
- A professional nominee of the appellant
- A nominee of the relevant clinical college/association

## **6. Credentialling Process**

### **6.1 General Principles**

- Merit is to form the basis of all phases of the process.
- Criteria should be established that reflects both the needs and resources of the facility and the credentials of the applicants.
- Criteria should be designed to assure the Governing Body that patients will receive safe high quality care.
- Criteria should be uniformly applied to all applicants.
- Additional information will be sought from referees.
- Cognisance should be taken of clinical privileges granted to applicants at other health care facilities.
- Applicants should be given the right to respond to criticisms and to a potentially negative outcome before the committee finalises its decision.
- In exceptional circumstances privileges may be granted subject to the applicant undertaking a period of supervised practice or a period of training to address deficiencies in appropriate credentials.
- Applicants will be notified promptly if the Committee requires clarification of submitted material or requires additional information.

### **6.2 Specific Criteria**

#### **Health Care Facility**

- Level of service provision
- Staffing
- Facilities available
- Equipment available
- Availability of necessary support services
- Limitations or restrictions of the facility
- Needs and requirements of the facility

#### **Applicant – General criteria**

- Criteria must be related to professional competence and also include personal behaviour criteria relevant to the position.
- Where available, criteria established by the relevant clinical college or professional body should be considered.
- 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.
- Peer recommendations are to be taken into account but objective support for opinions should be sought.

**Applicant** – Specific criteria

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

- Eligibility for professional registration held 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 has subjected and 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.
- Satisfactory professional referee reports including peer comments.
- Acceptable and safe practice as evidenced by personal history of complaints, professional body investigations, indemnity and legal records.

**Highly desirable key competencies include:**

- Clinical expertise.
- Communication skills – patients/families/communities/health care team.
- Collaboration skills – interdisciplinary team activities.
- Management skills – cost effective and efficient resource utilisation.
- Advocacy skills – patient and professional.
- Academic and/or research skills – continuing education aimed at the attainment of best practice models and practices.
- Professional integrity.

## **7. Duration of Clinical Privileges**

- Clinical privileges shall be granted for a specific period of time, usually three (3) years but should not be longer than five (5) years.
- The Credentials and Clinical Privileges Committee may make recommendation as to any limitation on the duration of clinical privileges if appropriate.

### **7.1 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, training requirements and method of evaluation at the end of the probationary period, such as following a period of skill development.
- All new appointments may be required to serve a one-year probationary period.

### **7.2 Temporary Privileges (Locums and Short Term Contracts)**

- A mechanism acceptable to the Governing Body shall exist for granting of temporary privileges for short-term appointees, such as locums, without recourse to the full committee. It may be appropriate to delegate this power to the Professional or Divisional Head. 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/services.

## **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) to five (5) year intervals.
- At the request of a Head of Department/Division, Executive Officer or Chief Executive or the individual practitioner to whom the privileges apply.
- As the result of significant consumer complaint or a significant complaint from another health practitioner.

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.

Whilst the review of clinical privileges is not a mechanism for dealing with disciplinary or other administrative matters, details of the findings or recommendations of the Committee may be a consideration in such matters. Disciplinary matters should be managed through the appropriate performance management channels.

In order for the Credentialling and Privileging Committee to make meaningful performance-based privileging recommendations to the Governing Body, the following information should be available to the Committee:

- Records of training and experience gained since the last review, including specialist college requirements
- Registration status, including any conditions of registration or annual practising certificate
- Any adverse professional record
- Clinical activity, including volumes and outcomes
- Other relevant information, such as complaints, patient satisfaction records
- Current clinical privileges and future aspirations

This information can be gathered via self-assessment tools validated by Heads of Departments/Divisions, clinical audits, peer reviews, annual performance appraisals, procedural logbooks that include numbers and outcomes of procedures and from professional registration authorities.

## **9. Appeals**

### **9.1 General Principles**

It is acknowledged that the process of defining clinical privileges is a vital factor in determining the range of practices that are satisfactory and rewarding to that individual practitioner. It is also recognised that the denial of privileges may have a very real effect on the livelihood of a practitioner. For this reason the process is to be undertaken seriously and diligently.

The appeal process is intended to allow for reconsideration of any adverse decision and for new information to be brought forward if available. In the event that a formal meeting of the Privileges Appeals Tribunal is required it is suggested that where possible this take the following format:

- Membership shall be as independent as possible from the issues involved. All available information shall be presented to the members. There should be no specific time limit set for the meeting and members should be prepared to debate fully the issues until a solution is achieved.
- At all times the principles of natural justice shall apply and the appellant be given every opportunity to have all available information brought forward for consideration. Evidence should be in the form of statements which are signed and dated.
- It is recommended that sufficient details of proceedings be fully \*minuted so that the rationale for decision making can clearly be followed. Each party shall be given the opportunity to speak seeking clarification and identification of the issues. Every opportunity should be taken to seek options for resolution. The aim of the process is to clearly identify the issues and arrive at a solution that is acceptable to all parties.

### **9.2 Process**

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 shall be made to the Governing Body within 28 days of receipt of notification that clinical privileges have not been granted.
- The Credentials and Clinical Privileges Committee shall reconsider its decision within 28 days of receipt of the appeal. If the reconsidered decision is favourable to the applicant an offer of altered privileges shall be made by the Governing Body.
- If the reconsidered decision is not acceptable to the applicant, then that individual may discontinue the appeal or request a formal hearing. In the case of a formal hearing the Governing Body shall refer the matter within a further 28 days to a Privileges Appeals Tribunal.
- The Privileges Appeals Tribunal should meet within 28 days of request for a formal hearing unless delays accepted by all parties. During this time the health care professional should not have clinical privileges (except within the scope of those clinical privileges already granted or not in dispute).
- The Quorum for the Privileges Appeals Tribunal shall be all members. Alternate nominees shall be provided if the original nominee is not available.

- The Privileges Appeals Tribunal will call for written or verbal comment from relevant health care professionals and associations, professional bodies 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, solicitor or another person. Such individuals may not represent the appellant but will attend in an advisory capacity to the appellant.
- Hearings of the Privileges Appeals Tribunal shall be closed.
- Decisions of the Privileges Appeals Committee shall be by majority members with the Chair having a casting vote if necessary.
- The members of the Credentials and Clinical Privileges Committee and of the Privileges Appeals Tribunal shall be accorded indemnity for their decisions by the Governing Body involved.
- The Privileges Appeals Tribunal will submit a recommendation to the Governing Body.
- Decisions of the Governing Body shall 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 and/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 Governing Body or under conditions as determined by the Governing Body.