Submission – Accreditation of Anaesthetists at Private Hospitals

Thank you for the opportunity to comment on the exclusive dealing notification from St Vincent’s Private Hospital (N93645).

The Australian Society of Anaesthetists (ASA) and the Australian and New Zealand College of Anaesthetists (ANZCA) consider the process of credentialing and the granting of clinical privileges as essential for the safe provision of anaesthesia services. Copies of the ASA’s Position Statement PS 7, Credentials and Clinical Privileges – September 2004 and the ANZCA’s Professional Statement PS 2 Statement on Credentialing and Defining the Scope of Clinical Practice in Anaesthesia are provided to assist the ACCC (enclosed).

Additional, this brief response will provide an outline of the accreditation process for anaesthetists providing services to patients in private hospitals along with the usual organisation of anaesthesia services in the private sector. While the information below provides an accurate overview of private anaesthesia services, it is important to note that there is considerable variation from hospital to hospital in the exact processes followed and the organisation and delivery of anaesthesia services.

Provision of Anaesthesia Services to Private Hospitals

Anaesthetists who provide services in the private sector at private hospitals usually do so primarily for elective cases (i.e. non-emergency) in conjunction with specific surgeons or proceduralists rather than as employees of, or under a direct arrangement with, the private hospital. The most common arrangement is that a surgeon will have an operating session allocated at a private hospital and will then organise anaesthesia services for that operating session. Generally, the surgeon will approach an anaesthetist requesting anaesthesia services for the particular session at the particular hospital which will usually be on a recurrent basis (e.g. weekly). Further, both the surgeon and anaesthetist will need to be credentialed (or accredited) at the hospital to allow them to provide services in that particular hospital.

Several variations to the above arrangement are also common practice. Sometimes anaesthetists will have organised themselves into a group practice with varying levels of co-operation and sharing of work (sessions at a hospital with a surgeon or proceduralist) between the members of the group. This arrangement can be particularly beneficial in the provision of after-hours or emergency anaesthesia services where otherwise lack of availability of a particular individual anaesthetist may lead to unacceptable delays in patient treatment. It will also provide continuity of anaesthesia services where individual anaesthetists may need to take leave (e.g. holiday, sick) and another member of the group practice will provide ‘cover’ for the operating session.

After-hours and emergency anaesthesia services are often provided on a roster basis with the private hospital providing varying levels of assistance in organising such rosters. A common model is for all credentialed anaesthetists to participate in an after-hours roster with the on-call anaesthetist providing the majority (often all) of the emergency anaesthesia services in the roster period. This system provides certainty of availability of...
anaesthesia cover 24 hours per day. In many centres, particularly major metropolitan hospitals and obstetric units, there will be a payment from the hospital to the anaesthetist for being on-call.

The Accreditation Process

Medical practitioners will need to gain accreditation from a Credentialing or Clinical Privileges Committee to be able to provide services at a hospital (public or private). The specific organisation of the committee differs at each hospital but is often a subcommittee of the Medical Advisory Committee (MAC) or equivalent. Membership of this committee will consist of elected medical members of the MAC, including at least one anaesthetist along with employed hospital representatives (e.g. Chief Executive Officer, Director of Nursing). The functions of this committee include receiving applications for the granting of clinical privileges at the hospital from medical practitioners, assessing the application and making recommendations on the granting of clinical privileges for the applicant to the MAC.

The assessment process will include a detailed assessment and verification of the following:
- Medical registration
- Academic qualifications
- Specialist qualifications
- Membership of professional organisations
- Medical indemnity arrangements
- Experience and employment history
- Referees
- Scope of clinical practice including range of medical services to be provided by the practitioner including:
  - Patient admission privileges to the hospital
  - Specialist areas of practice (e.g. paediatric surgery, laparoscopic surgery, neuroanaesthesia)
  - Areas of practice (e.g. intensive care, operating theatres, endoscopy unit)
- Participation in an appropriate Continued Professional Development programme
- Appropriate criminal record check

Public Benefit and Effect on Competition

A number of members of the ASA are accredited at St Vincent’s Private Hospital and some members have recently unsuccessfully sought accreditation. The ASA is therefore exposed to two perspectives on the notification.

Overall the Society considers there is no evidence of public benefit, while there will be a reduction in competition amongst anaesthetists by the arrangement sought by St Vincent’s Private Hospital. The Society’s position (above) is that credentialing/accreditation should be decided solely on the applicant’s qualifications, training and experience.

The ASA has advertised the notification by St Vincent’s Private Hospital and expects that members will make private submissions to the ACCC.

Yours sincerely,

Andrew Mulcahy
Vice President

Enclosures:
1. ASA’s Position Statement PS 7, Credentials and Clinical Privileges – September 2004
2. ANZCA’s Professional Statement PS 2 Statement on Credentialing and Defining the Scope of Clinical Practice in Anaesthesia

The ASA... representing Australian Anaesthetists, since 1934

t 02 9327 4022  f 02 9327 7666  asa@fed.asa.org.au  www.asa.org.au  ABN 16 095 377 370
Suite 603, Eastpoint Tower, 180 Ocean Street, Edgecliff NSW 2027  PO Box 600, Edgecliff NSW 2027
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The delineation of clinical privileges involves a determination of the range and scope of clinical responsibilities that the anaesthetist may exercise in the healthcare facility.

Privileges granted at one healthcare facility are not automatically transferable to another.

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The extent of privileges may vary from facility to facility depending on the role of the service.

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September 2004
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Compliance with current JCCA Guidelines may be one method of satisfying such review in the case of non-specialist/GP anaesthetists.

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Defining the Scope of Clinical Practice is delineating the extent of an individual anaesthetist’s clinical practice within a particular organisation, based on his or her credentials, competence, performance and professional suitability, and the needs and capability of the organisation to support his or her clinical practice.

Processes of credentialling and defining the scope of clinical practice depend for their effectiveness on strong links between health care organisations and professional bodies. Such processes must be fair, transparent, and legally robust.

Credentialling in anaesthesia allows a medical practitioner to provide clinical services at a healthcare institution. The process of credentialling should be performed by a committee appointed by the institution. Credentialling is an integral part of processes for the maintenance of the professional standards necessary for all Fellows of the College and for other anaesthetists working in any institution. The scope of practice would be determined by negotiation between the anaesthetist and the head of clinical service of the institution.

Medical regulatory authorities are moving towards a requirement that all medical practitioners be credentialled regularly by the healthcare institution(s) in which they work. Credentialling is one of several measures aimed at ensuring ongoing competence to practise in a designated area of medicine. Credentialling indicates that an individual has maintained his/her consulting, communication and clinical skills at an appropriate standard.

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Where there is a requirement that a non-specialist/GP anaesthetist attend a teaching centre to retain clinical privileges, privileges may be extended for a further period of 12 months where that anaesthetist had difficulty in leaving their practice to attend.

Natural justice requires that where a non-specialist/GP anaesthetist provides competent anaesthetic services that their clinical privileges must not be unilaterally restricted or curtailed when a specialist anaesthetist becomes available.

CREDENTIALING AND CLINICAL PRIVILEGES COMMITTEE

The size and composition of the Committee will vary depending on the size and type of work undertaken in the healthcare facility (or facilities).

An essential requisite is that decisions are made by peers.

The Committee should include as a minimum:
1. A representative of the administration of the healthcare facility.
2. The senior anaesthetist in the healthcare facility or their nominee.
3. A specialist anaesthetist who is a member of the ASA.
4. A non-specialist/GP anaesthetist who is a member of the ASA whenever a non-specialist/GP anaesthetist is being considered.

APPEAL PROCEDURE

Where an anaesthetist disagrees with the decision of a Credentialing and Clinical Privileges Committee they have a right of appeal.

The appeal must be heard by a Committee independent of the Committee who made the initial decision. It should comprise:
1. An independent Chair.
2. An anaesthetist nominee of the healthcare facility.
3. An anaesthetist nominee of the appealing anaesthetist.
4. A specialist anaesthetist who is a member of the ASA.
PREAMBLE

Credentialling is verification of the qualifications, experience and professional standing of anaesthetists in order to decide whether they are professionally capable and suitable to provide safe, high quality anaesthesia and perioperative medicine services within specific organisational environments.

Defining the Scope of Clinical Practice is delineating the extent of an individual anaesthetist's clinical practice within a particular organisation, based on his or her credentials, competence, performance and professional suitability, and the needs and capability of the organisation to support his or her clinical practice.

Processes of credentialling and defining the scope of clinical practice depend for their effectiveness on strong links between health care organisations and professional bodies. Such processes must be fair, transparent, and legally robust.

Credentialling in anaesthesia allows a medical practitioner to provide clinical services at a healthcare institution. The process of credentialling should be performed by a committee appointed by the institution. Credentialling is an integral part of processes for the maintenance of the professional standards necessary for all Fellows of the College and for other anaesthetists working in any institution. The scope of practice would be determined by negotiation between the anaesthetist and the head of clinical service of the institution.

Medical regulatory authorities are moving towards a requirement that all medical practitioners be credentialled regularly by the healthcare institution(s) in which they work. Credentialling is one of several measures aimed at ensuring ongoing competence to practise in a designated area of medicine. Credentialling indicates that an individual has maintained his/her consulting, communication and clinical skills at an appropriate standard.

The College does not credential its Fellows directly. It does offer its Continuing Professional Development program (CPD) to all anaesthetists as an integral part of continuing medical education and quality assurance.
STATEMENT ON CREDENTIALLING AND DEFINING THE SCOPE OF CLINICAL PRACTICE IN ANAESTHESIA

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The following statement on credentialling and defining the scope of clinical practice has been established by the College to assist healthcare institutions with the development of processes appropriate for anaesthetists.

2. QUALIFICATIONS IN ANAESTHESIA

Anaesthesia should be practised by a specialist anaesthetist and/or a trainee or other medical staff supervised as described in College Professional Document TE3 Policy on Supervision of Clinical Experience for Trainees in Anaesthesia. 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 appropriately trained general practitioner anaesthetists or career medical officers (see College Professional Document PS1 Essential Training for Rural General Practitioners in Australia proposing to Administer Anaesthesia) may be service providers. In all situations, staff should be aware of the provisions of College Professional Documents TE6 Guidelines on the Duties of an Anaesthetist and PS16 Statement on the Standards of Practice of a Specialist Anaesthetist.

3. CREDENTIALLING COMMITTEE.

When the credentialling of anaesthesia staff is undertaken, two specialist anaesthetists (normally holding FANZCA), including one who does not hold an appointment at the healthcare institution, should be members of the Committee. The Committee should have representative member(s) from other clinical divisions of the healthcare institution.

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.

Members of Committees responsible for credentialling and defining the scope of clinical practice, and members of relevant appeals committees must be protected against potential adverse legal consequences of their participation in committee activities.

4 PROCESSES FOR CREDENTIALLING

The following processes are suggested for the operation of Credentialling Committees:

4.1 Except where there is prior agreement between healthcare institutions, credentialling should be unique to the granting institution. Work at a new institution ordinarily requires the definition of the scope of clinical practices as part of the process of appointment.

4.2 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 for application of the new or altered requirement(s).

4.3 Credentialling and scope of clinical practice should be approved for a specified time.

4.4 Evidence of participation in a Continuing Professional Development program should be obtained.

4.5 There should be a written statement of credentialling with a clear indication as to the process followed. This document may be used by the anaesthetist for his/her professional needs, including licensing for practice as a medical practitioner and as an anaesthetist. The anaesthetist must have the opportunity for comment on matters related to credentialling before a final decision is taken by the Committee.
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4.6 The credentialling process may 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.

4.7 The organisation, with advice from the relevant clinical leader and/or the relevant committee, should:

- Establish criteria for the position
- Establish a policy on credential verification
- Establish a policy on indemnity insurance requirements
- Decide on information required from applicants. This may include details of professional history (including education and training, registration, employment, teaching and research); clinical experience; involvement in continuing medical education and quality insurance activities (including membership of relevant College CPD programs); 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 his or her ability to practise safely and competently); satisfactory references.
- Determine processes for temporary and/or emergency credentialling
- Determine processes for re-credentialling
- Establish processes for suspension of the right to practise within the organisation
- Establish review and reconsideration, and appeals processes

RELATED DOCUMENTS

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<th>Policy on Supervision of Clinical Experience for Trainees in Anaesthesia</th>
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COLLEGE PROFESSIONAL DOCUMENTS

College Professional Documents are progressively being coded as follows:

- **TE** Training and Educational
- **EX** Examinations
- **PS** Professional Standards
- **T** Technical

**POLICY** - defined as 'a course of action adopted and pursued by the College'. These are matters coming within the authority and control of the College.

**RECOMMENDATIONS** - defined as 'advisable courses of action'.

**GUIDELINES** - defined as 'a document offering advice'. These may be clinical (in which case they will eventually be evidence-based), or non-clinical.
**STATEMENTS** - defined as 'a communication setting out information'.

This document is intended to apply wherever anaesthesia is administered.

This document has been prepared having regard to general circumstances, and it is the responsibility of the practitioner to have express regard to the particular circumstances of each case, and the application of this document in each case.

Professional documents are reviewed from time to time, and it is the responsibility of the practitioner to ensure that the practitioner has obtained the current version. Professional documents have been prepared having regard to the information available at the time of their preparation, and the practitioner should therefore have regard to any information, research or material which may have been published or become available subsequently.

Whilst the College endeavours to ensure that professional documents are as current as possible at the time of their preparation, it takes no responsibility for matters arising from changed circumstances or information or material which may have become available subsequently.

Promulgated: 1982

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