

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

The governing body delegates responsibility for credentialing to the CEO and a professional peer group in this instance the Medical Advisory Committee (MAC)

Policy Applies to:

Regulated 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 the general scope in specific areas of practice and/or procedural extensions of practice.

Related Standard:

EQuIP Criterion 3.1.3 - Processes for credentialing and defining the scope of clinical practice support safe, quality health care delivery.

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
- promote professional practice development among all health practitioners
- improve risk management in provider organisations
- support clinical improvement activity
- allow credentialing information to be accessible between organisations where appropriate
- improve public confidence in the health system.

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 on practitioner qualifications; experience, current performance and professional suitability 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 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).

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 will receive profiles of both new and existing candidates for credentialing and recredentialing to secure consumer review in the credentialing process.

Following this review the Medical Advisory Committee (MAC) in conjunction with 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 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 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.

All appropriate paperwork must be submitted with all credentialing applications prior to their going to the Medical Advisory Committee.

- **Criteria for credentialing approval to include:**
 - A scope of practice that Mercy Hospital is able to support operationally
 - Evidence of commitment and availability to local population
 - Acceptance of ability to comply with Mercy Hospital By-Laws for Credentialed Specialists.

- **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
- Review of CPD certificate

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 verified 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 is outside of that which Mercy Hospital can safely provide.

- Relevant convictions/does not meet Vulnerable Children's criteria

Appeal Process

A practitioner whose credentialed status is denied, withdrawn or limited has the right to appeal.

Documentation of the appeals process:

If the application is unsuccessful the applicant will be notified in writing by the CEO. The applicant will address all appeal documentation to the CEO. The applicant will have an opportunity within 14 days to appear before the Medical Advisory Committee.

Grounds for appeal may include:

- failure of the MAC committee to comply with agreed processes
- failure of the MAC committee to consider written or oral evidence submitted.

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 new evidence

The CEO's decision, following consultation with both the Chair 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 2). A Health & Safety and Infection Control Orientation will form part of the Credentialed Specialist's orientation (Appendix 4).

Orientation for Allied Health Professionals will be co-ordinated by the Director of Clinical Services and undertaken by a Credentialed Allied Health Professional in the same speciality - 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 Surgical Audit

Recredentialing

At five yearly intervals - formal review of credentialing includes:

- All of the above annual checks
- Completion of recredentialing checklist
- Review of any incidents or episodes of noncompliance with policy
- Review of CPD certificate
- Meeting with OHIPC nurse

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 surgical audit commitments.*

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

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

- Temporary 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* 2009

- Code of Ethics for the New Zealand Medical Profession NZMA 2014
- Guideline: Expanded Practice for Registered Nurses, Nursing Council of New Zealand September 2010
- 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, 1 February 2016
- Health and Safety at Work Act 2015
- Vulnerable Children’s Act

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

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 Application Form for Medical/Surgical Specialists

Appendix 2 - Credentialed Specialist’s Orientation Checklist

Appendix 3 - Recredentialing Checklist for Credentialed Specialists

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 - Credentialing Application Form for Allied Health Professionals

Appendix 7 - Allied Health Professional’s Orientation Checklist

Appendix 8 - Allied Health Professional’s Recredentialing Checklist

Appendix 9 - Risk assessment process: factors for assessing risk in relation to risk of serious harm, risk of harm and questions about the safety of practice (MCNZ approved by Council Dec 2015)

Appendix 10 - Overview- Medical Council of New Zealand (Council) complaints process (MCNZ)