

Credentialling and Privileging (Defining Scope of Clinical Practice) in Victorian rural health services



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Development of R&RHSB Policy Handbook

- Long tradition of credentialling and DSCP for medical practitioners
- However, rigour of the process has varied
- Inquiries such as the Bundaberg/'Dr Death' inquiry have emphasised importance of proper credentialling & DSCP
- ACQSHC released ***National Standard*** in 2004

Development of R&RHSB Policy Handbook

- Ensure that relationships between practitioners and health services are based on a mutual commitment to patient safety
- Review of credentialling and privileging processes in rural services undertaken in 2003
- Need for local implementation guidelines in rural services

Development of R&RHSB Policy Handbook

- Consultation process with rural health service CEOs, DMS and others
- Discussion Paper released in February 2005
- Consistent with ***Rural directions for a better state of health*** – commitment to ensuring strong governance and accountability in health service delivery (Nov 2005)
- Complements ***National Standard***

Development of R&RHSB Policy Handbook

- CPIRC established Nov 2006
- Policy Handbook released 19 April 2006
(a practical guide)
- Regional workshops (case studies)
- Implementation commencement date -
1st July
- Included in 06/07 PFG

The Rural Policy Handbook

- Emphasises importance of DMS capability & resources in rural health services
- Promotes sub-regional processes
- Links with capability/planning frameworks in rural health services
- Development of checklist
- Development of templates (emphasise skills of rural doctor)
- Applicant information in templates is minimum requirement

Which Practitioners ?

- Can be applied to all practitioners
- BUT rural policy is focussed (initially) on medical practitioners with independent responsibility for patient care
- Considering nursing processes

Health Service Process

- Health service undertakes service planning
 - Linked to Rural Direction Policy and Capability Frameworks
- Determines medical staff requirements
- Verifies credentials
 - Promote sub-regional process/allows efficient input from Colleges
- Determines applicant's scope of practice according to health services capability
 - Service specific
- Appoints practitioner (contractual arrangement)
- Practitioner and health service have mutual obligation to review credentials, scope of practice and performance on a regular basis

Health Service Process

Credentialling and DSCP occurs-

- At initial appointment
- Regular review intervals (every 3 years)
- If health service capability changes eg. introduction of new technology, change in theatre staff/capacity
- If practitioner or other authorised person requests review eg. impaired practitioner, recurrent adverse outcomes

Health Service Process

- Appointment of medical practitioners is the responsibility of the governing body
- C&DSCP
 - Requires input of a senior medical manager
 - Requires input of medical peers to assess competence and skills
 - Performed by a committee responsible to the governing body

Health Service Process

- Closely aligned to regular performance review & ongoing Professional Development
- Importance of mutual obligation
- Practitioner must inform organisation about changes which will impact on practice
- Health service must consider changes in its capability

Health Service Process

- Must be transparent
- Abide by rules of natural justice, including right to advocacy and appeal
- No 'conflict of interest'
- Maintain confidentiality
- Comprehensive documentation

Challenges

- DMS resource availability
- Clarifying core competencies for different specialties
- Board Directors' understanding of their responsibilities
- Non-health service appointments to Committees

Challenges

- Clarifying MPBV processes
 - Fragmentation of IMG processes
 - Poorly performing doctors
- GP Registrars
- Doctors working in residential care facilities
- Acceptance by rural medical workforce



State-wide process now commencing