



Credentialing in Obstetrics and Gynaecology

This statement has been developed and reviewed by the RANZCOG Board.

A list of all Board Members can be found in Appendix A.

Disclosure statements have been received from all members of the Board.

Disclaimer This information is intended to provide general advice to practitioners. This information should not be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of any patient. This document reflects emerging clinical and scientific advances as of the date issued and is subject to change. The document has been prepared having regard to general circumstances.

First endorsed by RANZCOG: March 2012

Current: July 2019

Review due: July 2022

Objectives: To assist hospitals and individual College Fellows in credentialing specialist obstetricians and gynaecologists to provide particular services and perform particular procedures within a defined scope of practice.

Target audience: Hospital credentialing committees

Background: This statement was first developed by the RANZCOG Board in March 2012 and reviewed by TAC in July 2019.

Funding: The development and review of this statement was funded by RANZCOG.

Table of contents

1. Credentialing in Obstetrics and Gynaecology	3
2. Key principles for credentialing by a health service or other provider of health services	3
3. Process	4
4. Review of Scope of Practice	4
5. References.....	6
Appendices	7
Appendix A RANZCOG Board Membership	7
Appendix B Overview of the development and review process for this statement.....	7
Appendix C Full Disclaimer.....	8

1. Credentialing in Obstetrics and Gynaecology

RANZCOG trains doctors throughout Australia and New Zealand in the specialty of obstetrics and gynaecology so that they are capable of providing the highest standards of health care to women.

Credentialing is a process that involves evaluation of a practitioner's ability to provide particular services and/or to perform particular procedures. The process should establish the criteria that determine fitness to practice within the defined scope of practice being credentialed. Attributes that should be assessed across the relevant scope of practice include:

a. Training

That the applicant has been trained in the relevant scope of practice; this may be evidenced by one of the following:

- Satisfactory completion of a qualification such as FRANZCOG, a subspecialty certificate or satisfactory completion of a relevant advanced training module (ATM)
- Documentation of having been proctored or other relevant learning modality whereby the applicant has undergone satisfactory training
- An overview of satisfactory past clinical performance of the procedure

b. Currency

That the applicant, having been trained within the relevant scope of practice, remains fit to practice within that scope. Credentialing should consider:

- a. Recency of practice
- b. Continuing Medical Education (CME)

Credentialing is defined by the Australian Council for Safety and Quality in Health Care as referring to "the formal process used to verify the qualifications, experience, professional standing and other relevant professional attributes of medical 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".

Credentialing has the potential to improve safety for patients by ensuring clinicians practice within the bounds of their training and competency, and within the capacity of the service in which they are working (ACCC).

An integral part of the credentialing process is also defining scope of clinical practice or clinical privileges (these terms are used interchangeably).

2. Key principles for credentialing by a health service or other provider of health services

All health care services should have a process by which they credential and define scope of practice for medical practitioners working in that organisation, to ensure safety for patients and the highest quality of health care service. This process must comply with all relevant legal requirements including relevant State/Territory and Commonwealth legislative requirements.

- a. The process should be formally documented in the organisation's governance structure and the process must be clearly defined. The essential credentials and requirements for initial credentialing must be documented. These should include qualifications, medical registration, indemnity insurance (if required), experience and other relevant information.
- b. There should be a maximum period of time defined before credentialing and scope of practice for a practitioner is to be reviewed (re-credentialing). This would normally be no more than five (5) years.
- c. There should be a defined organisational committee that has responsibility for this process.
- d. There should be a vigorous process of verification of credentials.
- e. The process for and rights of appeal must also be documented.
- f. When establishing scope of practice, the organisation should take into account its own role, resources and capabilities.
- g. Processes of credentialing and defining the scope of clinical practice must be fair, transparent and legally robust.

3. Process

Normally this process would be undertaken by a Credentialing Committee

- a. The membership of this committee will vary depending on the size and complexity of the organisation, but should comprise of a range of medical practitioners who have the skills and experience to provide independent and high quality advice.
- b. There must be at least one medical practitioner working in the equivalent area of practice to the practitioner applying for clinical privileges. The committee should have the capacity to co-opt additional medical practitioners with experience relevant to the scope of clinical practice being requested, as well as other members as may prove beneficial to the particular organisation.
- c. Members of the Committee must declare conflicts of interest and the standard rules of conduct for committees should apply. It should operate according to the laws of procedural fairness without conflicts of interest or bias. The committee must comply with all legal requirements; including privacy, trade practices, whistleblower and equal opportunities legislation.
- d. Indemnity of all members of the committee needs to be provided by the hospital or health service.

4. Review of Scope of Practice

- a. A practitioner may apply to the credentialing committee for alteration to his/her scope of practice on the basis of
 - i. Acquisition of a new skill
 - ii. Desire for expansion of their existing scope of practice to incorporate a new technique or type of instrument or equipment

The committee should consider whether there are recommendations from RANZCOG as to the appropriate level of training for new procedures and whether the applicant has met these. In the case of an innovation which is markedly divergent from current

practice, it may be appropriate to suggest provisional approval within a defined period of oversight and data collection before final approval is given.

Other matters for an organisation to consider when introducing a new service are safety, support services and staff training.

- b. As well as regular periodic review, the committee may be asked to review a doctor's scope of practice or credentialing based on either a clinical incident, an audit profile or another conclusion of a peer review activity that has raised concern about the practitioner's ability to continue to practise safely within the organisation in his/her current capacity. In these situations the doctor should be provided with appropriate professional and personal support. He/she must be advised of the ability to appeal any decision and should be informed the process of this appeal. In any appeal process the doctor should have the right to be accompanied by a support person.

5. References

- RANZCOG Mission and Vision
- Standard for Credentialing and Defining the Scope of Clinical Practice. A National Standard for credentialing and defining the scope of clinical practice of medical practitioners, for use in public and private hospitals. July 2004. Australian Council for Safety and Quality in Health Care. Canberra
- Position Paper. Appointments and credentialing committees that define Scope of Practice. August 2011 Royal Australasian College of Surgeons

Appendices

Appendix A RANZCOG Board Membership

Name	Position on Board
Professor Michael Permezel	President
Dr Vijay Roach	Vice-President
Associate Professor Stephen Robson	Vice-President
Dr John Tait	Vice-President
Dr Martin Ritossa	Treasurer
Professor Ian Symonds	Board Member
Dr Sarah Tout	Board Member

Appendix B Overview of the development and review process for this statement

i. Steps in developing and updating this statement

This statement was originally developed in March 2012 and was most recently reviewed by TAC in July 2019.

ii. Declaration of interest process and management

Declaring interests is essential in order to prevent any potential conflict between the private interests of members, and their duties as part of the RANZCOG Board.

A declaration of interest form specific to guidelines and statements was developed by RANZCOG and approved by the RANZCOG Board in September 2012. The Board members were required to declare their relevant interests in writing on this form prior to participating in the review of this statement.

Members were required to update their information as soon as they become aware of any changes to their interests and there was also a standing agenda item at each meeting where declarations of interest were called for and recorded as part of the meeting minutes.

There were no significant real or perceived conflicts of interest that required management during the process of updating this statement.

Appendix C Full Disclaimer

This information is intended to provide general advice to practitioners, and should not be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of any patient.

This information has been prepared having regard to general circumstances. It is the responsibility of each practitioner to have regard to the particular circumstances of each case. Clinical management should be responsive to the needs of the individual patient and the particular circumstances of each case.

This information has been prepared having regard to the information available at the time of its preparation, and each practitioner should have regard to relevant information, research or material which may have been published or become available subsequently.

Whilst the College endeavours to ensure that information is accurate and current at the time of preparation, it takes no responsibility for matters arising from changed circumstances or information or material that may have become subsequently available.