

The **responsibility** for credentialing ultimately lies with the Board of Directors of Mercy Hospital Dunedin Ltd.

The governing body delegates responsibility for credentialing to the CEO. The CEO will engage with a professional peer group, in this instance the Medical Advisory Committee (MAC) to aid in further considerations and actions.

Policy Applies to:

Regulated /Registered Health personnel practising at Mercy Hospital which includes:

Medicine: Medical and surgical specialists.

Nursing: practitioners in specific areas of practice covered by the general scope but considered to be expanded or extended.

Allied Health Professions: practitioners covered by their relevant professional board for a general scope in specific areas of practice and/or procedural extensions of practice e.g. physiotherapy practice thresholds.

Cultural Considerations

Mercy requires credentialed specialist to be culturally competent

Mauri Ora defines cultural competence in the following way:

"Individual values, beliefs and behaviours about health and wellbeing are shaped by various factors such as race, ethnicity, nationality, language, gender, socioeconomic status, physical and mental ability, sexual orientation and occupation. Cultural competence in healthcare is broadly defined as the ability of health practitioners to understand and integrate these factors into the delivery of healthcare practice."
(driven by APC requirements)

Related Standard:

EQuIP Criterion 3.1.3 - Processes for credentialing and defining the scope of clinical practice support high quality care and services.

The Health and Disability Services (Core) Standards NZS 8134.1:2008 criterion 2.7.2 requires evidence that 'professional qualifications are validated, including evidence of registration and scope of practice for service providers'.

Principles of Credentialing

- protect health service consumers
- improve risk management in provider organisations
- support clinical and quality improvement activity

- allow credentialing information to be accessible and shared between organisations where appropriate
- improve public confidence in the health system
- promote professional behaviour and practice development among all health practitioners.

Definitions:

Credentialing - defines the clinical activities (either all, part or an extension of the regulatory scope of practice) to be undertaken by a practitioner. This decision is based upon practitioner qualifications; experience, current performance, professional and personal suitability and facility capability to provide safe, evidence based health care within a specific service environment.

Organisational credentialing - is used to assess competence to practice within a specific environment. It identifies the specific clinical responsibilities the health professional is considered competent to undertake and appropriate to perform within Mercy Hospital, this includes clinical support and available resources.

Scope of Practice - refers to that determined by the regulatory authority for a particular profession, one or more of such health services that the practitioner is, under an authorisation granted under section 21, permitted to perform, subject to any conditions for the time being imposed by the responsible authority' (HPCA 2003).

Introduction of new services to Mercy- this is where service provision is new to Mercy but not new to the Credentialed Specialists scope of practice see **appendix 5**.

New procedures or new techniques that are new to the credentialed specialist require updating of scope of practice see **appendix 5**.

Expanded Scope - 'a professional strategy with increased range of autonomy, accountability and responsibility. Usually occurs within a specialist nursing practice and involves additional skills such as diagnosis and prescribing. There is a formal pathway to role expansion that entails further education and may include regulation' (New Zealand Nurses Organisation (NZNO) 2009).

Extended scope - 'the addition of a particular skill or area of nursing practice responsibility usually in response to increased demand or consumer need' (NZNO 2009).

Pursuant to section 11(1) of the Health Practitioners Competence Assurance Act 2003 ("the Act"), the Physiotherapy Board specifies the following new scope of practice:
Scope of Practice - Physiotherapy Specialist.

Required standard of competence - 'the standard of competence expected of a health practitioner practising within that scope of practice' (HPCA 2003).

Objectives:

- Ensure that patient safety at Mercy Hospital is maximised by a robust credentialing process.
- Ensure that the credentialing process reflects Mercy Hospital's ability to support a Specialists scope of practice.
- Ensure a process for the safe introduction of new techniques and new procedures.
- Ensure credentialing processes are fair and transparent with a robust appeals process.

Implementation:

The Quality and Risk Advisory Committee receive profiles from eCredential of both new and existing candidates for credentialing and re-credentialing to secure consumer review in the credentialing process.

Following this review the Medical Advisory Committee (MAC) through the Chief Executive Officer (CEO) have the delegated responsibility to manage the credentialing process and monitor and act upon clinical practice issues. Where an allied health professional is seeking credentialing, an appropriately qualified peer can be co-opted onto the Medical Advisory Committee.

Three principles underpin the operation of the MAC committee:

1. *Patient protection* through a process that is comprehensive, quality based and sufficiently transparent to promote public confidence
2. *Practitioner protection* through a process that is focused on practitioner development, considers due process and equal protection and maintains an agreed level of confidentiality
3. *Employer/entity protection* through the management and ongoing review of the MAC committee at a level of transparency that provides the Board with assurance that the system is safe and effective.

Confirmation of competence to practice within a specific work environment is achieved through initial credentialing (on appointment) and thereafter through ongoing confirmation of credentialed status through clinical audit and the re credentialing process.

The process of credentialing and approval or otherwise of a scope of practice is normally completed within a six week period.

The preliminary portion required for the on line eCredential credentialing system (dashboard-credentialing committee process) must be fully completed prior to an application being submitted for consideration to the Medical Advisory Committee.

- **Criteria for credentialing approval to include:**
 - A scope of practice that is supported by the Credentialed Specialists qualifications and practice
 - A scope of Practice that Mercy Hospital is able to support ethically and operationally
 - Evidence of commitment and availability to local population
 - Acceptance of ability to comply with Mercy Hospital policy, values and By-Laws.

- **Verification of qualifications, experience and fitness to practice**

The following items of documentation are minimum requirements that form part of the credentialing process:

 1. **General information:**
 - Verification of identity; drivers licence/passport
 - Emergency contact details
 - Professional registration history
 - Current practising certificate
 - Professional education and training history (certified copies of certificates are required);
 - College and professional society memberships;
 - Professional employment history;
 - References verifiable at source and reflect evidence of good character.

 2. **Supporting documentation** for the specific clinical speciality seeking to be provided;
 - Qualifications and education specific to the clinical speciality
 - Evidence of active involvement in clinical audit at time of re-credentialing
 - Review of CPD component of practising certificate at time of application and at re-credentialing.

 3. **Declarations** regarding:
 - any current or ongoing investigations, previous denial, suspension, termination or withdrawal of the right to practice in another organisation/country
 - any actual or pending criminal investigations or convictions
 - any physical or mental condition, including substance abuse, that could affect ability to practice safely
 - consent for the organisation to verify claims made in the documentation provided and to obtain reference checks from all previous employers

- validation of acceptability in relation to the Vulnerable Children's Act requirements.

The committee must be satisfied that the online documentation provided by the practitioner meets credentialing requirements;

- The committee must review reference checks and evidence of the practitioner's competence, and be satisfied of the practitioner's interpersonal skills and 'fit' with the skill mix of the existing team and wider organisation.
- The committee and the practitioner, where relevant, must agree upon and document any restriction on conditions of practice, including specific orientation requirements.

Reasons for non-acceptance of applications for credentialing include but are not limited to;

- Evidence of previous competence issues
- Evidence of previous professional misconduct
- Evidence of prior noncompliance to organisational By-laws, policies and/or values
- Evidence of bad character/history of inappropriate behaviour
- Incomplete credentialing paperwork
- Scope of practice that is outside of that which Mercy Hospital can safely provide
- Relevant investigations and/or convictions/does not meet Vulnerable Children's criteria.

Mercy Hospital has no obligation to;

- Consider any application;
- Grant credentials; or
- Give reasons for any decisions made in relation to any application.

The applicant will be notified by Mercy of their unsuccessful application by the CEO.

Appeal Process

A practitioner whose credentialed status is, withdrawn or limited has the right to appeal.

Documentation of the appeals process:

If a re-credentialing application is unsuccessful the applicant will be notified in writing by the CEO and will be given an opportunity within fourteen(14) days to appear and offer evidence before the MAC, following which, that same committee will make a further recommendation to the CEO, whose decision in the matter shall be final and binding. The applicant will address all appeal documentation to the CEO.

Grounds for appeal may include:

- perceived failure of the MAC committee to comply with agreed processes
- perceived failure of the MAC committee to consider written or oral evidence submitted
- Belief that not all relevant information was available to the MAC Committee.

The appeals process includes:

- the opportunity for the appellant to comment on the MAC committee's report and findings
- the opportunity for the appellant to submit relevant new evidence.

The CEO's decision, following consultation with both the Chairs of the Board and the MAC, will be final and binding.

Orientation

Orientation for Medical Credentialed Specialists will take place prior to commencement at Mercy and will include a meeting with the CEO and Director of Clinical Services (DCS) to discuss such issues as are referred to in the Credentialed Specialist's Orientation Checklist (Appendix 3). A Health & Safety and Infection Control Orientation will also form part of the Credentialed Specialist's orientation (Appendix 4).

Orientation for Allied Health Professionals will be co-ordinated by the Allied Health Coordinator– refer Allied Health Professional's Orientation Checklist (Appendix 6). A Health & Safety and Infection Control Orientation will form part of the Allied Health Professional's orientation (Appendix 4).

Review of Credentialing

Annually

- practising certificate currency
- evidence of indemnity insurance
- commitment to ongoing quality improvement through compliance with Clinical Audit.

Re-credentialing

At five yearly intervals or less should specific factors prevail- formal review of credentialing includes:

- All of the above annual checks
- Completion of on line credentialing process minus the need to supply additional referees
- Review of any incidents or episodes of noncompliance with policy, values and/or By-Laws
- Meeting with H&S Coordinator/IPC Coordinator
- Recommitment of familiarity of and to adherence to Mercy Hospital policy, values and By- Laws.

In addition, further credentialing processes are in place to respond to 'non-routine' situations practitioners face from time to time, such as the introduction of new technology (refer appendix 5).

Evaluation:

Performance issues will be monitored on an ongoing basis via:

- Patient feedback
- Complaints
- Adherence to appropriate behaviour expectations- see Credentialed Specialist Handbook

- Policy/Legislative compliance e.g. PCBU requirements
- Incident forms
- Feedback to members of the Medical Advisory Committee*
- Annual review of practising certificate currency reflecting 100% compliance with policy
- Annual review of indemnity insurance reflecting 100% compliance with policy
- Meeting of clinical audit commitments.*

Where there is an asterisk, reference excludes Allied Health Professionals and Nursing Professionals.

For further details on issues stated below please refer to the Mercy Hospital By-Laws for Credentialed Specialists

- Temporary/Emergency clinical privileges
- Appeals process
- Suspension of clinical privileges
- Requirement to submit audit data.

Associated Documents

External

- Health Practitioners Competence Assurance Act 2003
- Ministry of Health, *Towards clinical excellence- A framework for the credentialing of Senior medical Officers in New Zealand*, Ministry of Health (March 2001)
- Ministry of Health, Credentialing framework for NZ Health Professionals June 2010
- Credentialing Framework for New Zealand Health & Disability Service Providers May 2009
- Code of Ethics for the New Zealand Medical Profession NZMA June 2020
- Guideline: Expanded Practice for Registered Nurses, Nursing Council of New Zealand May 2011
- The Health and Disability Services (Core) Standards NZS 8134.1:2008 criterion 2.7.2
- A Best Practice Guide for Continuous Practice Improvement – Council of Medical Colleges in New Zealand, 16 February 2016
- Health and Safety at Work Act 2015
- Vulnerable Children’s Act 2014

Internal

- Medical Council of New Zealand and participating Private Surgical Hospitals Memorandum of Understanding
- Royal Australasian College of Surgeons and participating Private Surgical Hospitals Memorandum of Understanding
- Credentialed Specialists Handbook
- Medical Advisory Committee TOR

The following documentation can be found on Mercy Hospital’s website (www.mercyhospital.org.nz) and SharePoint

- Medical Advisory Committee Terms of Reference
- Quality and Risk Advisory Committee Terms of Reference
- Mercy Hospital By-laws for Credentialed Specialists
- Mercy Hospital By-laws for Allied Health Professionals
- All Mercy Policies in particular
 - Risk Management Policy
 - Incident Policy
 - Complaints Policy
 - Consent Policy
 - Medication Management Policy
 - Emergency Management Policy
 - Fire Policy
 - Health & Safety Policy
- Appendix 1 – Credentialing Timeline
- Appendix 2 – Credentialing via Mercury Checklist
- Appendix 3 - Credentialed Specialist’s Orientation Checklist
- Appendix 4 – Health and Safety and Infection Control – Credentialed Specialist’s and Allied Health Professional’s Orientation
- Appendix 5 – Modifying Scope of Practice for Credentialed Specialists
- Appendix 6 - Allied Health Professional’s Orientation Checklist
- Appendix 7 – Working with Patients with Gender Dysphoria