

POSITION STATEMENT

Credentialing and Clinical Privileges

Preamble

The process of credentialing and the granting of clinical privileges ensures that those medical practitioners providing anaesthetic services in a healthcare facility are appropriately qualified, trained and experienced. This must take into account the constraints imposed by the available resources including staff and equipment, and the physical facilities available within the healthcare facility concerned.

This is a peer assessment process undertaken by anaesthetists within an appropriately constituted committee, in relation to other anaesthetists.

Credentialing occurs prior to the appointment process and ensures that all applicants for selection to a position have the requisite training and ability to fulfil the particular position. This involves evaluation of the formal qualifications, training, experience and clinical competence of the anaesthetist.

The delineation of clinical privileges involves a determination of the range and scope of clinical responsibilities that the anaesthetist may exercise in the healthcare facility.

Privileges granted at one healthcare facility may not be automatically transferable to another.

Wherever possible consideration should be given to the granting of privileges on a regional basis. This requires co-operation between the relevant healthcare facilities but has the advantage of reducing the significant time and paperwork involved.

The extent of privileges may vary from facility to facility depending on the role of the anaesthesia service.

Access to privileges in sub-specialty areas is dependent upon appropriate training and experience in the sub-specialty.

Individuals involved in the credentialing and clinical privileges process must be indemnified by the facility, such that the role can be performed responsibly without the constraint of potential legal action.

All processes must be underpinned by principles of natural justice given the significance of these processes in determining a practitioner's ability to conduct professional practice.

Provision of Anaesthetic Services

Patients have the right to the best available anaesthesia service.

Wherever practicable, anaesthesia should be provided by trained specialists.

A trained specialist is a medical practitioner holding Fellowship of the Australian and New Zealand College of Anaesthetists (ANZCA) or a qualification deemed equivalent by that College.

In areas where there are insufficient numbers of specialist anaesthetists to provide an anaesthetic service, general practitioners who maintain knowledge and skills complying with current Guidelines for Accreditation/Re-Accreditation of Rural GP anaesthetists as outlined by the Joint Consultative Committee on Anaesthesia (JCCA) may be granted anaesthetic privileges.

Anaesthetists have a duty of care, other than in exceptional circumstances, not to perform anaesthetic services for procedures that they do not feel clinically competent to perform.

Failure to participate in an "out of hours" roster should not preclude an anaesthetist's eligibility to provide routine anaesthetic services.

Review of Clinical Privileges

Privileges should be reviewed on a regular basis by an appropriate committee usually every three years, and at not more than five-year intervals, or at the request of the facility's "Credentialing and Clinical Privileges Committee".

The review should assess the applicant's continued competence in the area in which they seek privilege.

Compliance with the ANZCA Continuing Professional Development (CPD) program or equivalent may be a component of satisfying such review in the case of specialists.

Compliance with current JCCA CPD Guidelines may be one method of satisfying such review in the case of non-specialist/GP anaesthetists.

Institutions should facilitate the attendance of anaesthetists at Continuing Medical Education meetings and similar activities upon which continued clinical privileges might depend.

The facility must have systems in place for the early identification of compromised performance and impairment.

Where there is a requirement that a non-specialist/GP anaesthetist attend a teaching centre to retain clinical privileges, privileges may be extended for a further period of 12 months where that anaesthetist had difficulty in leaving their practice to attend.

Natural justice requires that where a non-specialist/GP anaesthetist provides competent anaesthetic services that their clinical privileges must not be unilaterally restricted or curtailed when a specialist anaesthetist becomes available.

Credentialing and Clinical Privileges Committee

The size and composition of the Committee will vary depending on the size and type of work undertaken in the healthcare facility (or facilities).

It is essential that decisions are made by peers.

The Committee should include as a minimum:

1. A representative of the administration of the healthcare facility.
2. The senior anaesthetist in the healthcare facility or their nominee.
3. A specialist anaesthetist who is a member of the ASA.
4. A non-specialist/GP anaesthetist who is a member of the ASA whenever a non-specialist/GP anaesthetist is being considered.

Appeal Procedure

Where an anaesthetist disagrees with the decision of a Credentialing and Clinical Privileges Committee they have a right of appeal.

The appeal must be heard by a Committee independent of the Committee who made the initial decision. It should comprise:

1. An independent Chair.
2. An anaesthetist nominee of the healthcare facility.
3. An anaesthetist nominee of the appealing anaesthetist.
4. A specialist anaesthetist who is a nominee of the ASA or ANZCA.

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