



Position statement on credentialling and defining the scope of clinical practice in anaesthesia

Background Paper

1. Introduction

ANZCA released its previous position statement on credentialling and defining the scope of clinical practice in 2006. At this time the process of credentialling was relatively new and in the process of being implemented across New Zealand and Australia. Over the last 12 years, hospitals and regions have instituted credentialling committees and the processes they use have evolved to the extent that *PS02(A) Position statement on credentialling and defining the scope of clinical practice in anaesthesia* requires updating.

This position statement is intended to assist Fellows and other medical practitioners in understanding the process involved in credentialling and defining the scope of clinical practice, both from the point of view of the medical practitioners undergoing the process as well as practitioners participating in credentialling committees.

The definitions listed are intended to be consistent with those used by national authorities in Australia and New Zealand and refer to medical practitioners in the generic sense. Where they specifically refer to an “anaesthesia practice” it is intended that they refer to the broader nature of anaesthesia, as defined in *PS57(A) Position statement on duties of specialist anaesthetists* for the specialist anaesthetist. Similarly, “anaesthetist” is used in the broader sense to include clinicians providing anaesthesia, noting that many also provide acute pain management, and perioperative medical services.

2. Background

The process of credentialling is the verification that individual medical practitioners possess the qualifications, experience and currency required for a particular role, have maintained current registration and medical indemnity, and have satisfied other relevant pre-employment checks.

Determination of the scope of clinical practice is intended to ensure that medical care provided in any particular facility is undertaken by a suitably qualified and registered practitioner in an environment where it is safe to do so.

3. Issues

3.1 Context of clinical scope of practice

A medical practitioner’s scope of clinical practice cannot be determined without understanding the resources provided in any particular facility, and is therefore, context dependent. As such, it is not within the scope of this document to specify the detail of the scope of clinical practice applying to every anaesthesia practitioner in every clinical environment. Specifically, training and standards for the practice of complex and chronic pain medicine provided by anaesthetists is managed by the Faculty of Pain Medicine, while specialised paediatric anaesthesia is covered in *PG29(A) Guideline for the provision of anaesthesia care to children*.

3.2 Narrowing of clinical scopes of practice

Anaesthesia training covers a broad spectrum of anaesthesia, acute pain management, and perioperative medical practice, to support the provision of a range of these services in

appropriately resourced environments. Subsequently, medical practitioners' scopes of clinical practice will likely change over time as they become more focussed in particular areas with subsequent reduction in recency of experience in others. Similarly, this may also arise as a result of changes in circumstances at any particular hospital.

3.3 Imposed limitations on clinical scope of practice

Limitations to any practitioner's scope of practice that are imposed due to local changes within an institution such as withdrawal of paediatric services will result in exclusion of paediatrics from affected practitioners' scopes. However, this should not affect their scope at other sites. Similarly, anaesthetists may seek to expand their scope of clinical practice at an institution by additional training and/or addressing aspects of the institution to ensure the provision of a new service is safe.

3.4 Credentialling committees

Credentialling committees are high level committees of hospitals that provide governance over the clinical practices being performed within their institution. As such, anaesthetists participating on these committees must comply with all legal and professional requirements and conduct themselves according to the rules of natural justice, without unmitigated conflicts of interest or bias. Conflict of interest is particularly pertinent on these committees and must be addressed transparently within the committee and with clarity for those seeking credentialling, with strong consideration given to engaging anaesthetic representation external to the institution.

Anaesthetists acting on credentialling committees should familiarise themselves with their legal standing and the provision of support afforded by the institution for decisions made by the committee.

3.5 To whom the accompanying statement should apply

PS02(A) is not intended to apply to specialist pain medicine physicians whose credentialling and scope of clinical practice should be guided by the Faculty of Pain Medicine. As indicated by the title the statement is intended to apply to anaesthetists in clinical practice. It is not intended to apply to those in non-clinical practice such as research and education.

4. Summary

PS02(A) is intended to assist Fellows and other medical practitioners in understanding the process involved in credentialling and defining the scope of clinical practice, both from the point of view of the medical practitioner undergoing the process and the practitioner asked to participate in a credentialling committee. It should be read in conjunction with other ANZCA professional documents and local, regional and national legislative requirements. Credentialling is used as a tool for verification of an individual's qualifications, currency and professional standing, while scope of practice requires an understanding of the individual's skills and the resources and needs of the institution in which they work. Anaesthetists participating on credentialling committees must understand the legal requirements of the Committee and conduct themselves with the highest level of professional standards.

Related ANZCA documents

PG29(A) Guideline for the provision of anaesthesia care to children

PS57(A) Position statement on duties of specialist anaesthetists

Regulation 23 Recognition as a specialist in anaesthesia or pain medicine; and eligibility for admission to fellowship by assessment for specialist international medical graduates (SIMGS)

Regulation 37 Training in anaesthesia leading to FANZCA, and accreditation of facilities to deliver this curriculum

Document development group

The document development group comprised:

Dr Simon Jenkins (Lead, SA).
Dr Peter Roessler – DPA Professional Documents (Vic).
Dr Rod Mitchell (SA).
Dr Richard Waldron (Tas).
Dr Graham Roper (NZ).
Dr Michael Keane (Vic).
Dr Suzanne Cartwright (FPM, NSW).
Dr Andy Potter (Qld).

Professional documents of the Australian and New Zealand College of Anaesthetists (ANZCA) are intended to apply wherever anaesthesia is administered and perioperative medicine practised within Australia and New Zealand. It is the responsibility of each practitioner to have express regard to the particular circumstances of each case, and the application of these ANZCA documents in each case. It is recognised that there may be exceptional situations (for example, some emergencies) in which the interests of patients override the requirement for compliance with some or all of these ANZCA documents. Each document is prepared in the context of the entire body of the College's professional documents, and should be interpreted in this way.

ANZCA professional documents are reviewed from time to time, and it is the responsibility of each practitioner to ensure that he or she has obtained the current version which is available from the College website (www.anzca.edu.au). The professional documents have been prepared having regard to the information available at the time of their preparation, and practitioners should therefore take into account any information that may have been published or has become available subsequently.

Whilst ANZCA endeavours to ensure that its 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.

Promulgated: 2018
Reviewed:
Date of current document: Feb 2020

© Copyright 2020 – Australian and New Zealand College of Anaesthetists. All rights reserved.

This work is copyright. Apart from any use as permitted under the Copyright Act 1968, no part may be reproduced by any process without prior written permission from ANZCA. Requests and inquiries concerning reproduction and rights should be addressed to the Chief Executive Officer, Australian and New Zealand College of Anaesthetists, 630 St Kilda Road, Melbourne, Victoria 3004, Australia. Email: ceoanzca@anzca.edu.au

ANZCA website: www.anzca.edu.au