



QUEENSLAND HEALTH POLICY STATEMENT

Policy Title	Credentials and Clinical Privileges for Medical Practitioners
Policy Statement	<p>Medical practitioners using Queensland Health facilities shall have their credentials and clinical privileges periodically peer reviewed by the relevant credentials and clinical privileges committee to ensure the practise of safe, high quality care. (Please refer to the Queensland Health document <i>Credentials and Clinical Privileges Guidelines for Medical Practitioners, July 2002.</i>)</p>
Principles (where appropriate)	<ul style="list-style-type: none"> • All medical practitioners treating public and/or private patients within Queensland Health facilities shall have the appropriate level of training, experience and ability to perform medical practice within their level of competence, with consideration of the resources available at each particular facility. • District Managers are responsible for ensuring that all medical practitioners operating within the Health Service District have their credentials and clinical privileges periodically reviewed by the relevant credentials and clinical privileges committee. District Managers are responsible for ensuring that a process is in place within the District to enable this to happen. • The review of credentials and clinical privileges is a peer review process with medical practitioners reviewing and making recommendations regarding the clinical privileges of other medical practitioners. • Credentials and clinical privileges are granted for a specific period of time. Clinical privileges are periodically reviewed, either at three year intervals, at the end of a specified probationary period, or at the request of an authorised person as identified in the document <i>Credentials and Clinical Privileges Guidelines for Medical Practitioners, July 2002, Section 8 Review of Clinical Privileges.</i> • The privacy and confidentiality of applicant's information will be maintained. Information provided by applicants is collected for review by the relevant Queensland Health credentials and clinical privileges committee to assist in the determination of applications and will not otherwise be disclosed in an identifiable form.
Scope and Application	<p>Applies to all medical practitioners (other than junior medical staff) treating public and/or private patients within a Queensland Health facility.</p> <p>The process does not apply to junior medical staff such as interns, residents, principal house officers, registrars, or fellows appointed on a short-term basis as a part of post fellowship training.</p>

Effective date	August 2002
Supersedes	<ul style="list-style-type: none"> • <i>Credentials, Clinical Privileges and Appointments for Medical Practitioners August 1993</i> • <i>Credentials and Clinical Privileges: Guidelines for Rural Medical Practitioners</i>
Compliance	<p>District Managers are responsible for ensuring that all medical practitioners operating within the Health Service District have their credentials and clinical privileges periodically reviewed by the relevant credentials and clinical privileges committee. District Managers are responsible for ensuring that a process is in place within the District to enable this to happen.</p> <p>All medical practitioners using a Queensland Health facility are responsible for completing and submitting an application form to the District Manager for the review of his or her credentials and clinical privileges.</p>
Review cycle and responsibilities	<p>Credentials and clinical privileges are reviewed periodically, usually every three years, or as otherwise specified by an authorised person as identified in the document <i>Credentials and Clinical Privileges Guidelines for Medical Practitioners, July 2002, Section 8 Review of Clinical Privileges</i>.</p> <p>This Policy Statement and the document <i>Credentials and Clinical Privileges Guidelines for Medical Practitioners, July 2002</i> will be reviewed as required by Southern Zone Management Unit, Queensland Health or as delegated by the General Manager (Health Services).</p>
Further information	Linda Dawson, Manager, Southern Zone Management Unit, Queensland Health.



QUEENSLAND HEALTH INSTRUCTION
to Policy Statement 15801 (Policy number if applicable)

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Review Cycle and Responsibilities	<p>Credentials and clinical privileges are reviewed periodically, usually every three years, or as otherwise specified by an authorised person as identified in the document <i>Credentials and Clinical Privileges Guidelines for Medical Practitioners, July 2002, Section 8 Review of Clinical Privileges</i>.</p> <p>This Policy Statement and the document <i>Credentials and Clinical Privileges Guidelines for Medical Practitioners, July 2002</i> will be reviewed as required by Southern Zone Management Unit, Queensland Health or as delegated by the General Manager (Health Services).</p>

Legislation and Associated Documentation	<i>Credentials and Clinical Privileges Guidelines for Medical Practitioners, July 2002.</i> <i>Queensland Health Industrial Relations Policy Manual Legal Liability of Employees and Other Persons – Health Service Districts (IRM 3.8-3).</i>
Corporate Office file	1236-0355-008

CONTENTS (where considered appropriate)

Refer to the Table of Contents of the document *Credentials and Clinical Privileges Guidelines for Medical Practitioners, July 2002*

COMPLIANCE AND RESPONSIBILITIES

- District Managers are responsible for ensuring that all medical practitioners operating within the Health Service District have their credentials and clinical privileges periodically reviewed by the relevant credentials and clinical privileges committee. District Managers are responsible for ensuring that a process is in place within the District to enable this to happen.
- All medical practitioners using a Queensland Health facility are responsible for completing and submitting an application form for the review of his or her credentials and clinical privileges by the relevant credentials and clinical privileges committee.
- The credentials and clinical privileges committee is responsible for reviewing the credentials and clinical privileges of applicants and making a recommendation to the relevant District Manager.
- The final decision about granting the requested clinical privileges is made by the District Manager who has the delegated authority for either the appointment of a practitioner to a specified position, or for the endorsement of admitting rights to a specified public health facility. The District Manager will consider the recommendations of the credentials and clinical privileges committee as well as the administrative and resource implications for the facility.

IMPLEMENTATION PROCESS (eg Instructions, Guidelines)

Refer to the document *Credentials and Clinical Privileges Guidelines for Medical Practitioners, July 2002*

GLOSSARY, DEFINITIONS, REFERENCES (where considered appropriate)

Credentials represent the formal qualifications, training, experience and clinical competence of medical practitioners.

Clinical privileges represent the range and scope of clinical responsibility that a practitioner may exercise in a specific facility. Clinical privileges may relate to areas of clinical practice, use of facilities or specialised equipment, or the performance of specific operations or procedures. The extent of privileges may vary between facilities depending on the resources available and the role of the service.

For other definitions please refer to the document *Credentials and Clinical Privileges Guidelines for Medical Practitioners, July 2002*.