



Review PS2 (2006)

AUSTRALIAN AND NEW ZEALAND COLLEGE OF ANAESTHETISTS

ABN 82 055 042 852

STATEMENT ON CREDENTIALLING AND DEFINING THE SCOPE OF CLINICAL PRACTICE IN ANAESTHESIA

1. PREAMBLE

Credentialling is verification of the qualifications, experience and professional standing of anaesthetists in order to decide whether they are professionally capable and suitable to provide safe, high quality anaesthesia and perioperative medicine services within specific organisational environments.

Defining the Scope of Clinical Practice is delineating the extent of an individual anaesthetist's clinical practice within a particular organisation, based on his or her credentials, competence, performance and professional suitability, and the needs and capability of the organisation to support his or her clinical practice.

Processes of credentialling and defining the scope of clinical practice depend for their effectiveness on strong links between health care organisations and professional bodies. Such processes must be fair, transparent, and legally robust.

Credentialling in anaesthesia allows a medical practitioner to provide clinical services at a healthcare institution. The process of credentialling should be performed by a committee appointed by the institution. Credentialling is an integral part of processes for the maintenance of the professional standards necessary for all Fellows of the College and for other anaesthetists working in any institution. The scope of practice would be determined by negotiation between the anaesthetist and the head of clinical service of the institution.

Medical regulatory authorities are moving towards a requirement that all medical practitioners be credentialled regularly by the healthcare institution(s) in which they work. Credentialling is one of several measures aimed at ensuring ongoing competence to practise in a designated area of medicine. Credentialling indicates that an individual has maintained his/her consulting, communication and clinical skills at an appropriate standard.

The College does not credential its Fellows directly. It does offer its Continuing Professional Development program (CPD) to all anaesthetists as an integral part of continuing medical education and quality assurance.

The following statement on credentialling and defining the scope of clinical practice has been established by the College to assist healthcare institutions with the development of processes appropriate for anaesthetists.

2. QUALIFICATIONS IN ANAESTHESIA

Anaesthesia should be practised by a specialist anaesthetist and/or a trainee or other medical staff supervised as described in College Professional Document TE3 *Policy on Supervision of Clinical Experience for Trainees in Anaesthesia*. It is recognised that in some healthcare institutions, specialist anaesthetists may not be available or present in sufficient numbers to provide a complete service. Under such circumstances appropriately trained general practitioner anaesthetists or career medical officers (see College Professional Document PS1 *Essential Training for Rural General Practitioners in Australia proposing to Administer Anaesthesia* may be service providers. In all situations, staff should be aware of the provisions of College Professional Documents TE6 *Guidelines on the Duties of an Anaesthetist* and PS16 *Statement on the Standards of Practice of a Specialist Anaesthetist*.

3. CREDENTIALLING COMMITTEE.

When the credentialling of anaesthesia staff is undertaken, two specialist anaesthetists (normally holding FANZCA), including one who does not hold an appointment at the healthcare institution, should be members of the Committee. The Committee should have representative member(s) from other clinical divisions of the healthcare institution.

The Committee must comply with all relevant legal requirements, and must conduct itself according to the rules of natural justice, without conflicts of interest or bias.

Members of Committees responsible for credentialling and defining the scope of clinical practice, and members of relevant appeals committees must be protected against potential adverse legal consequences of their participation in committee activities.

4 PROCESSES FOR CREDENTIALLING

The following processes are suggested for the operation of Credentialling Committees:

- 4.1 Except where there is prior agreement between healthcare institutions, credentialling should be unique to the granting institution. Work at a new institution ordinarily requires the definition of the scope of clinical practices as part of the process of appointment.
- 4.2 The process and requirements for credentialling should be determined prospectively by each healthcare institution. If changes are made, all staff must be advised, together with a date for application of the new or altered requirement(s).
- 4.3 Credentialling and scope of clinical practice should be approved for a specified time.
- 4.4 Evidence of participation in a Continuing Professional Development program should be obtained
- 4.5 There should be a written statement of credentialling with a clear indication as to the process followed. This document may be used by the anaesthetist for his/her professional needs, including licensing for practice as a medical practitioner and as an anaesthetist. The anaesthetist must have the opportunity for comment on matters related to credentialling before a final decision is taken by the Committee.

- 4.6 The credentialling process may include a review of performance with evaluation by peers and other staff as determined by the Committee. Submissions to the Committee should be in writing.
- 4.7 The organisation, with advice from the relevant clinical leader and/or the relevant committee, should:
- Establish criteria for the position
 - Establish a policy on credential verification
 - Establish a policy on indemnity insurance requirements
 - Decide on information required from applicants. This may include details of professional history (including education and training, registration, employment, teaching and research); clinical experience; involvement in continuing medical education and quality insurance activities (including membership of relevant College CPD programs); declaration of matters relevant to deliberation of the Committee (including previous or existing limitations on practice, presence of any physical or mental condition or substance abuse problem that could affect his or her ability to practise safely and competently); satisfactory references.
 - Determine processes for temporary and/or emergency credentialling
 - Determine processes for re-credentialling
 - Establish processes for suspension of the right to practise within the organisation
 - Establish review and reconsideration, and appeals processes

RELATED DOCUMENTS

TE3	<i>Policy on Supervision of Clinical Experience for Trainees in Anaesthesia</i>
TE6	<i>Guidelines on the Duties of an Anaesthetist</i>
PS1	<i>Recommendations on Essential Training for Rural General Practitioners in Australia Proposing to Administer Anaesthesia</i>
PS16	<i>Statement on the Standards of Practice of a Specialist Anaesthetist</i>
PS44	<i>Guidelines to Fellows Acting on Appointments Committees for Senior Staff in Anaesthesia</i>
	<i>Overseas Trained Specialists – Assessment Process</i>
	<i>Area of Need Process</i>

COLLEGE PROFESSIONAL DOCUMENTS

College Professional Documents are progressively being coded as follows:

TE	<i>Training and Educational</i>
EX	<i>Examinations</i>
PS	<i>Professional Standards</i>
T	<i>Technical</i>

POLICY - defined as 'a course of action adopted and pursued by the College'. These are matters coming within the authority and control of the College.

RECOMMENDATIONS - defined as 'advisable courses of action'.

GUIDELINES - defined as 'a document offering advice'. These may be clinical (in which case they will eventually be evidence-based), or non-clinical.

STATEMENTS - defined as 'a communication setting out information'.

This document is intended to apply wherever anaesthesia is administered.

This document has been prepared having regard to general circumstances, and it is the responsibility of the practitioner to have express regard to the particular circumstances of each case, and the application of this document in each case.

Professional documents are reviewed from time to time, and it is the responsibility of the practitioner to ensure that the practitioner has obtained the current version. Professional documents have been prepared having regard to the information available at the time of their preparation, and the practitioner should therefore have regard to any information, research or material which may have been published or become available subsequently.

Whilst the College endeavours to ensure that professional documents are as current as possible at the time of their preparation, it takes no responsibility for matters arising from changed circumstances or information or material which may have become available subsequently.

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