

R9.4 **Credentiailling**

1. The role of the Medical Credentiailling and Clinical Privileging Advisory Committee (the "Credentiailling Committee") is to be expanded to oversee the credentiailling of junior medical staff
2. The Credentiailling Committee is to meet at least quarterly.
3. The Credentiailling Committee is to approve a list of the clinical privileges granted to each medical staff member in respect of particular procedures, together with the conditions applying to the privileges granted (the "credentiailling list").
4. Medical staff are not to perform procedures except in accordance with the credentiailling list (including any conditions to which the grant of privileges is subject).

5. The Credentialling Committee is to ensure that each medical staff member is notified in writing of –
 - (a) the outcome of each application by that medical staff member for the grant of clinical privileges, together with the conditions, if any, that apply to that grant; and
 - (b) the list of clinical privileges held, from time to time, by that medical staff member.
6. The credentialling list is to be capable of timely amendment so as to enable medical staff to perform procedures for which they have been granted clinical privileges.
7. The credentialling list is to be readily accessible in all relevant areas and to all relevant personnel of the Hospital.
8. The requirement to perform procedures in accordance with the credentialling list is to be a term of the employment or engagement contract of each member of the medical staff.
9. The Hospital is to develop and implement effective monitoring and enforcement processes to ensure that procedures are performed in accordance with the credentialling list.
10. The Credentialling Committee is to review each consultant's clinical privileges at least every 3 years.
11. The Credentialling Committee is to take a proactive stance to identify those procedures for which consultants will need to apply for clinical privileges.

12. Particularly in the early stages of its operation, the Credentialling Committee is to refine their credentialling process as its members and the medical staff become more familiar with the functions and objectives of the process.
13. The Hospital is to consider whether the deliberations of the Credentialling Committee should be protected under the *Health Services (Quality Improvement) Act 1994*.
14. The Hospital is to develop and implement guidelines for determining whether a new surgical procedure should be performed at the Hospital, the conditions under which it should be performed and the respective roles of the Credentialling Committee and the Ethics Committee in that process.

(Langlas et al, 2000 xxxix - lvi)