



Statement on credentialling and defining the scope of clinical practice in anaesthesia

1. Introduction

Credentialling in anaesthesia allows registered medical practitioners to provide clinical services at healthcare institutions. Credentialling is an integral part of the process of verification of professional standing required of all medical practitioners working in healthcare facilities.

The scope of practice is generally determined by negotiation between the anaesthetist and the head of clinical services of the facility, and then ratified by the institution's credentialling committee or equivalent.

Medical regulatory authorities require that all medical practitioners are credentialled regularly by the healthcare institutions in which they work. Credentialling is a verification of attainment of qualifications, registration with regulatory bodies, compliance with continuing medical education, and confirmation of indemnity cover. Credentialling is part of the process of ensuring ongoing competence within a designated scope of practice relevant to the institution. It should not be used in isolation as a method for determining the competency of an individual practitioner.

ANZCA confers the fundamental qualifications required of specialist anaesthetists, and as an integral part of continuing medical education and quality assurance, sets the standard required for Continuing Professional Development (CPD) and offers its CPD program to all medical practitioners in Australia and New Zealand who provide anaesthesia services.

New Fellows of the college are trained in broad areas of anaesthesia and capable of providing services in health care facilities with appropriate support. Some specific areas of complex anaesthesia practice may benefit from further training and relevant CPD subsequent to obtaining Fellowship. Decisions about credentialling in specialised areas of clinical practice such as cardiac or neonatal, are necessarily influenced by local factors and should be considered in the context of the granting institution when defining scopes of practice.

2. Definitions

- 2.1 **Anaesthesia** includes general anaesthesia, regional anaesthesia/analgesia and sedation.
- 2.2 **Credentialling** is the formal process used to verify the qualifications, experience and professional standing of practitioners for the purpose of forming a view about their competence, performance and professional suitability to provide safe, high quality health care services within specific organisational environments.
- 2.3 **Credentialling in Anaesthesia** refers to the credentialling of qualified anaesthetists undertaken specifically in the area of anaesthesia practice.
- 2.4 **Defining the Scope of Clinical Practice** is delineating the extent of an individual practitioner's clinical practice within a particular organisation, based on their credentials, competence, performance and professional suitability, and the needs and capability of the

organisation to support such clinical practice. This is not to be confused with the term “scopes of practice” used by the Medical Council of New Zealand to differentiate between general, vocational and special purpose scopes under the HPCAA (2003) NZ legislation.

3. Purpose

Processes of credentialling and defining the scope of clinical practice depend for their effectiveness on strong links between health care organisations, regulatory authorities and professional bodies. The purpose of this statement is two-fold:

- 3.1 to assist Fellows acting on credentialling committees and healthcare facilities to ensure that such processes are structured, fair, transparent, and focused on clinical abilities.
- 3.2 to assist healthcare institutions with the development of those processes pertinent to medical practitioners providing anaesthesia services.

4. Scope

This document is intended to apply to all healthcare facilities credentialling and defining the scope of clinical practice for medical practitioners providing anaesthesia services, and to those Fellows acting on these credentialling committees.

It is not intended to apply to Specialist Pain Medicine Physicians, nor is it intended to apply to anaesthetists in non-clinical practice such as research or education.

5. Qualifications in anaesthesia

Anaesthesia should be practised by specialist anaesthetists and/or trainees, or other medical staff supervised as described in *Training in Anaesthesia Leading to FANZCA, and Accreditation of Facilities to Deliver this Curriculum, Regulation 37*. 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 Medical Officers who have undergone approved training for provision of anaesthesia as per *PS01 Recommendations on Essential Training for Rural General Practitioners in Australia Proposing to Administer Anaesthesia (or equivalent)* may be the anaesthesia service providers. They must be able to demonstrate ongoing participation in an approved Continuing Professional Development/Maintenance of Professional Standards program relevant to their scope of practice in anaesthesia (see RACGP and ACCRM documents as referenced at the end of this document). In all situations, staff should be aware of the provisions of *PS57 Statement on Duties of Specialist Anaesthetists*.

6. Credentialling committee

The process of credentialling and defining the scope of clinical practice should be performed by a committee appointed by the institution, must be fair, transparent, legally robust and consistent within institutions. Committee members must have sufficient working knowledge about the practice of anaesthesia to be able to advise on suitability of applicants.

When credentialling anaesthetists is undertaken, the committee should have representative member(s) from anaesthesia (normally holding FANZCA or with vocational registration in anaesthesia in New Zealand) in addition to other relevant clinical divisions of the healthcare facility.

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. Any potential conflict of interest in

credentialling committee members must be declared and appropriately mitigated, such as by engaging anaesthetist representation external to the institution.

7. Processes for credentialling

The following processes are suggested for the operation of credentialling committees:

- 7.1 Except where there is prior agreement between healthcare institutions, credentialling should be unique to the granting institution.
- 7.2 Even where there is mutual recognition of a practitioner's credentials, work at each individual institution requires the definition of the scope of clinical practice suitable to that site as part of the process.
- 7.3 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 from which the new or altered requirement(s) will apply.
- 7.4 Credentialling and scope of clinical practice should be approved for a specified time, requiring periodic reapplication for credentialling.
- 7.5 Applicants should be provided with a written statement of credentialling detailing the process followed, and this may be used for their professional needs. Before any final decision of a credentialling committee anaesthetists must have the opportunity to comment on matters related to their credentialling.
- 7.6 Determination of the scope of clinical practice should be a robust and transparent process in which specific inclusions or exclusions are made according to evidence of the individual's training, experience and performance, and the institution's resources and requirements.
- 7.7 Scope of clinical practice for individual practitioners should be reviewed regularly and adjusted according to the abilities of the anaesthetist and the capacity and needs of the institution. Limitations set on any individual's scope of practice due to changes in the capacity or requirements of the institution are not relevant to the individual's practice and are clearly not relevant to applications for practice elsewhere. Formal documentation of the clinician's scope of clinical practice should be provided to the clinician. Updated documentation should be provided if the scope of practice is changed for any reason.
- 7.8 The organisation, with advice from the relevant clinical leader and/or the relevant committee, should establish:
 - 7.8.1 criteria for the position.
 - 7.8.2 a policy on credential verification.
 - 7.8.3 a policy on indemnity insurance requirements.
 - 7.8.4 information required from applicants. This may include details of professional history (including education and training, registration, employment, teaching and research); clinical experience; compliance with relevant CPD requirements; 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 their ability to practise safely and competently); satisfactory references; criminal history and working with children checks.
 - 7.8.5 processes for temporary and/or emergency credentialling.

- 7.8.6 re-credentialling processes, which may include any or all of the above and may also 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 and follow the processes of natural justice.
- 7.8.7 processes for suspension of the right to practise within the organisation.
- 7.8.8 review and reconsideration, and appeals processes.

This document is accompanied by a background paper (PS02BP) which provides more detailed information regarding the rationale and interpretation of the Guideline.

Related ANZCA documents

PS01 Recommendations on Essential Training for Rural General Practitioners in Australia Proposing to Administer Anaesthesia

PS29 Guideline for the Provision of Anaesthesia Care to Children

PS57 Statement on the Duties of Specialist Anaesthetists

Regulation 23 Recognition as a Specialist in Anaesthesia or Pain Medicine and 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

Further reading

Maintenance of Professional Standards (MOPS) reporting from the Australian College of Rural & Remote Medicine. From: <https://www.acrrm.org.au/continuing-development/professional-development-requirements/professional-standards-program-mops>. Accessed 02 November 2018.

JCCA Continuing Professional Development Handbook 2017-2019. From: <https://www.racgp.org.au/FSDEDEV/media/documents/RACGP/Committees/JCCA-continuing-professional-development-standard-handbook.pdf>. Accessed 02 November 2018.

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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.

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