Credentialing & Delineating Clinical Privileges for Senior Medical Practitioners & Senior Dentists

Summary This Policy Directive sets out how to credential and delineate clinical privileges for visiting practitioners (medical and dental), staff specialists, clinical academics and senior dentists, employed or appointed by NSW Public Health Organisations.

Document type Policy Directive

Document number PD2019_056

Publication date 25 November 2019

Author branch Workforce Planning and Talent Development

Branch contact (02) 9424 5969

Replaces PD2019_011

Review date 25 November 2024

Policy manual Not applicable

File number H19/106456

Status Active

Functional group Corporate Administration - Governance
Personnel/Workforce - Conditions of employment, Recruitment and selection, Workforce planning

Applies to Ministry of Health, Public Health Units, Local Health Districts, Board Governed Statutory Health Corporations, Chief Executive Governed Statutory Health Corporations, Specialty Network Governed Statutory Health Corporations, Affiliated Health Organisations, NSW Health Pathology, Public Health System Support Division, Cancer Institute, Government Medical Officers, NSW Ambulance Service, Dental Schools and Clinics, Public Hospitals

Distributed to Ministry of Health, Public Health System, Government Medical Officers, NSW Ambulance Service

Audience All NSW Health Organisations (including Affiliated Health Organisations)

Secretary, NSW Health

POLICY STATEMENT

CREDENTIALING AND DELINEATING CLINICAL PRIVILEGES FOR SENIOR MEDICAL PRACTIONERS AND SENIOR DENTISTS

PURPOSE

This Policy Directive sets out how to credential and delineate clinical privileges for visiting practitioners (medical and dental), staff specialists, clinical academics and senior dentists, employed or appointed by NSW Public Health Organisations (PHOs). All clinical staff go through a credentialing process during recruitment. However, senior medical practitioners and senior dentists are required to go through a formal process for credentialing and delineating clinical privileges, which is set out in this Policy.

MANDATORY REQUIREMENTS

This Policy must be read in conjunction with the Recruitment and Selection Policy which sets out the process for appointing staff specialists, clinical academics, and senior dentists, or the Visiting Practitioner Appointment Policy which sets out the process for appointing visiting practitioners. These two policies govern the entire recruitment and appointment process, of which credentialing and delineating clinical privileges are essential parts.

IMPLEMENTATION

Chief Executives must:

- Establish a Medical and Dental Appointments Advisory Committee (MDAAC), as per the by-laws of their PHO.
- Undertake regular review of the operation of the MDAAC, including terms of reference, membership, and compliance with standards.
- Make provisions regarding the confidentiality of proceedings of the committees which also allow for appropriate transparency and accountability.
- Senior medical practitioners and senior dentists must:
    - Provide all relevant information and documentation requested by a PHO to undertake credentialing and delineation of clinical privileges.
    - Provide consent for the PHO to obtain information about past performance and confirmation of credentials.
    - Only deliver services which are within their clinical privileges.
    - Provide notification and advice to a PHO on any changes to circumstances which may require a change to their clinical privileges.

REVISION HISTORY

Version	Approved by	Amendment notes
November -2019 (PD2019_056)	Deputy Secretary, People Culture Governance	Amendment to Section7.1 Arrangements for NSW Health Pathology Laboratory Services and external entities providing diagnostic services under a services contract
March-2019 (PD2019_011)	Deputy Secretary, People Culture Governance	Replaces PD2005_497 with updated information
March 2005 (PD2005_497)	Director General	

ATTACHMENTS

1. Credentialing and delineating clinical privileges for senior medical practitioners and senior dentists: Procedures

Credentialing and delineating clinical privileges for senior medical practitioners and senior dentists

NSW GOVERNMENT

POLICY DIRECTIVE

Issue date: November-2019

PD2019_056

CONTENTS

1. INTRODUCTION

NSW Public Health Organisations (PHOs) have a responsibility to ensure all appointed clinicians provide services within the scope of their education, training and skills, and within the specific health facility's service delivery capacity. This Policy Directive outlines the process to align the skills of a senior medical practitioner or senior dentist with the needs of a health care facility, to ensure that the appropriate senior clinicians are providing appropriate services in the appropriate facilities.

This Policy Directive applies to visiting practitioners, staff specialists, clinical academics and senior dentists. PHOs may decide to make additional categories of clinicians subject to these processes as well, at their discretion.

In addition to this Policy, all NSW PHOs must ensure they meet the standards set by the Australian Commission on Safety and Quality in Health Care.

2. DEFINITIONS

Clinical academic – a medical practitioner holding general or conditional specialist registration who is employed as a member of staff of an Australian university's school of medicine; and who is employed under the arrangements set out in the policy *Clinical Academics Employed in the NSW Health Service* (PD2010_036) or any replacement policy.

Clinical privileges – the term 'clinical privileges' means the kind of clinical work (subject to any restrictions) that a PHO determines a practitioner is to be allowed to perform at any of its hospitals or other health services. While the term 'scope of clinical practice' is used in several other jurisdictions, the use of the term 'clinical privileges' remains in NSW.

Credentialing – the formal process of assessing and verifying a practitioner's credentials and other relevant professional attributes for the purpose of forming a view about their competence and suitability to provide safe, appropriate health care services.[1]

Credentials – documents that constitute evidence of a person's formal qualifications, training, experience and clinical competence.

eCredential – a state-wide web-based system which supports LHDs and Networks to record credentialing and clinical privileging; to provide an electronic record to authorised individuals of the verified credentials and clinical privileges of medical practitioners and dentists within NSW Health.

[1] The word 'credentialing' is sometimes used to refer to the entire process of verifying credentials and delineating clinical privileges. However, for the purposes of this policy, the word 'credentialing' does not include delineating clinical privileges. It refers only to assessing and verifying an individual's credentials and other professional attributes.

Model By-laws – the model by-laws for LHDs and Specialty Networks made under the *Health Services Act 1997* (NSW) and published on 22 September 2017, as amended or substituted from time to time.

NSW Public Health Organisation (PHO) – under the *Health Services Act 1997* (NSW), means an LHD, statutory health corporation or an affiliated health organisation in respect of its recognised establishments and services. For the purposes of this policy PHO also includes NSW Health Pathology, unless otherwise specified.

Role delineation – the level of a clinical service that can be provided safely by a health facility as determined by the available support services, staffing profile, minimum safety standards and other requirements. Reference should be made to the *NSW Health Guide to the Role Delineation of Clinical Services* (or any replacement policy) to determine the role delineation of health services.

Scope of clinical practice – the Australian Commission on Safety and Quality in Health Care (ACSQHC) describes the delineation of 'scope of clinical practice' as the process that follows on from credentialing and involves delineating the extent of an individual practitioner's clinical practice within a particular organisation based on the individual's credentials and the needs and the capability of the organisation to support the practitioner's scope of clinical practice. Accordingly, the term 'scope of clinical practice' as used by the ACSQHC has the same meaning as the term 'clinical privileges' as used in NSW and in this policy.

Senior dentist – a person appointed or employed by a PHO as a senior dentist who has specialist registration with the Dental Board of Australia.

Senior medical practitioner – a medical practitioner who is a visiting practitioner, staff specialist or clinical academic.

Staff specialist – a medical practitioner employed at a PHO as a staff specialist under the *Staff Specialists (State) Award*. This includes postgraduate fellows.

Verification – the process of formally validating the authenticity of the credentials submitted by a practitioner.

Visiting practitioner – a medical practitioner or dentist who is appointed under Chapter 8 of the *Health Services Act 1997 (NSW)* by a PHO (as defined by the Act) (otherwise than as an employee) to practise as a health practitioner in accordance with such conditions of appointment at any of its public hospitals or health services as may be specified in an appointment.

3. CREDENTIALING

3.1 Verification of credentials

Credentials presented at application must be verified. Original documents must be sighted or in some circumstances where original documents are not available, certified copies may be used. If deemed necessary, the authenticity of the documents may be checked with the relevant issuing authority. At their discretion a PHO can accept credentials noted as 'verified' in the eCredential system, so that credentials do not need to be physically presented.

It is not necessary to verify qualifications that have been used to gain registration if these are shown on the relevant National Board's register of medical or dental practitioners as maintained by Australian Health Practitioner Regulation Agency (AHPRA). Where an applicant is not yet registered or holds additional qualifications to those shown on the AHPRA register, or the AHPRA register is not clear about qualifications held, verification must take place.

Where a third party, for example a recruitment agency, is used to source applicants and undertakes part of the verification process, the PHO must still verify documentation submitted by or on behalf of a practitioner.

All reference checks are to be undertaken in line with the *Recruitment and Selection Policy* (PD 2017_040) or the *Visiting Practitioner Appointment Policy* (PD2016_052), or any replacement policies. [2]

3.2 eCredential

eCredential is a web based platform which streamlines credentialing. It has a number of features, such as:

- Recording credentialing data including practitioner history and clinical privileges granted.
- Providing an interface with AHPRA, to obtain up to date registration information.
- Practitioners can maintain their own personal records and documentation on their profile within the system and grant access to other users at their discretion.
- Credentials can be marked as 'verified' in the system. These credentials can subsequently be relied upon without needing to be presented again.
- The verification of credentials is recorded in an auditable format via a secure platform.

Care must be taken to distinguish between 'verification' of a credential, and the meaning of that credential in terms of the skills of the practitioner. A certificate awarded to a practitioner at a given time only means that the practitioner undertook the requirements for the credential as they were at the time the credential was awarded. For example,

[2] eCredential will interface with the AHPRA database to provide up to date information regarding a practitioner's registration status.

verification of a certificate in a particular skill that was awarded in 1980 can be relied upon as verification that the practitioner was awarded that certificate on that date. It cannot be relied upon to indicate that the practitioner's skills are current.

eCredential has user access levels which determine how much information a user can see once they have been granted access to a practitioner's profile. PHOs should establish rules of permission to ensure access to clinicians' information is available to those who need it and limited to those who require it. The generic user levels within the eCredential system include:

- **Medical Administration** – for managing the recruitment of clinicians and verifying credentials.
- **Credentialing Reviewers/Approvers, MDAAC Panel Members, and Chief Executives** – for credentialing and delineating clinical privileges. This level only provides access to information needed to review/approve credentials and proposed clinical privileges, such as viewing the status report and clinician profile information.
- **General View Access** – allows users to search for a clinician and view their approved clinical privileges.
- **Local Administrator** – the user who is able to assign the Medical Administration and General View Access roles within their LHD/N.

3.3 Information management

PHOs must maintain the confidentiality of personal information provided to them for the purposes of credentialing and delineating a practitioner's clinical privileges. However, information regarding a practitioner's clinical privileges, their verified credentials, and their current appointment status should be available to relevant staff within the PHO to support the appointment process and to ensure that practitioners are acting within the scope of their clinical privileges.

Accurate records regarding the appointment, credentialing and privileging process must also be maintained for purposes of accountability and audit. Records must be sufficiently detailed to ensure that all steps taken in the credentialing and delineation of clinical privileges of an individual practitioner can be ascertained.

4. DELINEATING CLINICAL PRIVELEGES

Delineation of clinical privileges is the process of determining the extent of an individual practitioner's practice within a particular health facility. The clinical privileges delineated to a practitioner involve consideration of two factors by the PHO:

- the credentials of the practitioner; and
- the role delineation of the relevant clinical services, the infrastructure and support available at the facility and the services the PHO determines are appropriate for provision at the facility.

The individual's clinical privileges will be those that meet the PHO's requirements in respect of both those factors.

There is no obligation upon a PHO to provide support or infrastructure for any given clinical service or intervention at a facility simply because the practitioner has the credentials, skills and experience to perform that service or intervention, or performs it at another public or private health facility. Rather, delineation of clinical privileges is a process designed to support the service provision of the PHO in each individual facility. A practitioner's clinical privileges will be facility specific and should be documented for each facility in which a practitioner practices.

4.1 Medical and Dental Appointments Advisory Committee (MDAAC)

The Model By-laws require LHD and Specialty Network Boards to establish a MDAAC for their PHO to provide advice, and where appropriate, make recommendations with reasons to the Chief Executive on matters related to the appointment, or proposed appointment and clinical privileges of senior practitioners and senior dentists.

4.2 Credentials (Clinical Privileges) Subcommittee (CCPS)

Under the Model By-laws, the MDAAC is to establish at least one CCPS to provide advice to the MDAAC on all matters concerning the clinical privileges of senior medical practitioners and senior dentists, including:

- the clinical privileges to be allowed to an applicant or person proposed for appointment as a visiting practitioner;
- the clinical privileges to be allowed to a staff specialist or senior dentist on appointment;
- the review of the clinical privileges of a visiting practitioner, staff specialist or senior dentist at the request of the visiting practitioner, staff specialist or senior dentist; and
- the review of the clinical privileges of a visiting practitioner, staff specialist or senior dentist at the request of the Chief Executive.

There are no restrictions on the number of CCPSs. According to circumstances, it may be appropriate to have one CCPS for an entire PHO, or for each health facility within the organisation or for particular specialities or classes of appointment.

The Model By-laws do not prohibit a CCPS from being constituted concurrently with an interview subcommittee, provided that when exercising powers relating to the determination of clinical privileges, the CCPS is constituted according to the provisions required by the Model By-laws.

4.3 Granting clinical privileges

At recruitment, the PHO is responsible for determining the clinical privileges advertised in relation to a position. These may or may not be recommended for modification by the

MDAAC/CCPS when the credentials and experience of the individual applicant are considered.

Both the MDAAC and the CCPS must be supplied with all relevant documentation regarding the practitioner as set out in the *Recruitment and Selection Policy*, including all documentation relevant to verification of credentials and proposed clinical privileges.

The CCPS must consider the recency of a qualification (along with other matters, such as experience and continued learning) in determining the skills of the practitioner.

Clinical privileges may be granted for a period of time as recommended by the CCPS. The CCPS may recommend limits on the duration of clinical privileges if appropriate or request a review at a specified time.

4.4 Periods of supervision or mentoring

The CCPS may recommend a specified period of formal supervision or informal mentoring for practitioners with newly acquired skills, or with special needs for skill development or enhancement. In recommending supervision or mentoring for the practitioner, the CCPS should determine:

- The purpose of the supervision or mentoring.
- Any training requirements.
- The method of evaluation to be used to ascertain whether the necessary improvement has taken place.
- When and under what conditions supervision or oversight can cease.

The practitioner's clinical privileges must be reviewed at the end of the specified supervisory or oversight period.

4.5 Model scopes of clinical practice

Model scopes of clinical practice for medical and dental specialties provide guidance and consistency in the way clinical privileges are delineated, whilst still allowing for local decision making in line with the facility's needs and role delineation. Model scopes of clinical practice allow practitioners to be granted clinical privileges in three categories:

- **Core** – the type of work that can reasonably be expected to be undertaken by all practitioners holding a particular qualification, having undergone requisite training.
- **Specific** – procedures or treatments within the practice of a given specialty that require specific credentialing for safe and effective performance.
- **Extended** – practices or procedures undertaken by a practitioner that fall outside the usual practice of their specialty, for which they have been trained and which the health service will support.

PHOs must clearly delineate clinical privileges for senior medical practitioners and senior dentists. Model scopes of clinical practice provide guidance and consistency; however

MDAACs may use their discretion this process is ultimately a local decision. If a model scope is not available for the relevant specialty, local decision making procedures apply.

5. GOVERNANCE

5.1 Membership of the MDAAC[3]

The MDAAC shall be comprised of:

- two members appointed by the Board, at least one of whom is not a medical practitioner and one of whom is to be nominated as the chairperson of the committee;
- two members nominated by the medical staff executive council (or where there is no medical staff executive council, the medical staff council);
- the Chief Executive or his/her nominee;
- the medical administrator (however designated) of the PHO or his/her nominee;
- such of the following persons, being senior medical practitioners or senior dentists, appointed by the Chief Executive as are necessary in the Chief Executive's view following consultation with the two representatives of the medical staff executive council (or medical staff council) for the proper consideration of matters referred to the committee:
    - one representative of the PHO relevant to the matter under consideration;
    - one representative with qualifications in the speciality or sub-speciality relevant to the matter under consideration and who is not a member of the Medical Staff Executive Council (or where there is no medical staff executive council the medical staff council);
    - one representative of a university affiliated with the local health district for the purposes of the training of health practitioners;
- where a matter or class of matters referred to the committee concerns an appointment of a person as a visiting practitioner, staff specialist or senior dentist to a hospital or hospitals under the control of a local health district, a representative of the medical staff council, if any, for each hospital to which the appointment relates; and
- where a matter or class of matters referred to the committee concerns the clinical privileges of a visiting practitioner who is a medical practitioner or of a staff specialist, a representative of the medical staff council, if any, for each hospital to which the appointment relates.

Terms of appointment to the MDAAC are at the discretion of the Board or nominating organisation (if the member is a nominee). Where a representative has been appointed

[3] For details regarding NSW Health Pathology, see section 7.1 of this policy directive.

to consider a particular matter, he or she is a member until such time as the matter under consideration is finalised.

5.2 Membership of the CCPS

Under the Model By-laws, a CCPS is to consist of:

- at least two members of the MDAAC who are either medical practitioners or senior dentists, nominated by the committee; and
- any other medical practitioners or senior dentists appointed by the MDAAC who the committee considers are necessary to consider the matter or matters referred to the subcommittee for advice. This may include a person with familiarity with the relevant specialty and/or a person who works in the relevant facility.

The MDAAC is to nominate one of the persons under the first point above as chairperson of the subcommittee.

A CCPS must have at least 2 members, as per the first bullet point. Additional members are optional.

Clause 59(3) of the Model By-laws states that CCPS membership should also comply with any further provisions set out in NSW Health policy.

Terms of appointment to the CCPS are at the discretion of the MDAAC. Where a representative has been appointed to consider a particular matter, he or she is a member until such time as the matter under consideration is finalised.

5.3 Procedures for MDAAC and CCPS

The following must be adhered to:

- The role and composition of the MDAAC and CCPS must be in accordance with the By-laws of the PHO (or in the case of NSW health Pathology, the terms of reference of the MDAAC). Under the *Health Services Act 1997* (NSW), a PHO may not make a by-law unless it is the same, in substance, as Model By-laws published by the NSW Health Secretary (except in certain circumstances set out in the Act).
- Members of the MDAAC and CCPS must be properly appointed.
- The MDAAC must have terms of reference approved by the Board.
- Members must comply with the provisions of the NSW Health Code of Conduct, including provisions on conflict of interest.
- Members must not participate in any discussions or deliberations regarding their own appointment.
- A quorum is constituted by a majority of members, and decisions are made by majority.
- Most members of the MDAAC and CCPS will be NSW Health employees or visiting practitioners. Such persons will generally be protected from any personal

liability that may arise from the carrying out of those functions,[4] so long as they carry out their functions in good faith and in accordance with the applicable terms of reference, this policy directive and the relevant By-laws.

- From time to time it may be necessary to appoint a person external to NSW Health as a member of an MDAAC or CCPS (for example, a university representative) or to ensure there is a representative on the committee with qualifications in the specialty or sub-specialty relevant to the matter under consideration. In these circumstances, the PHO may, if requested, provide a contractual indemnity to the member.[5]
- Comprehensive records must be kept of deliberations, recommendations, decisions and information considered by relevant parties throughout credentialing and delineating clinical privileges.
- The eCredential system may be used as a platform for the management for credentialing and privileging documentation and audit.
- The MDAAC is required to provide written material to the Chief Executive, setting out its advice and recommendations for appointment and the clinical privileges to be allowed.
- To enable proper evaluation, the Chief Executive must have access to all relevant material considered by the MDAAC. This includes advice and recommendations from the CCPS and any interview subcommittee.
- If the advice and recommendations of the MDAAC to the Chief Executive are not in accordance with the advice and recommendations of any subcommittees, this must be documented with a clear explanation of the decision-making process in a form that allows the decision to be reviewed or defended if it is challenged.

6. REVIEW OF CLINICAL PRIVILEGES

6.1 Review

PHOs must develop procedures to review the clinical privileges of every senior medical practitioner and senior dentist within each five year period. For visiting practitioners, this is generally part of the re-appointment process.

However, a review of a practitioner's clinical privileges may also occur within an appointment period, or within the period in which the clinical privileges have been approved.

A review may or may not result in a recommendation for a formal review to be undertaken by the MDAAC. Where a review of clinical privileges by the MDAAC is to be

[4] Under section 133B of the *Health Services Act 1997* (NSW), persons acting under the direction of a public health organisation are exempt from personal liability in respect of actions or omissions done for the purposes of executing the Health Services Act.
[5] Any queries regarding the provision of indemnity may be referred to the NSW Ministry of Health's Finance Branch for assistance.

undertaken, this may occur at the instigation of the practitioner, or the Chief Executive Officer/delegate. The PHO must provide notice in writing to the practitioner of a review by the MDAAC.

Review of clinical privileges may be instigated due to:

- The result of a performance review or five yearly review of clinical privileges
- The result of an investigation or complaint regarding the practitioner's clinical practice or fitness to practice
- Unwarranted clinical variation (variation in care that is not explained by the clinical circumstances or personal choices of the patient)
- The introduction of new technology or clinical interventions
- A practitioner proposing to introduce an established technique or clinical intervention for the first time in a facility
- The PHO ceasing to provide the required support services or facilities to sustain a clinical service or procedure, or no longer requiring the clinical service or procedure
- A practitioner acquiring or demonstrating enhanced skills (possibly as a result of additional training).

6.2 Appeals

Visiting practitioners have certain rights of appeal under the Health Services Act 1997 (NSW) where there is a reduction of their clinical privileges, except if the decision to reduce privileges is based on grounds other than the lack of professional competence of the practitioner.

Notification of the decision of the PHO must be given within 14 days, and PHOs should ensure that the processes regarding appeals, as set out in the Health Services Act, are followed.

Where the above appeal process is not applicable, PHOs should provide a pathway through which practitioners may raise any concerns regarding changes to their clinical privileges, and for those concerns to be considered by the PHO.

6.3 Suspension

Where there is an imminent risk to the health and safety of patients, a decision may be taken by the PHO to immediately vary or suspend a practitioner's clinical privileges in whole or part. This may also be done in conjunction with suspension of a practitioner's employment/appointment. Any decision to suspend a practitioner's

employment/appointment should be managed in accordance with relevant policies, such as *Complaint or Concern about a Clinician* (PD2006_007), or any replacement policy.[6]

7. SPECIFIC CIRCUMSTANCES

7.1 Arrangements for NSW Health Pathology Laboratory Services

NSW Health Pathology provides laboratory based services across NSW PHOs. In order to avoid laboratory pathologists having their credentials and clinical privileges assessed separately by each LHD MDAAC, the Ministry of Health has approved a process whereby NSW Health Pathology will establish its own MDAAC and CCPS which will assess the credentials and clinical privileges for pathologists providing laboratory services on behalf of PHOs.

The NSW Health Pathology MDAAC will provide advice and make recommendations to the Chief Executive of NSW Health Pathology and/or the Chief Executives of PHOs in relation to the credentials and clinical privileges for those who undertake work in a laboratory. Where a pathologist also undertakes work outside a laboratory (e.g. attending on or consulting with patients in a hospital), the relevant PHO MDAAC will continue to be required to advise and make recommendations in respect of the pathologist's credentials and clinical privileges for that work to the relevant Chief Executive.

The following table outlines the arrangements for pathologists:

Type of clinical privileges sought	Responsibility for considering credentials and clinical privileges
Clinical privileges for laboratory pathology services	The NSW Health Pathology MDAAC considers the credentials and clinical privileges for laboratory pathology services and provides advice and recommendations to the Chief Executive of the LHD (in the case of employees/appointees of the LHD) or the Chief Executive of NSW Health Pathology (in the case of employees of NSW Health Pathology) or both (in the case of dual-specialty appointments[7])
Clinical privileges for non-laboratory pathology services	The LHD MDAAC considers the credentials and clinical privileges for non-laboratory pathology services and provides advice and recommendations to the Chief Executive of NSW Health

[6] *Managing Misconduct* (PD2014_042) may also be relevant.
[7] Dual-specialty appointments refer to medical or dental practitioners who are qualified as specialists in a physician and a pathology specialty, and are employed or appointed to undertake both laboratory and clinical work.

	Pathology (in the case of employees of NSW Health Pathology) or the Chief Executive of the LHD (in the case of employees/appointees of the LHD) or both (in the case of dual-specialty appointments[8])

This means, for example, that a pathologist employed by NSW Health Pathology who undertakes services in a laboratory as well as services in a hospital, will be required to have his/her clinical privileges assessed by both the NSW Health Pathology MDAAC and the relevant LHD MDAAC in their respective areas of laboratory and non-laboratory work, with both MDAACs providing advice to the NSW Health Pathology Chief Executive in respect of the decision to appoint and approve the clinical privileges for that pathologist.

PHOs that receive laboratory pathology services from NSW Health Pathology are required to sign a standard form of MOU with NSW Health Pathology that sets out the agreed arrangements regarding credentials and the responsibilities of each party[9]. Details regarding the Committees' memberships are set out in the terms of reference of the NSW Health Pathology MDAAC.

NSW Health Pathology can provide further information on credentialing arrangements, particularly in relation to dual specialty appointments. For particular arrangements which may not be covered above, such as non-standard VP, VMO or HMO appointments, consultation between the LHD/N and NSW Health Pathology is recommended.

7.2 Practitioners providing clinical services across multiple PHOs

Some senior medical practitioners and senior dentists provide clinical services to patients at more than one PHO, in person or by tele-health or others means of communication. The following principles apply to these circumstances:

- The NSW Health policy *Staff Specialist Employment Arrangements across more than one Public Health Organisation* (PD 2016_026) is to apply where relevant.
- Clinical privileges must be delineated by each PHO where a senior medical practitioner or senior dentist has an appointment.

Where there is an arrangement between two or more PHOs for practitioners from one PHO to carry out consultations with patients from another PHO (for example, tele-health services involving patient consultation), this arrangement should be documented between the PHOs to ensure appropriate clinical governance. The document should set out the role of each PHO's practitioners, and arrangements between the PHOs to ensure the senior practitioners are credentialed and have appropriate clinical privileges to provide the relevant services. Appropriate credentialing and delineation of clinical privileges may involve agreement that the PHO accepting the services for their patients

[8] Ibid.
[9] A model MOU between NSW Health Pathology and an LHD is available from NSW Health Pathology.

recognises and/or undertakes an expedited review of the clinical privileges that have been granted by the PHO with whom the said practitioner providing the services is employed/appointed. Model clauses for a Memorandum of Understanding (MOU) for this purpose are at Appendix B.

7.3 Clinician to clinician advice across PHOs

Credentialing and delineating clinical privileges are not normally required for ad hoc advice between practitioners of different PHOs where the advice does not involve the direct treatment of a patient. For example, if a practitioner telephones a second senior practitioner from another PHO to seek advice regarding a patient, the second senior practitioner is not generally required to be credentialed by the first PHO.

Where there is a formalised arrangement between two or more PHOs whereby practitioners from one PHO formally seek advice regarding patients from senior practitioners in another PHO on a pre-arranged and regular basis, it is recommended that this arrangement be documented to ensure appropriate clinical governance. The document should set out the role of each PHO's practitioners, and the arrangements between the PHOs regarding any additional credentialing and clinical privileges processes required for the senior practitioner providing advice under the arrangement. Additional processes need only apply where the advice provided amounts to the senior practitioner making clinical decisions about the individual patient's treatment. Model clauses for a Memorandum of Understanding for this purpose are out at Appendix B.

7.4 External entities providing diagnostic services under a services contract

PHOs may have contracts with external companies/entities (external providers) to provide diagnostic services, such as radiology. Under these contracts the external provider is usually responsible for ensuring the quality of the services they provide, and makes warranties as to the necessary skills, qualifications and experience of any senior medical or dental practitioners involved in providing the service.

Under the contract, or other arrangements, the PHO may or may not provide an appointment to the senior medical or dental practitioners of the external provider. Where an appointment as a senior practitioner is to be made, then the normal credentialing process should be undertaken in relation to those practitioners.

Where no such appointment is to be made, the LHD may consider it appropriate to undertake an assessment of the skills, qualifications and experience of the practitioners of the external provider. It may choose to the use the MDAAC to undertake this assessment. In this case, the MDAAC is not undertaking a formal credentialing and clinical privileging role under the by-laws, but is undertaking a separate quality assurance process.

It is a matter for the PHO to determine whether it is appropriate for its MDAAC to undertake an assessment of the practitioners of an external entity, even if they are not being appointed to the LHD. In determining whether an assessment is appropriate, the PHO should consider:

- Any provisions in the contract that relate to the employment status of the practitioner
- Any provisions in the contract regarding the respective roles of the PHO and the provider in assessing the skills and qualifications of the provider's practitioners
- The liability provisions of the contract
- The PHO's own knowledge of the provider's processes and expertise
- The risk level of the service being provided.

7.5 Urgent appointments

Urgent appointment or engagement of practitioners may be necessary in exceptional circumstances such as in times of disaster or emergency. These situations should be dealt with in accordance with the *Recruitment and Selection Policy*, *Visiting Practitioner Appointments Policy* and the *Employment Checks Policy* (PD2013_028).

7.6 Emergency situations

In an emergency situation, any health professional may provide any treatment immediately necessary to save the life of a patient or prevent serious injury to a patient's health, whether or not such treatment is within their approved clinical privileges. NSW Health policy on consent in emergency situations must be followed[10]. The health professional should give consideration to whether there are any better means of proceeding within the time available, including considering whether a more qualified clinician is available, before providing treatment outside of approved clinical privileges in an emergency. Any emergency treatment provided should subsequently be documented.

[10] *Consent to Medical Treatment - Patient Information* (PD2005_406), or any replacement policy.

APPENDICES

A. Related laws and policies

B. Model clauses for Memorandum of Understanding for tele-health/advice services

Appendix A: Related laws and policies

- *Health Services Act 1997 (NSW)*
- *Health Services Regulation 2013 (NSW)*
- *Health Services Model By-laws (2012)*
- Visiting Practitioner Appointments in the NSW Public Health Service
- Recruitment and Selection of Staff to the NSW Health Service
- Visiting Medical Officer (VMO) Performance Review Arrangements
- Australian Commission on Safety and Quality in Health Care - National Safety and Quality Health Service (NSQHS) Standards (in review)
- Australian Council for Safety and Quality in Health Care (July 2004): Standard for *Credentialing and Defining the Scope of Clinical Practice*, or any replacement policy
- *Managing Misconduct (PD2014_042)*, or any replacement policy
- *Consent to Medical Treatment - Patient Information* (PD2005_406), or any replacement policy

Appendix B: Model clauses for Memorandum of Understanding for tele-health/advice services

A. Draft clauses in relation to tele-health medicine services directly to patients (s 7.2 of the policy)

1. During the period of this Memorandum of Understanding, Senior Medical Practitioners employed or appointed by X LHD will be providing tele-health services which involve direct consultation/treatment of patients of Y LHD.
2. The details of the tele-health services are outlined in Attachment .1
3. The Senior Medical Practitioners that will be providing tele-health services from X LHD are listed in Attachment 2.
4. X LHD acknowledges that the Senior Medical Practitioners listed in Attachment 2 are providing the services outlined in Attachment 1 as part of their appointment or employment with X LHD.
5. X LHD will provide to Y LHD details of the clinical privileges that have been provided to the Senior Medical Practitioners listed in Attachment 2 at relevant X LHD facilities.
6. Y LHD, through its Medical and Dental Appointments Advisory Committee, will utilise an expedited process to review and approve the clinical privileges that apply to these practitioners when providing the tele-health services to patients of Y LHD [Optional: The process for doing so is outlined in Attachment 3].
7. “Senior Medical Practitioner” means a visiting practitioner, staff specialist or clinical academic.

B. Draft clauses in relation to clinician to clinician advice (s 7.3 of policy)

1. During the period of this Memorandum of Understanding, Senior Medical Practitioners appointed or employed by X LHD will be available to provide advice via telephone [insert other relevant means of communication] to medical practitioners at Y LHD.
2. The [specialty/circumstances/clinical area] in which such advice is to be provided is detailed in Attachment 1.
3. The Senior Medical Practitioners appointed or employed by X LHD that will be providing advice are listed in Attachment 2.
4. X LHD acknowledges that the Senior Medical Practitioners listed in Attachment 2 are providing the advice outlined in Attachment 1 as part of their appointment or employment with X LHD.
5. X LHD will provide to Y LHD details of the clinical privileges that have been provided to the Senior Medical Practitioners listed in Attachment 2 at relevant X LHD facilities.
6. Y LHD acknowledges that it has examined the clinical privileges of those practitioners and as determined that: [delete one option]

    (a) the nature of the advice being provided does not involve direct treatment of the patients of Y LHD patients, and the process of delineating the clinical privileges undertaken by X LHD is sufficient to ensure the quality and safety of the patients of Y LHD:

    OR

    (b) the nature of the advice amounts to clinical decisions being made regarding individual patients, and Y LHD it will undertake an expedited process to review and delineate relevant clinical privileges through its own Medical and Dental Appointments Advisory Committee. The agreed process is outlined in Attachment 3.

7. “Senior Medical Practitioner” means a medical practitioner who is a visiting practitioner, staff specialist or clinical academic.