

Credentialling and Defining Scope of Practice Guide

for surgeons, anaesthetists and other clinical team members

**THE FORMS IN THIS
GUIDE SHOULD BE
COMPLETED ONLINE**

upon receipt of a credentialling
application or renewal email
from us.

Guide booklet

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Welcome

It is always our pleasure to welcome medical specialists to our hospitals.

This publication is our policy and process for credentialling practitioners and defining their scopes of practice. It outlines the practice, standards and policies which are the foundation of our service to our patients, and are also central to maintaining our reputation as New Zealand's leading private surgical hospital provider.

More than 1,000 medical specialists operate within our hospitals nationwide. All medical specialists who operate with us complete formal credentialling, before being able to practise in our hospitals.

We intend that our relationship with our credentialled medical specialists and practitioners be built on mutual trust and respect. That trust can only be achieved by understanding the quality of care our patients expect and working together to deliver it. Effective teamwork and communication are essential for the delivery of high quality, safe patient care.

Please take the time to become familiar with the contents of this publication before completing the application and agreement forms for both credentialling and defining scope of practice.

We advise you to retain this publication for future reference on our operating procedures. The current version is accessible at <http://hospitals.southerncross.co.nz/ecredentialling.aspx>.

Abbreviations

BCRC Board Clinical Risk Committee

CEO Chief Executive Officer

CTC Clinical Task Committee

HCMC Hospital Clinical Medical Committee

NCMC National Clinical Medical Committee

NIPCC National Infection Prevention and Control Committee

SQR Safety, Quality and Risk

Southern Cross Southern Cross Hospital, Southern Cross Hospitals

Southern Cross Hospitals Southern Cross Hospitals Limited

About Southern Cross Hospitals

Our vision

As part of the Southern Cross Healthcare Group, we are committed to improving the health and wellbeing of New Zealanders.

Southern Cross Hospitals' vision is to be New Zealand's leading and most respected network of private hospitals.

We will provide quality, affordable healthcare by:

- leading our sector in quality, safety and overall patient experience
- using our not-for-profit principles to make our services as affordable as possible.

We are working every day to be the hospital network where: patients choose to be treated, medical specialists and our employees choose to practise, and healthcare funders choose to purchase services.

Central to our values is engaging with consumers to identify improvements based on their experience.

Our values

- **Aspiration** - We will aspire to be the best we can be. We will recognise and celebrate success.
- **Responsibility** - We will take ownership and pride in our work. We will act with integrity and be accountable for our behaviour.
- **Respect** - We will act fairly in a culture of mutual trust and respect.
- **Teamwork** - We will work together because we know that a strong team will always outperform strong individuals.

How Southern Cross Hospitals operate

The reputation of Southern Cross Hospitals is built on operational excellence, an unwavering commitment to patient-focused care and a close working relationship with our specialists. Our expectation is that specialists and employees will commit to behaviours that promote a culture of safety.

The framework for our success in these areas is a robust approach to clinical governance, including the involvement of medical practitioners on key committees, which guide all clinical care at our hospitals.

Hospital management

Each Southern Cross Hospital is run by a hospital manager who is responsible for providing our patients and healthcare team with an environment for quality patient care. All of our managers are appointed for their professional ability and their commitment to excellence.

The hospital manager is responsible for all services, activities and personnel within the hospital and is your first point of contact if you wish to discuss any aspect of your involvement with the hospital. Feel free to approach your hospital manager at any time with suggestions about how we can improve the service we provide to you or your patients, or if you have any concerns or comments. The feedback from practitioners in our hospitals plays an important role in achieving continuous improvement in patient care. The hospital manager will also share feedback directly with you.

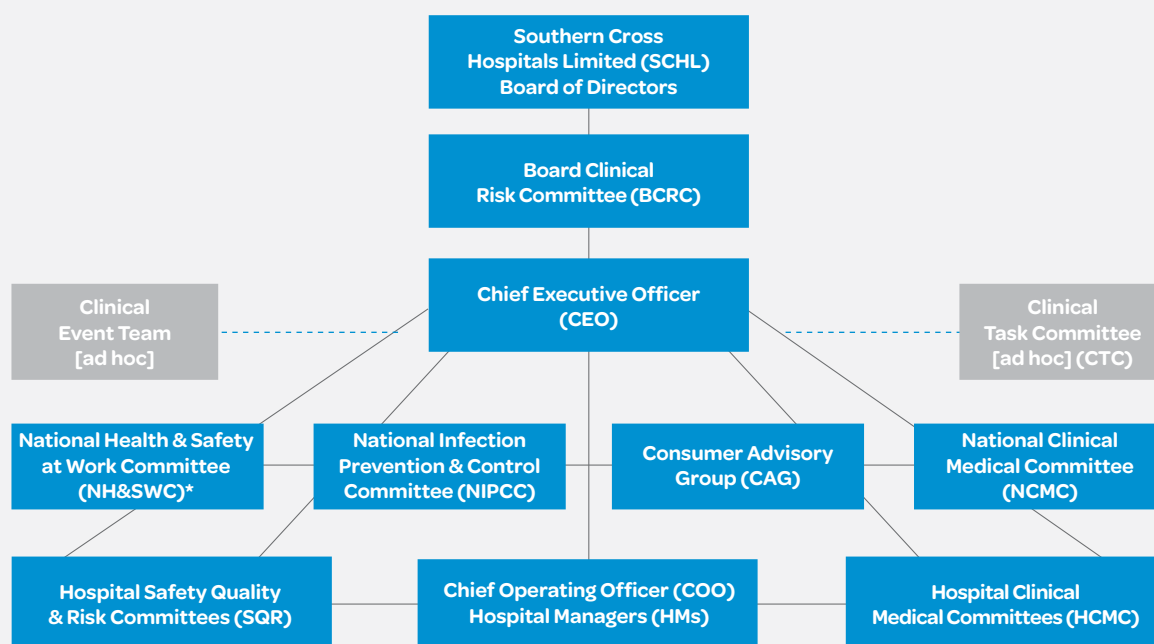
Hospital managers report to a chief operating officer who reports to the chief executive officer (CEO) Southern Cross Hospitals. Southern Cross Hospitals Limited is owned by the Southern Cross Health Trust – a separate business from the Southern Cross Medical Care Society health insurance operations. Although we operate independently, with a separate board of directors, we make up part of the Southern Cross Healthcare Group of businesses that includes primary care, travel insurance and health insurance.

Clinical governance

We strive to create an environment which fosters excellence in clinical care. Our clinical governance framework ensures Southern Cross Hospitals Limited is accountable for the quality of our service and the standards of our care. Processes and best practice are promoted and reviewed through clinical committees at each of our hospitals. These committees support us and our credentialled practitioners in meeting or exceeding our key performance standards.

The clinical medical and safety, quality and risk (SQR) committees are complemented by national committees. The Southern Cross Hospitals Limited Board also includes a Clinical Risk Committee. Issues can be referred to each of these committees. A copy of each committee's charter is available from your hospital manager. The following diagram provides an outline of the clinical governance framework.

Clinical Governance Structure



*under establishment

Hospital Clinical Medical Committee (HCMC)

Each Southern Cross Hospital has a HCMC made up of local surgeons and anaesthetists, together with the hospital's nursing, ward and theatre management. The committee is chaired by the hospital manager and meets a minimum of four times each year but can meet more often if required.

The HCMC acts as an advisory and monitoring body to hospital management, medical specialists and the National Clinical Medical Committee (NCMC). The HCMC oversees medical and clinical standards including practitioner behaviour within the hospital to ensure best practice. A positive workplace culture and new policies and processes adopted by Southern Cross Hospitals are effected efficiently and with minimal disruption to hospital operations.

National Clinical Medical Committee (NCMC)

The NCMC monitors the HCMC and hospital clinical governance processes. It focuses on matters affecting clinical and medical standards and practice and hospital quality systems, including audit processes and research. The committee operates from Southern Cross Hospitals' national office.

The NCMC is chaired by a medical specialist and includes representatives from surgical specialties, anaesthetics, the CEO and senior clinical SQR management and consumer advisors. The committee meets a minimum of five times each year or more frequently if required.

Individual medical practitioners credentialed at Southern Cross Hospitals, HCMC and hospital management may refer matters concerning practice, policy and standards to the NCMC.

Clinical Task Committee (CTC)

The NCMC or CEO may establish an ad hoc committee to advise and make recommendations on particular matters

including compliance with scope and standards and practitioner conduct.

National Infection Prevention and Control Committee (NIPCC)

The NIPCC monitors the systems and processes to meet infection control standards. The committee operates from Southern Cross Hospitals' national office.

The NIPCC is chaired by a microbiologist and includes representatives with a clinical, facilities, health and safety, management and consumer focus. The committee meets a minimum of two times each year.

Board Clinical Risk Committee (BCRC)

The BCRC is a committee of the Southern Cross Hospitals Limited Board. It assists the Board to meet its clinical governance obligations. The BCRC is responsible for monitoring clinical risk to ensure adequate controls are in place.

The committee includes three directors of the Board, two of whom have a clinical or medical background. It meets at least three times a year. Meetings are attended by the CEO, senior clinical SQR management advisors and others by invitation.

Consumer Advisory Group (CAG)

The CAG provides strategic and monitoring advice to the CEO.

National Health & Safety at Work Committee (NH&SWC)

The National Health & Safety at Work Committee (NH&SWC) monitors the systems and processes to ensure a strong health and safety culture at work. The focus is on ensuring everyone is engaged, participates and is responsible for undertaking safe practices.

Credentiailling and defining scopes of practice

One of Southern Cross Hospitals' core strategies is investing in systems and facilities that ensure quality patient-focused care. The credentiailling process is a key part of that commitment and is the basis of our relationship with specialists.

To assist in achieving these aims, Southern Cross Hospitals requires all practitioners who provide patient care at its facilities to be credentiailled, which includes having a defined scope of practice specific to the hospital at which they practise.

The purpose of credentiailling and defining scope of practice is to ensure safe practice for practitioners and their patients. This means:

- Patients receive quality care from hospital staff and specialists
- Practitioners understand hospital procedures and follow best practice
- Practitioners are protected by clear and defined processes
- Hospital facilities and support services match the specialist's scope of practice.

Credentiailling is the formal process used to verify the qualifications, experience, professional standing and other relevant professional attributes of medical specialists, for the purpose of forming a view about a practitioner's competence, performance and professional suitability to provide safe, high-quality healthcare services.

Defining the scope of practice follows the first step in the credentiailling process, and defines the extent of a medical practitioner's permitted clinical practice at a particular Southern Cross Hospital based on the individual's qualifications, competence, performance and professional suitability. The scope of practice is hospital-specific and depends on service need and the capability of that Southern Cross Hospital to support the medical specialist, amongst other considerations. In many cases, the credentiailling process will be undertaken at the same time as the scope of practice is defined.

The Medical Council or other professional authority's scope of practice can be accepted or modified if desired and as considered appropriate by Southern Cross Hospitals. The practitioner's current scope of practice with a District Health Board or another organisation may be transportable.

The defined scope of practice enables a practitioner at a specific hospital to:

- perform particular types of surgery, procedures, techniques or anaesthetics and provide particular clinical services, and post-operative care
- admit and treat patients
- consult and use the facilities
- provide expert support services.

Peer support, respectful behaviour, teamwork and collegiality are essential at Southern Cross Hospitals.

Individual practitioners are responsible for: declaring their competence (including training and skills), monitoring their compliance within their approved scope of practice, auditing and reviewing their clinical outcomes, monitoring their workload and for maintaining professional behaviour and personal wellbeing. It is the practitioner's responsibility to demonstrate continuing competency.

The scope for any individual should be recognised as being subject to change with time depending on factors such as the number of procedures, change in current accepted practice, practitioner's skills and training. Practitioners must inform Southern Cross Hospitals of changes to scope of practice.

Where a practitioner may have a physical or mental condition, or personal circumstance, which may impair performance or behaviour the practitioner shall inform the hospital manager. Procedures in this situation could include confirming the period of absence, agreeing a return to practice plan and changes to credentiailled status (see page 6 and Appendix 1).

Practitioners are reminded of their obligation to inform the Medical Council of relevant health issues concerning themselves or their colleagues.

Eligibility

Registered health practitioners

Any medical practitioner registered with the Medical Council of New Zealand, holding a current practising certificate, or any other registered health practitioner with a current practising certificate, is welcome to apply for credentiailling with Southern Cross Hospitals.

Other clinical team members

Other categories of persons may apply for special purpose credentiailling to the hospital management to access the patient care environment such as 'invitee' health practitioner assistants, visiting professionals, technical experts and healthcare trainees/observers, (see Access the patient care environment pages 12, 13 and Appendix 3).

Application process

Complete details of the credentiailling processes are provided in Appendix 1 of this guide.

Appendix 2 of this guide provides further details pertaining to scope of practice guidelines.

Practitioners applying for credentiailling and defining scope of practice must complete the application forms in Appendix 5 of this guide. Appendix 4 of this guide provides re-credentiailling application forms.

The following tables provide an outline of the Credentiailling and Defining Scope of Practice application process.

Other clinical team members

Complete details of the special purpose temporary credentiailling processes are provided in Appendix 1 and Appendix 3 of this guide.

Credentiailling and Defining Scope of Practice APPLICATION Process

CREDENTIALLING

ALL PRACTITIONERS must complete STEPS A, B, C, D, E and F. Note: STEP C will need to be completed in certain situations only:

STEP A covers:

- All aspects related to the Medical Council Annual Practising Certificate (vocational specialty, any special conditions)
- Evidence of current membership of professional indemnity insurance organisation
- Completion of the Credentiailling Application Form (Appendix 5 Form 1)
- Completion of the Health and Personal Status Form (Appendix 5 Form 3) - STEP D
- Completion of the Agreement Form (Appendix 5 Form 4) - STEP E
- Provision of associated information - STEP F

DEFINING SCOPE OF PRACTICE

Applicable to SPECIFIC HOSPITAL:

STEP B covers:

- All aspects for credentiailling (STEP A above)
- Stating intended scope of practice, a description of what the practitioner does and does not intend to do which may include details of services, procedures, anatomical regions, age group, techniques, laser, laparoscopy skill level including any modifications to scope of practice (some services, procedures and or techniques require specific approval, Step C below and Appendix 2 Table i and ii)
- Completion of the Defining Scope of Practice Application Form (Appendix 5 Form 2 STEP B and Agreement Form 5)
- Confirmation of collegial support from 3 referees of appropriate standing
- Recommendation by HCMC
- Approval confirmed by NCMC.

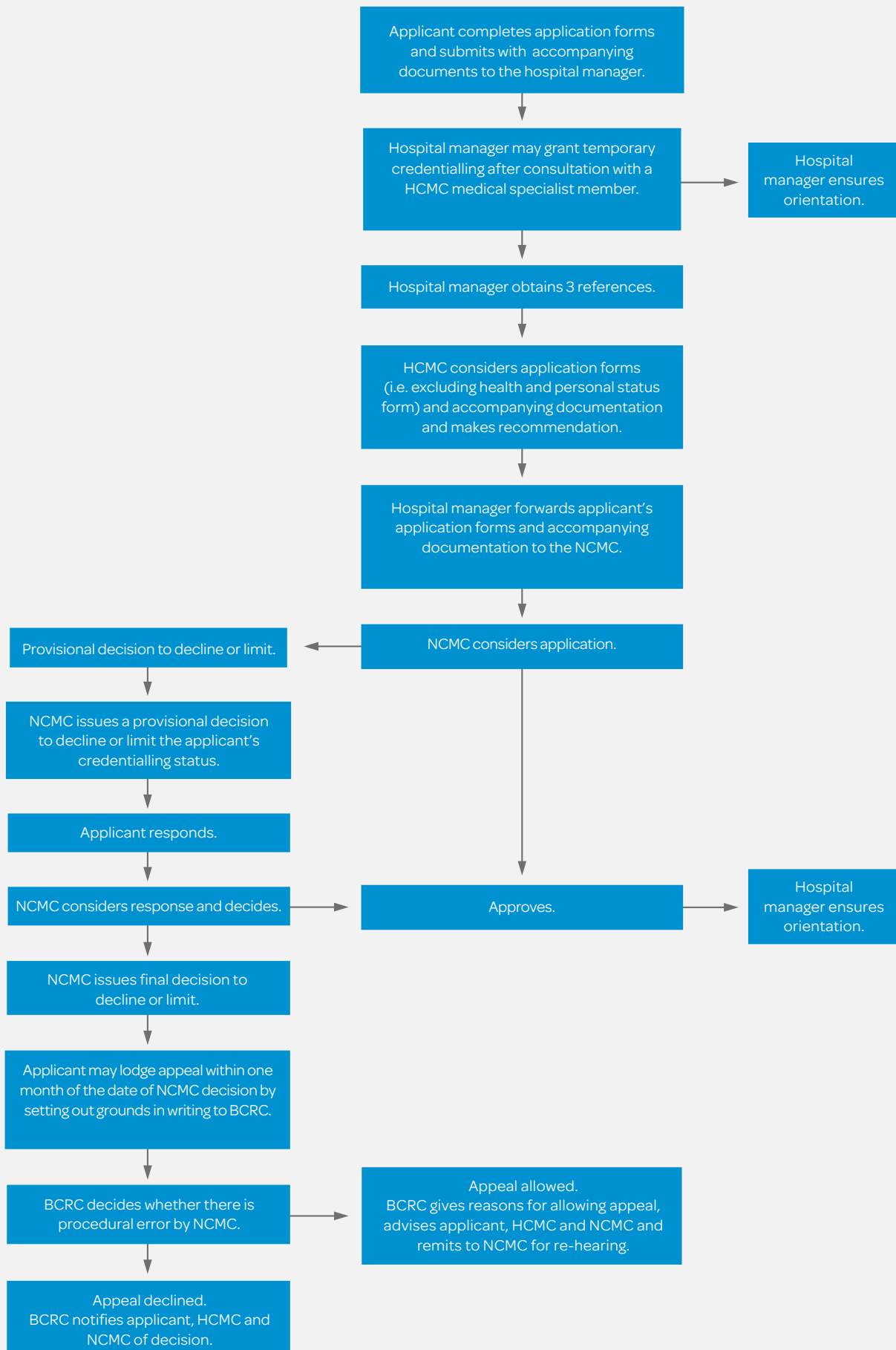
DEFINING SCOPE OF PRACTICE

Applicable to SPECIFIC MEDICAL SERVICE, PROCEDURE OR TECHNIQUE:

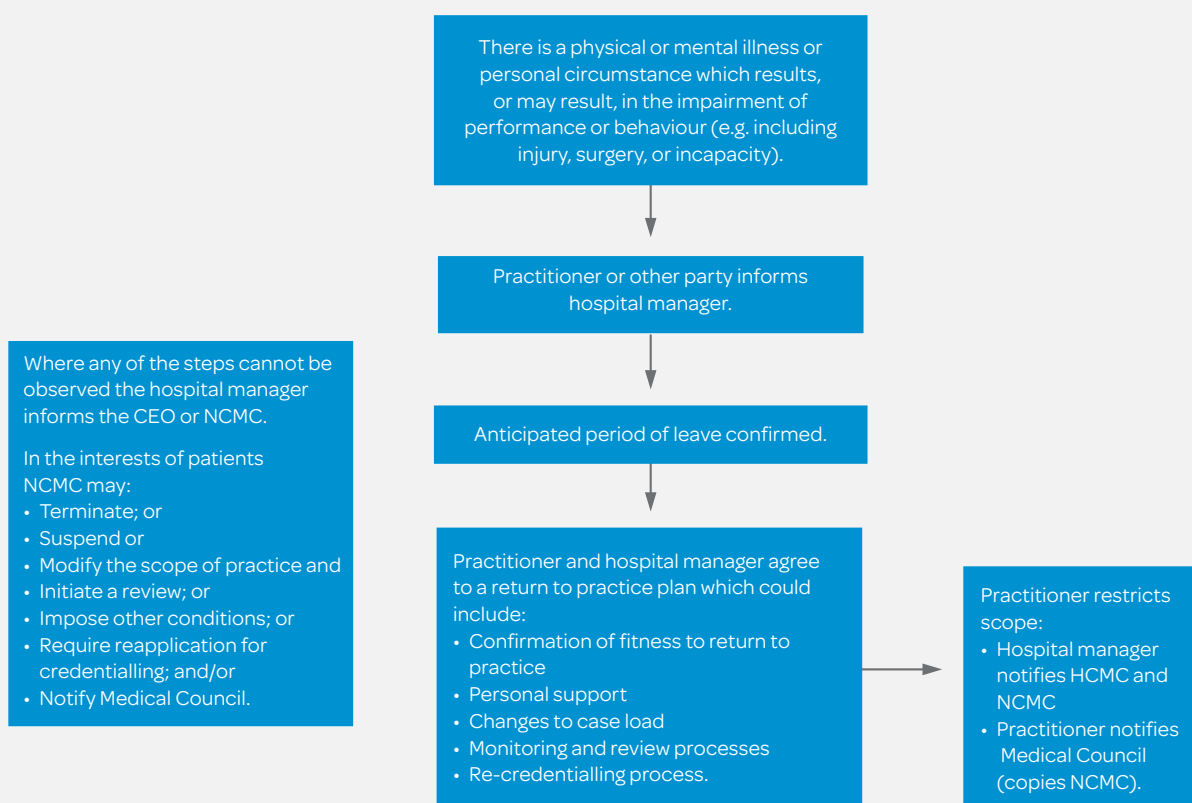
STEP C covers:

- All aspects for credentiailling (STEP A above) and scope of practice applicable to specific hospital (STEP B above)
- Application to modify scope of practice e.g. advanced, complex, highly specialised, controversial, complementary, alternative, unconventional, emerging and or new procedure, technique (or a significant revision of an existing procedure or technique) and or service
- Provision of other relevant details e.g. further education, additional skills, quality assurance activities, ethical approvals (Appendix 2 Table i and ii)
- Completion of the Defining Scope of Practice Application Form (Appendix 5 Form 2 STEP C section)
- Confirmation of collegial support from 2 referees of appropriate standing
- Recommendation by HCMC
- Approval confirmed by NCMC.

Applying for Credentialling and Scope of Practice



WHERE A PRACTITIONER MAY HAVE A PHYSICAL OR MENTAL CONDITION OR OTHER PERSONAL CIRCUMSTANCE WHICH MAY IMPAIR PERFORMANCE OR BEHAVIOUR



Term of credentialling and re-credentialling

Practitioners can be credentialled for a period of up to five years, or up to one year if a practitioner is aged 70 and over. Practitioners undergo a re-credentialling process that includes verification of changes since the previous declaration at the end of each credentialling period. Practitioners up to aged 65 undergo re-credentialling at the end of each credentialled term (see Appendix 4 for the forms). All practitioners must also undergo re-credentialling at age 65. The re-credentialling process should be completed within one month before the expiry of the previous term (see Appendix 5 for the forms).

Where the practitioner has a physical or mental condition, or other personal circumstance, which may impair performance or behaviour, NCMC may terminate the practitioner's credentialled status, or suspend their credentialled status or modify their scope of practice and initiate a review. As part of this process the NCMC may require medical reports and any other information (see Appendix 1 and the table above for more details).

Credentialling may be terminated or conditions imposed such as interim measures, if this is felt to be in the best interests of patients.

The practitioner may contact the hospital manager to reapply for credentialling.

In some situations, additional monitoring of health status may be a condition of ongoing credentialling. Our approach to health issues is collaborative, open and rehabilitative.

Maintaining credentialled status

Credentialled practitioners are required as a condition of their credentialled status to maintain a current practising certificate and professional indemnity arrangements.

Resignation, suspension and termination of credentialling

Any practitioner may resign credentialled status by giving notice in writing to the hospital manager.

Southern Cross Hospitals may suspend or terminate a practitioner's ability to practise in our hospitals by suspending or terminating the practitioner's credentialled status.

Suspensions or terminations may be temporary or permanent (see Appendix 1 for more details).

Changes to scope of practice

Modifying scope of practice – reducing the range of services, procedures or techniques

The NCMC may modify a medical specialist's right to perform particular procedure/s in a specified hospital by reducing the range of services, procedures or techniques within the practitioner's scope.

Such a step might be taken due to:

- changes in the hospital's ability to support the practice
- changes in the service needs of Southern Cross Hospitals
- concerns about the practitioner's performance (e.g. reduced volume or pattern of complications) and/or behaviour.

At any time, a medical specialist can choose to reduce his or her scope of practice by notifying the hospital manager in writing.

The NCMC may at any time introduce additional restrictions or conditions depending on circumstances.

Modifying scope of practice – adding services, procedures, or techniques

An application to extend a practitioner's current scope of practice may be considered at any time.

The modification may be to include additional procedures within the practitioner's defined scope of practice or to introduce services, procedures or techniques new to the hospital or the practitioner. The process is the same as the initial scope of practice application and medical specialists should include in their application, as appropriate, any details of additional educational qualifications or skills obtained since the initial application including any quality assurance activities e.g. record of outcomes, peer review, or other information such as appropriate health sector ethics committee approvals (see Appendix 2 Tables i and ii e.g. new, advanced, complex, highly specialised or Appendix 2 e.g. adding within defined scope).

Before a new service or technique is implemented an application to include a new service, procedure, technique, intervention or therapy should provide assurances on the safety, efficacy to patients and role of the new clinical service. This should be discussed with the hospital manager in the first instance. The NCMC will also consider the benefits and risks associated with the new service, technique, procedure, intervention or therapy and advise the practitioner of their decision along with any related requirements such as monitoring, audits and reviews. Southern Cross Hospitals is under no obligation to allow services to be provided that Southern Cross considers lack sufficient evidence of being beneficial and safe. New services, techniques, procedures, interventions or therapies must be defined within the practitioner's scope of practice.

Modification and or suspension of scope of practice

Southern Cross Hospitals may modify and or suspend a practitioner's scope of practice. Modifications or suspensions may be temporary or permanent (see Appendix 1 for more details).

Advising any change of status, practising rights or disability

To ensure the hospital always supports practitioners' needs and provides the best quality care, it is the responsibility of each practitioner to advise the hospital manager immediately should any of the following occur:

- i) Circumstances which affect the practitioner's competency or ability to perform procedures within his or her defined scope of practice
- ii) Limits or constraints are placed on the practitioner at another hospital or facility, including any self-imposed restrictions
- iii) A practitioner chooses to personally limit or constrain his or her own scope of practice
- iv) A personal health issue or disability becomes apparent which may affect the practitioner's ability or capacity to practise
- v) Professional complaints, investigations, disciplinary proceedings, reviews, significant ACC treatment injury claims, or significant untoward events, that might be relevant to his or her credentialled status, including findings and actions by the Medical Council, a specialist college, the Health and Disability Commissioner, a coroner, the Ministry of Health, an employer, or any other organisation or person
- vi) A result or decision is given in any investigation, review, proceeding or similar forum of the type described in paragraph v)
- vii) A claim or allegation is made against the practitioner, whether or not proved, of sufficient seriousness that it might be relevant to the practitioner's relationship with the hospital
- viii) The practitioner has conditions imposed on his or her ability to practise, is suspended from, or struck off the Medical Register or equivalent, or for any reason is deemed unfit to practise
- ix) The practitioner or another party has notified the Medical Council of issues including reporting health concerns
- x) The practitioner is charged with any criminal offence
- xi) The practitioner has notified his or her indemnity organisation of a potential issue.

The hospital manager will advise the HCMC and the NCMC. The NCMC will decide whether changes to the practitioner's credentialling or scope of practice are required.

The Health and Disability Commissioner has advised healthcare providers of their responsibility to ensure that other facilities at which practitioners operate are advised when a risk to patient safety may exist. When exchanging information with other providers the NCMC Chair, or the CEO, will contact the practitioner to clarify the situation, and confirm that the practitioner has notified other hospitals and facilities or ensure the practitioner is aware of their intention or actions to do so. The NCMC Chair or CEO may contact other providers, persons or organisations to

provide or obtain relevant information as necessary.

By applying for credentialling at Southern Cross Hospitals the practitioner agrees to co-operate fully with the exchange of such information, and to Southern Cross Hospitals obtaining and disclosing such information.

A memorandum of understanding between Southern Cross Hospitals and the Medical Council places obligations on both to communicate with each other in the interests of public safety.

Practising at Southern Cross Hospitals

Southern Cross Hospitals is committed to working with its credentialled practitioners to provide quality care. This section outlines further responsibilities of practitioners operating in our hospitals, as well as the support and processes you can expect.

Southern Cross Hospitals and practitioners have responsibilities to patients within the hospital and this is the basis for a clinical relationship both parties will value and respect.

Nothing in the credentialling process or contained in this policy and practice guide and accompanying forms creates any relationship of employer/employee or principal/agent or partner or independent contractor between the hospital and any practitioner.

Practitioners are solely responsible for their own practice and conduct and to the maximum extent possible the hospital is not liable for any act, error or omission of any practitioner.

To avoid professional isolation Southern Cross Hospitals expects practitioners to ensure collegial support.

Teamwork and co-operation are essential in any situation involving safety. Bullying and harassment are not tolerated. Nowhere else is the need for quality teamwork more evident than in the hospital environment. We expect all hospital employees to respect and acknowledge the talents and abilities of our practitioners. Our credentialled practitioners should also respect the talents and abilities of those assisting them and acknowledge the valuable part they play in the rapid recovery and return to health of our patients.

Conditions of practising at Southern Cross Hospitals

At Southern Cross Hospitals, the rights, welfare and care of our patients are paramount. For this reason, a practitioner's continuing use of Southern Cross Hospitals' facilities is dependent on the practitioner:

- i) Maintaining appropriate professional registration and practising certificate
- ii) Maintaining current indemnity cover to the satisfaction of Southern Cross Hospitals
- iii) Complying with applicable laws and codes of conduct and ethics, such as those of the Medical Council of New Zealand, the Health and Disability Commissioner, the New Zealand Medical Association, the professional organisations such as Royal Australasian College of Surgeons and the Australian and New Zealand College of Anaesthetists and other relevant colleges and professional bodies

- iv) Performing and behaving in a manner consistent with accepted professional practice and to the expectations of Southern Cross Hospitals
- v) Performing procedures, or providing treatment and care, within the practitioner's defined scope of practice only. It is the practitioner's own responsibility to monitor compliance with his or her own scope of practice
- vi) Being contactable for the duration of each patient's stay in the hospital and able to attend call-outs promptly. In the event that the practitioner is not going to be available to attend emergencies or call-outs, it is the practitioner's responsibility to arrange appropriate cover (refer viii) below)

Practitioners who normally reside away from the location of the hospital at which they are credentialled must remain in close proximity to the hospital:

- Admitting Practitioner - for the duration of the patients' in-hospital stay
- Anaesthetist - for up to the first 24 hours post-anaesthetic or while day stay patients are in the hospital or by other arrangement with the admitting practitioner.

The local current address and contact phone numbers must be provided to the hospital manager. It is essential to make routine visits, attend call-outs or emergencies promptly. Handover of care arrangements including access to clinical records must also be in place for safe continuity of patient care

- vii) Ensuring that one specialist has taken the lead role as a patient's admitting practitioner where a patient's treatment and care is being shared by practitioners. It is the responsibility of the admitting practitioner to ensure that the patient understands and consents to these arrangements and any subsequent alterations or additional arrangements details of which are recorded on the patient's hospital clinical records, and the nurse in charge and or the hospital manager is informed
- viii) Ensuring that alternative care arrangements are in place if the practitioner will be absent and unavailable to attend to patients. Such arrangements require:
 - a. the arranging of a practitioner, who is Southern Cross Hospitals credentialled and has an appropriate defined scope of practice, to be available to attend the practitioner's patients on a continuing basis for the duration of their absence

- b. ensuring that the relieving practitioner has full access to all the patient's clinical records as necessary to provide appropriate medical care
 - c. notifying the hospital manager and or nurse in charge of the details of the relieving practitioner in advance of the practitioner's non-availability, and confirming that the patient has been informed of and consented to this change in care
- ix) Ensuring the hospital manager is informed immediately of any changes to contact details
 - x) Taking all reasonable steps to ensure the safety of practitioners, hospital employees, the healthcare team and patients at all times
 - xi) Participating in quality improvement activities including clinical audit and peer review, sentinel or serious adverse event processes, safety programmes for patients (e.g. surgical safety checklist, pre-regional block pause), workforce (e.g. LITEN up to protect from physical harm) and lessons learned to improve performance e.g. HCMC eventful cases for review
 - xii) Accepting evidence-based medicine and implementing it as current best practice where appropriate
 - xiii) Observing the policies and procedures contained in the Southern Cross Hospitals: SQR; Incidents and Complaints Management; Infection Control; Clinical; Emergency; and Workplace Health and Safety folders, other organisational and clinical folders and expectations outlined in this policy booklet. A copy of current documents may be obtained from the hospital manager
- xiv) Being familiar with and observing the Southern Cross Hospitals media and government relations policy. Practitioners will not state or imply they work for or otherwise represent the views of Southern Cross Hospitals or Southern Cross Healthcare Group in the media or other forum. Reference to media includes: print, broadcast, email, social media and internet. As set out in the policy, the CEO is the authority permitted to comment publicly on behalf of Southern Cross Hospitals.

In the interests of our patients and others failure to comply with any of these conditions could lead to the amendment of your scope of practice, imposition of conditions on your credentialled status or scope of practice, suspension or termination of credentials.

Practitioner review

If any individual practitioner's performance, behaviour or other circumstances requires review, the NCMC or the CEO may establish an ad hoc Clinical Task Committee (CTC). The responsibility of the CTC will be to conduct an investigation or review and recommend a course of action to the NCMC and/or the CEO.

It is the expectation of Southern Cross Hospitals that practitioners will cooperate fully and in a timely manner with any CTC activities.

Handling matters of concern

Southern Cross Hospitals is committed to dealing with any matters of concern effectively. This includes concerns about performance or behaviour. In such cases, patient and employee safety are of primary importance.

Scheduling

Allocation of lists and timeliness

The number and range of practitioners who practise within Southern Cross Hospitals' facilities means that efficient and well-planned co-ordination of resources is essential.

The priority is to ensure that each practitioner has access to the required operating assistants, nursing and clinical support. For this reason, sufficient advance notice of any anticipated prolonged operating time is required so that theatre staffing and any relief needs can be met.

The duration of operating lists and the potential risk to patients from the impact of fatigue must be self-monitored and managed by all practitioners. Practitioners are referred to college and Medical Council guidance on fatigue and safe practice generally. The hospital or operating theatre manager may at times take steps to minimise potential risk to patients, including limiting the length of operating lists.

Appropriate time must be given for surgical teams to carry out their duties without undue haste, to complete patient safety checks and to ensure quality clinical processes and a safe working environment.

Cancellation of lists and timeliness

Southern Cross Hospitals understands that practitioners will have non-operating periods each year, for example when they are on holiday. In such circumstances, the hospital manager must be advised well in advance; at least a month's notice is appreciated so that operating or procedure room list access can be offered to your colleagues, to avoid wastage of resources and as a courtesy to your clinical team.

Wastage of overheads from failure to cancel lists in a timely manner directly adds to the cost of procedures for our patients.

Managing patients

Patient admission pack

Southern Cross Hospitals provides patient information packs for admitting practitioners to give to their patients prior to being admitted. The pack includes information on processes when patients are being admitted to and discharged from hospital, hospital services, payment information, leaflets about anaesthetic procedures, hand hygiene, venous thromboembolism and forms.

Admitting and treating patients

The admitting practitioner takes responsibility for appropriate patient selection for admission and suitability for Southern Cross care.

Patients are admitted to a Southern Cross Hospital when the following forms are completed, signed and received by the hospital:

- Agreement to Treatment
- Patient Admission
- Patient Health Questionnaire.

These forms are located in the patient 'Your admission pack'. Both the patient and the admitting practitioner should sign the informed consent section of the Agreement to Treatment form.

Any additional consent process and other documents needing to be in place e.g. blood transfusion consent, advanced directives (especially not for resuscitation orders) and enduring power of attorney or personal orders appointing a welfare guardian must also be provided to the hospital.

Forms should be received by the hospital at least three working days prior to admission and ideally one week before.

When a patient has special needs that require additional supervision, care, equipment or staffing, please provide at least seven days notice to allow time for additional safety arrangements.

Patients are rarely refused admission to a Southern Cross Hospital. However, the hospital manager may refuse admission when:

- i) The interests of the hospital are best-served by refusing admission.
- ii) The type of hospital licence limits the category of patient.
- iii) Admission may constitute an unacceptable risk to hospital staff or other patients.
- iv) The facilities or resources required for the safe treatment and care of a particular patient are not available.
- v) The patient does not meet the hospital's admission entry criteria.

If a patient has significant comorbidities e.g. ASA 3 or is undergoing complex surgery, collaboration or earlier referral to the anaesthetist is expected to enable clinical assessment and where indicated further review to ensure patient suitability for admission or decline.

Inpatient care

It is the responsibility of the admitting practitioner to visit and assess each patient's progress and prescribe care and treatment at least daily. For inpatients the anaesthetist must be available for up to 24 hours following the time

the anaesthetic is given or as otherwise arranged with the admitting specialist surgeon or physician. Anaesthetists will keep admitting surgeons fully informed of unplanned treatment and care including all necessary information and updates on the patient's condition.

When an event occurs with the potential for patient harm, the practitioner should document it, inform the patient and relevant staff, get expert clinical management advice as appropriate, and ensure follow up.

Discharge from hospital

Each patient is provided with standardised instructions to follow should they become unwell or develop signs and symptoms of complications. Patients are advised to contact their specialist or general practitioner if they are concerned about their recovery or dial "111" for an ambulance in an emergency. Many specialists also provide specific discharge instructions to patients when they are discharged from Southern Cross Hospitals. The admitting practitioner is expected to ensure their patients have the appropriate contact details to obtain medical advice when they have left the hospital.

The usual time of discharge is before 10am, after which additional fees may be charged for an extended hospital stay.

Hospital fees

For many patients, entering hospital can be stressful. Since our focus is on providing the very best standard of care and a positive outcome for patients, it is important that everything is done to avoid additional stress or embarrassment, for either the patient or hospital staff, over the payment of fees upon arrival or at the time of discharge.

Practitioners should be familiar with the likely hospital costs for their patients and ensure that patients are fully informed of their obligations to settle accounts when leaving hospital or, in some cases, prior to admission. If a patient requests specific information on fees, this request should be referred to the hospital. In such cases, an estimate only will be given.

Practitioners should also advise patients who have ACC, Southern Cross Health Society or other health insurance that they must contact their health insurer to confirm eligibility of their possible claim prior to admission.

Patient's hospital clinical records

It is the responsibility of the practitioner to maintain adequate clinical records for each patient in line with accepted practice and to make these records available to medical, nursing and other appropriate hospital staff.

These records consist of:

- i) Any pre-admission information, including confirmation of informed consent
- ii) Operation or procedure notes and orders written immediately following the procedure in the patient's hospital clinical records
- iii) Details of any incidents, events, significant near-misses and other pertinent information
- iv) Progress notes and new orders
- v) Any discharge notes and additional orders.

Records remain the property of the hospital and must not be removed from the hospital or copied without the hospital manager's permission. If clinical hospital records are required by other healthcare providers, requests for copies of a patient's records will be actioned in a timely manner in accordance with applicable legislation.

Treatment orders, notes and prescriptions

It is essential for the welfare and safety of patients that hospital employees are fully informed of the condition and prescribed treatment for every patient under their care.

For this reason, practitioners must:

- i) Make a written record of all essential features of the patient's condition and treatment in the patient's hospital clinical records
- ii) Clearly write all medication orders in the patient's hospital clinical record medication chart and discharge prescription for patients under your care at the time of prescribing.
Please note:
 - a. It is essential that practitioners review any medication being taken by a patient and write instructions for this medication to be continued or withheld during the patient's hospital stay. If usual medications are to be continued, details of each medication must be written on the patient's medication record in the patient's hospital clinical record
 - b. Where new medication or care orders are written on a patient's hospital clinical record, a member of the nursing staff must be informed
 - c. Standing orders for medications:
 - Must be signed promptly in the patient's hospital clinical record
 - Orders must be reviewed.

- iii) Ensure that each of the ward, day stay and operating room/theatre nurse managers has instructions in writing and signed by the practitioner, outlining the routine care and treatment orders specific to the particular pathways for care or procedures being performed. Occasionally practitioners will be asked to review care pathways and clinical procedures to ensure that they meet the practitioner's needs. Importantly, practitioners must advise Southern Cross Hospitals of equipment and supplies they may require in the event of complications so that these are available
- iv) Advise the team of any changes to emergency, preferred and routine methods.

Sometimes orders need to be communicated by telephone. Only registered nurses are authorised to accept such orders. To avoid refusal and possible embarrassment, practitioners must communicate these orders to a registered nurse. It is the medical specialist's responsibility to ensure that verbal orders are counter-signed as soon as practicable.

Patient confidentiality

The rights of our patients to privacy are protected under privacy and consumer rights legislation and by hospital and medical protocols. Our employees are mindful of the need to respect patients' rights and we require practitioners to also uphold patients' privacy by complying with applicable legislation.

Private spaces are available for communicating with patients in shared accommodation.

Open Disclosure

Southern Cross Hospitals support the rights of our patients to be informed in an open and timely manner about any adverse, unplanned, or untoward events (regardless of harm) through open disclosure.

Operating and medical procedures

Operating theatre and procedure room best practices

Southern Cross Hospitals' policies mandate that nurses and other team members follow set instructions for the safety and comfort of the patients and for practitioners' protection. Southern Cross Hospitals requires practitioners to facilitate and be involved in these processes.

Informed consents

The informed consent process for admission for a procedure must be recorded and signed by both parties on the Agreement to Treatment form. The signatories are the admitting practitioner and usually the patient; sometimes a parent, guardian or the person with legal enduring power of attorney may be the signatory.

It is the admitting practitioner's responsibility to ensure the informed consenting processes are completed prior to admission to the hospital or completed on the ward and prior to the premedication and to transfer to theatre.

Anaesthetic consent is also required to be signed by the parties for an anaesthetic. Evidence of anaesthetic consent must be documented in the patient's hospital clinical record. Where the form on the reverse of the Agreement to Treatment form is not used a copy of the alternative must be included in the patient's hospital clinical record prior to surgery.

Other consents may include: blood products, further treatment, donation of body tissues or taking of blood in the event of team injury or exposure.

Checks and surgical counts

These policies include: site marking, regional block pause, surgical safety checklist; the sign in, time out and sign out, to ensure correct person, correct site, correct procedure; recording the timing and type of prophylactic antibiotic administration; pre-defined surgical counts throughout all stages of a surgical procedure; attention to positioning of the patient and safe use of equipment such as in electrosurgery, laser or radiation.

To minimise the risk of surgical error, where appropriate all sites must be marked by the operating practitioner prior to the administration of pre-medication and prior to admission to the operating theatre or procedure area and the mark must remain visible after the patient has been positioned and draped. Special marking pens which mitigate the risk of tattooing are available for this purpose.

During surgery, should there be any count discrepancy, the Southern Cross Hospitals procedure includes an x-ray check. In the event of any out-of-the-ordinary occurrence such as a count discrepancy, clinical incident, or foreign object not being retrieved from the operation site, it is the surgeon's responsibility to document in the patient's hospital clinical record and inform the patient.

Effective communication is essential for the delivery of high quality, safe patient care. The complexity of medical care, coupled with the inherent limitations of human performance, make it critically important that the

environment allows individuals to speak up to alert team members to unsafe situations.¹

Clinical records

Documentation is an essential activity for practitioners and the nursing team. Practitioners must write explicit intra-operative notes in the patient's hospital clinical records. These notes are necessary to ensure appropriate treatment and care is provided, and for subsequent verification of the procedure. In addition to completing incident forms, full details must also be recorded on the patient's hospital clinical records of untoward events and findings to ensure nurses are informed and can monitor the care of patients.

To ensure early detection of a deteriorating patient vital signs are recorded regularly and an early warning scoring process will inform timely escalation of changes.

Distractions and electronic devices

To avoid the risk of interference with patient care and distractions to practitioners, the non-essential use of electronic transmitting equipment, such as mobile telephones and computers, is restricted within the immediate patient care environment.

Access to the patient care environment

The patient care environment is restricted to persons who may be providing or contributing to care delivery, providing a technical service required by the surgeon, receiving healthcare training or providing support at the patient's request. Access is governed by employment or credentialled status agreements, clinical business relationships or through patient consent e.g. confirmed on the Patient Admission Form or specific consents such as for observers or media (see Appendices 1 and 3 Terms of access to patient care environment for further details).

Assistants and visiting professionals 'invitees'

Southern Cross Hospitals recognises that a surgeon may sometimes require the services of an assistant or visiting professional. Such personnel will need special purpose credentialling including a defined scope of practice or activity by arrangement with the hospital management. The recommending surgeon must provide direct supervision and is responsible for the performance and behaviour of their invitee at all times.

Technical experts 'invitees'

Medical technology suppliers whose technical services are required by the surgeon will need special purpose credentialling including a defined scope of activity by arrangement with the hospital management. The right to demonstrate or supervise technology is granted where this is essential for the procedure. Suppliers may not be involved in any way in direct patient care. The recommending surgeon must provide direct supervision and is responsible for the performance and behaviour of their invitee at all times.

Patient support visitors

At the patient's request, a support person or other visitor may be granted limited access. For instance, caregivers of children or special needs patients may be given restricted access to the operating theatre suite before induction and in the recovery room once consciousness is regained. Approval from the surgeon, anaesthetist and operating room manager is needed for any visitor to be permitted into the operating room during a procedure.

Patient consent to observers, trainees and media

The presence of other observers and trainees who are not eligible for credentialling can occur only with the prior consent of the patient, surgeon and the hospital management. The hospital has policies and processes in place for managing this process. The patient admission form includes information relating to student nurses and qualified medical trainees.

Media personnel have no rights of access without the written informed consent of the patient, admitting practitioner and management, including the CEO under the media and government relations policy.

Clinical research

Clinical research is an integral and valued part of clinical medicine. The special nature of private hospital care means, however, that patients' expectations may differ from those in the public sector.

Application must be made to the NCMC through the hospital manager when any research is proposed. The approval of the relevant ethics committee is essential. Phase 1 and 2 trials and studies where patients do not qualify for ACC cover will not be approved. All research must be prior approved by the NCMC including the CEO.

Hospital and operating equipment

Southern Cross Hospitals is committed to introducing up-to-date and newly-developed equipment into the hospital. Occasionally practitioners may prefer to operate with their own electrical or medical equipment. Any such preference should be discussed with the operating room manager to ascertain if the request can be accommodated. Each request is considered on a case-by-case basis by the hospital manager who will require prior confirmation in writing that equipment complies with current biomedical, electrical and any other legislation.

Southern Cross Hospitals has a policy not to routinely 'urgent' (flash autoclave) sterilise instruments and therefore time needs to be set aside for full processing. Pre-sterilised items will only be accepted from other organisations complying with sterilisation standards.

In compliance with the Standards for Infection Control and Sterilisation, and because devices may not retain their efficacy and safety after use and or re-processing, items labelled 'single use' are not reused other than with specific Southern Cross Hospitals' approval.

Ordering specialist medical supplies

Practitioners should advise the operating theatre manager and or hospital manager of any specific requirements for particular operations or procedures well in advance to

ensure their needs can be met. Only medical devices that are on the Ministry of Health WAND database can be used.

Southern Cross Hospitals will endeavour to supply practitioners' preferred choice of products and materials, but the requirements of the national procurement programme mean that it may not always be possible. In such cases, the closest-possible and most appropriate substitute product or material will be supplied.

Blood and blood products, bone and other tissue donations

Each Southern Cross hospital provides special refrigeration units to store any blood and tissue supplies.

Prior to admitting a patient, the surgeon must ensure that any anticipated supply arrangements have been made with the external agencies, and all necessary written consents have been obtained for both the receipt and donation of blood, blood products or tissue.

Infection prevention and control

Southern Cross Hospitals have been designed with the safety of patients in mind. Air-conditioning systems and environmental conditions are maintained to high standards. The very nature of our activity, however, means a risk of infection is always present. For this reason, practitioners must:

- i) Personally perform hand hygiene before and after each patient contact to comply with the WHO '5 Moments' of hand hygiene:
 - Moment 1 – Before touching a patient
 - Moment 2 – Before a procedure
 - Moment 3 – After a procedure or body fluid exposure risk
 - Moment 4 – After touching a patient
 - Moment 5 – After touching a patient's surroundings.
- ii) Wear suitable attire for the protection of themselves and others
- iii) Apply accepted medical practices to create and maintain a clean, therapeutic environment
- iv) Ensure there is no possibility of any action which may admit contaminants to the operating theatre suite or procedures rooms
- v) Immediately advise the hospital manager of your personal exposure to a patient at another facility or in the community who has been identified as positive to methicillin resistant *Staphylococcus aureus* (MRSA) or other epidemiologically significant 'high risk organism'
- vi) Provide the hospital with a recent swab result from any patient, before admission is accepted, if the patient is known to have previously tested positive for MRSA or any organism which falls within the category for which screening is indicated
- vii) Follow the standard hospital procedure for checking and investigating in the event of a blood or body fluid exposure, needle stick or stab injury
- viii) Note on the patient admission form should any patient pose a risk of transmissible major viral infections or other infections, so the hospital may instigate prudent precautionary and alert procedures
- ix) Adhere to standard precautions and infection control practices to decrease the risk of patients and others being exposed to major transmissible infections. Practitioners who perform exposure prone procedures

must know their own serological status for transmissible major viral infection. Practitioners who may be infected with a transmissible major viral infection should not perform exposure-prone procedures unless reviewed and agreed with an expert panel

- x) Follow best practice infection control management and monitoring processes including use of antimicrobials, wound surveillance and infection monitoring programmes and advise the hospital of any significant post-discharge infections.

Periodically, healthcare team health checks and audits are carried out at our hospitals; these may include practitioners.

Southern Cross Hospitals regards any breach of these requirements seriously and may refer any breach to NCMC for further consideration.

Emergencies and critical illness

Should any emergency or critical illness arise and the admitting practitioner, or nominated alternative practitioner, is not immediately available, the hospital manager or registered nurse in charge will take the appropriate action to protect the patient's safety and welfare. This may include seeking the assistance of another medical specialist, calling "111" for ambulance support and or transferring the patient to a tertiary facility.

Southern Cross Hospitals are equipped to deal with emergencies and all practitioners practising at Southern Cross Hospitals facilities are required to be familiar with emergency procedures and the equipment and supplies available. Practitioners should advise the hospital manager of any additional supplies considered to be necessary in the

event of a clinical emergency.

Where a patient's condition is of concern, Southern Cross Hospitals' registered nurses will follow best practice guidelines including critical illness assessment. The admitting surgeon is responsible for ensuring any signs or symptoms lead to early detection and treatment of complications.

Assessment and planning level of care

The pre-admission assessment by the admitting practitioner must satisfy the hospital's criteria for patient admission. It is essential prior to admission that the anaesthetist is aware of any patients who have higher risk factors.

A nursing pre-admission assessment takes place against patients' completed forms and may lead to a nurse phoning for more nursing information and further assessment.

If any patient requires a level of nursing or clinical care and monitoring beyond that provided in a general post-operative setting, defined models of care (e.g. high dependency intermediate care or specialising) will guide prescribing appropriate patient care.

Timely transfer to another facility may be required where a patient's needs change e.g. admission to a higher level of care such as coronary or intensive care.

Where a hospital provides a higher level of care, this service may be booked by prior arrangement and is subject to confirmation by the hospital or ward nurse manager.

Hospital health emergency plan

The Southern Cross Hospitals health emergency plans, HEPs', are aligned with government agencies and emergency services.

Quality

Careful monitoring of performance is a feature of Southern Cross Hospitals.

Southern Cross Hospitals encourages a culture of safety supported by continuous quality improvement. This 'just culture' approach ensures medical specialists and employees feel supported when incidents are being managed, without in any way diminishing their professional accountability.

Eventful cases for review

Where there is an opportunity to learn from cases, a review of systems and processes may be initiated. The Eventful Cases for Review procedure includes the relevant practitioners, the HCMC and peer review by a Mortality and Morbidity forum. It is a requirement that practitioners participate in these procedures as necessary.

Serious or sentinel events

In rare situations, a serious or sentinel event investigation may take place involving colleagues as part of the investigating team. Their report may recommend action to improve the quality of patient care and contribute to

organisational learning. It is a requirement that practitioners participate in these procedures as necessary.

Where the ACC Harm Panel has assessed a patient treatment injury as serious or sentinel, the panel will notify the Director-General of Health. The Ministry of Health will request assurance from providers that these events have been adequately managed and improvement opportunities have been taken to reduce the risk of recurrence. Requests are sent to the hospital quality team who notify you and work with you on a shared response.

Clinical indicators and Quality Markers

A range of clinical indicators and quality markers is monitored by the HCMC, and hospital SQR meetings, the NIPCC, NCMC and BCRC meetings. These benchmarks are used to identify comparative trends and opportunities for improvement across Southern Cross Hospitals.

Clinical auditing programme

The Southern Cross Hospital's auditing programme includes: surgical site infection surveillance, prophylactic antibiotic practise, hand hygiene '5 moments', site marking,

surgical safety checking and meeting the Health and Disability Services (Safety) Standards audits conducted for the Ministry of Health to maintain hospital certification.

Our approach to audit is to learn and improve which is a responsibility of the entire team and the individual practitioners. Audit results may be shared within the hospitals and there is a low threshold of tolerance for situations where parties do not respond positively to opportunities for improving performance which are in the best interests of safety.

Clinical practice audit

Audits determine whether current knowledge, skills and resources are being properly used. A practitioner wishing to undertake a clinical audit of their cases can apply to the hospital manager who will obtain approval from the CEO. Additional access and credentialling may need to be arranged if a third party collects data.

ACC has clinical audit requirements for practitioners to be eligible to participate in contacts. Other funders may also have clinical audit requirements.

Peer review, benchmarking and self audit

Southern Cross Hospitals expects practitioners to self-audit including measurement of outcomes, benchmarking of performance and peer review of cases. Such activities are encouraged within the hospitals and expected within the professional community.

External and professional body programmes

Southern Cross Hospitals expects: participation in a college's continuous professional development program and in the Health Quality and Safety Commission programmes relevant to practice. Data will be made available for this purpose.

Incident reports

To continuously improve quality, detailed reports of any incident, accident, complaint, serious complication or other reportable event must be provided immediately in writing to the hospital manager. Southern Cross Hospitals

is committed to timely open disclosure and patients, employees and practitioners must be fully informed of any incident that may, or have the potential to, affect them even where there has been no harm to the patient.

External reviews

Periodically the Medical Council performs individual practice reviews; if collegial feedback is part of the process then it is important to inform the hospital manager before approaching hospital employees to seek their participation; likewise if a practice visit includes peers visiting the hospital as observers, arrangements must be made with the hospital manager in the first instance. Where there is a 'special reason' review or audit, the hospital manager must be informed.

Ongoing education

Southern Cross Hospitals fully supports continuing education for practitioners and employees. The active involvement of practitioners is welcomed to ensure that Southern Cross Hospitals teams maintain knowledge and competencies and have the capability to support new procedures, treatment and technology.

Communications

A specialists newsletter is published each year through which we provide clinical policy, practice and business updates and in particular articles relating to maintaining quality. A copy of the newsletter is sent to every credentialled practitioner.

Feedback

Southern Cross Hospitals welcomes feedback and suggestions which should be made to the hospital manager in the first instance.

Participation in feedback surveys is appreciated as through these we can gauge the overall satisfaction of practitioners and have valuable feedback data to learn about ways to improve our facilities and services to you.

The hospital team also value the opportunity to provide timely feedback to practitioners to maintain a good working environment.

Other matters

Changes to policies and procedures

Southern Cross Hospitals is committed to continuous quality improvement. Policies and procedures, including this Guide, will be updated and evolve over time. Southern Cross Hospitals has the right to amend the terms of the Credentialling and Defining Scope of Practice Guide by giving practitioners written notice of any such amendment.

Any concerns may be discussed with the hospital manager or addressed to the NCMC.

Matters not covered by this guide

Practitioners are encouraged to discuss any matter of concern with the hospital manager, who may refer them to the CEO, HCMC and NCMC if necessary.

References and other information sources

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Southern Cross Hospitals Registration Guide for Visiting Practitioners 1998 and the Credentialling and Defining Scope of Practice Guide 2007, 2009 and 2010

Southern Cross Healthcare Group policies

Southern Cross Hospitals policies, procedures and guidelines

Southern Cross Hospitals Specialist News newsletters: 2006 to present

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St Vincent's Hospital Group Australia www.svhm.org.au

World Health Organization Surgical Safety Checklist, Hand Hygiene www.who.int

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The contributions from medical colleges, professional organisations, consumers and individual medical practitioners and ChapmanTripp Barristers and Solicitors New Zealand.



Abbreviations

BCRC Board Clinical Risk Committee

CEO Chief Executive Officer Southern Cross Hospitals Limited

CTC Clinical Task Committee

HCMC Hospital Clinical Medical Committee

NCMC National Clinical Medical Committee

Southern Cross Southern Cross Hospital,

Southern Cross Hospitals

Southern Cross Hospitals or Southern Cross Hospitals Limited

1. Application for credentiailling and defining scope of practice

1.1 Initial application

- 1.1.1 By submitting an application for credentiailling, the applicant agrees to be bound by, and have the application considered in accordance with, the terms set out in the Southern Cross Hospitals Credentiailling and Defining Scope of Practice Guide, including this appendix, as amended from time to time.
- 1.1.2 The practitioner submits the application to the hospital manager at the practitioner's preferred Southern Cross Hospital by completing the:
 - Application for Credentiailling and Defining Scope of Practice for surgeons, anaesthetists and other clinical team members forms, providing the names of three referees of appropriate standing, two of whom are currently practising in the same clinical specialty, and providing associated documentation; and
 - Health and Personal Status form.
- 1.1.3 Applications for credentiailling can be made by persons other than registered health practitioners at the discretion of the NCMC.
- 1.1.4 Applications for credentiailling will ordinarily include an application for a scope of practice.
- 1.1.5 An application for credentiailling will not be accepted until all information required in the application forms together with associated information to the satisfaction of the hospital manager is provided.
- 1.1.6 The hospital manager will request confidential references from the nominated referees and annex the referees' responses to the Defining Scope of Practice application form. The references are sought and obtained in confidence as evaluative material and will not be disclosed to the applicant.
- 1.1.7 The hospital manager will provide the HCMC with a copy of the application forms, supporting documentation (excluding the health and personal status form), referees' reports, and any other information the manager considers appropriate for the proper consideration of the application.

1.2 HCMC consideration of application

- 1.2.1 The HCMC may seek further information from the practitioner, or any other source, if the HCMC considers that such further information is desirable for the proper consideration of the practitioner's application.
- 1.2.2 The HCMC will make a non-binding recommendation on the practitioner's application to the NCMC, together with any comments the HCMC considers appropriate.
- 1.2.3 The hospital manager forwards the HCMC recommendation, together with accompanying documentation, including the Health and Personal Status form, to the NCMC.

1.3 Decision by NCMC

- 1.3.1 Southern Cross Hospitals has an absolute discretion to accept or decline any application for credentiailling or scope of practice and new services.
- 1.3.2 In making its decision, the NCMC shall consider all information (including the HCMC's recommendation) which in its opinion is relevant, and may seek any further information from the applicant, the applicant's referees, or any other source.
- 1.3.3 The NCMC may credential the applicant for a period of up to five years, or one year in the case of applicants aged 70 years and over.
- 1.3.4 The NCMC shall notify the applicant, the hospital manager and the HCMC of its decision.
- 1.3.5 The NCMC is not required to give reasons for its decision.
- 1.3.6 The NCMC has the absolute discretion to accept the credentials of a practitioner as granted by another organisation.

2. Maintenance of credentialled status

- 2.1 Credentialled practitioners are required to maintain: relevant professional registration, a practising certificate and professional indemnity insurance or membership of an indemnity organisation. Failure to do so may result in the practitioner's credentialled status being suspended or terminated.
- 2.2 Southern Cross Hospitals may verify that a credentialled practitioner has appropriate registration, a practising certificate and professional indemnity insurance or membership of an indemnity organisation at any time by requesting the practitioner to provide information or by direct approach to a regulatory authority or indemnity organisation.
- 2.3 All credentials are granted on the condition that the credentialled practitioner immediately notifies the hospital manager of any circumstance that might reasonably affect a practitioner's credentialled status or scope of practice or ability to practise (examples of circumstances that could affect a practitioner's credentialled status are provided in the Southern Cross Hospitals Credentialling and Defining Scope of Practice Guide). Failure to notify the hospital manager may result in credentialled status being suspended or terminated, or the scope of practice being modified.
- 2.4 When notified of a circumstance to which 2.3 applies, the hospital manager will advise the HCMC, which will then advise the NCMC and provide any comment the HCMC chooses to make. The NCMC will decide whether in its opinion suspension or termination of the practitioner's credentialled status, or modification of their scope of practice, is required.
- 2.5 If the hospital manager becomes aware of any information that could affect the credentialled status or scope of practice, or ability to practise or require further review, the hospital manager may convey that information to the CEO or the NCMC.

3. Re-credentialling

- 3.1 At the end of the practitioner's credentialling term, and at age 65 years, a practitioner will be required to apply again for re-credentialling. From the age of 70 years a practitioner will be required to apply each year for re-credentialling.
- 3.2 Provided that an application is made at least one month before the expiry of the practitioner's credentialled status, a practitioner remains credentialled until the NCMC makes a decision on the application.
- 3.3 The NCMC may, in its absolute discretion, determine the process and scope of any individual re-credentialling application or re-credentialling generally.
- 3.4 Where a practitioner is absent from Southern Cross Hospitals for a length of time, or performs a reduced volume of clinical cases at Southern Cross Hospitals, or for any other circumstance such that the NCMC considers the practitioner's scope of practice or credentialled status may not be appropriate, the NCMC can require a practitioner to apply for re-credentialling.
- 3.5 If the NCMC considers that a practitioner may have a physical or mental condition, or a personal circumstance such that the practitioner's performance or behaviour falls below Southern Cross Hospitals' expectations, the NCMC may determine that the practitioner's credentialled status is terminated and the practitioner must apply for re-credentialling. The NCMC may require medical reports and any other information as part of the re-credentialling application.
- 3.6 Where an application for re-credentialling has been declined, and either no appeal has been made or the appeal is unsuccessful, the practitioner may not make an application for re-credentialling for a period of two years from the later of the date of the declination or the date of the appeal decision.

4. Termination of credentialled status by practitioner

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| 4.1 Practitioners may terminate their credentials upon giving notice in writing to the hospital manager. | 4.2 Upon receipt of such notice, the hospital manager will advise both the HCMC and NCMC. |
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5. Interim measures

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| 5.1 If, in the opinion of any two (or more) members of the NCMC, action is necessary to ensure patients' welfare, or the good reputation of the organisation, or for any other reason those members consider sufficiently serious (whether or not a practitioner's credentialled status or scope of practice are under review) they may, without giving reasons, do either of the following: <ul style="list-style-type: none">• suspend a practitioner's credentialled status; or• modify a practitioner's scope of practice. | 5.2 Where members exercise the power under clause 5.1: <ul style="list-style-type: none">• they must notify the practitioner of their decision in writing; and• the NCMC must initiate a review under clause 6. |
| | 5.3 The HCMC may make a non-binding recommendation that the NCMC suspend a practitioner's credentialled status, or modify a practitioner's scope of practice. |
| | 5.4 NCMC may also notify other relevant persons, bodies or organisations in the event that the NCMC considers it is appropriate to do so. |

6. Review of credentialled status

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| 6.1 The CEO or NCMC may receive, or seek, any information that may be relevant to a practitioner's credentialled status or scope of practice, or other issue that may require further investigation. | 6.4 If convened, the CTC is responsible for making a non-binding recommendation to the NCMC. |
| 6.2 The NCMC may review the performance or behaviour of a practitioner, the scope of practice, or the appropriateness of a practitioner continuing to be credentialled with Southern Cross, at any time. | 6.5 The NCMC will notify the practitioner of its decision (without needing to give reasons), which may include amendment of scope of practice, imposition of conditions on credentialled status or scope of practice, suspension, termination of the practitioner's credentialled status, or any other action which the NCMC considers appropriate. |
| 6.3 In undertaking any review, the NCMC may convene a CTC. Practitioners must comply with the requirements of the CTC. | |

7. Scope of practice changes and review

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| 7.1 A practitioner may restrict his or her scope of practice at any time by notifying the hospital manager in writing. The hospital manager will then notify the HCMC and NCMC. | 7.3 If the CEO has initiated the review, the CEO will notify the NCMC of the result of the review and the NCMC will decide what, if any, action needs to be taken. |
| 7.2 The NCMC or the CEO may initiate a review of a practitioner's scope of practice at any time. Any such review will be in accordance with Section 6. | |

8. Temporary and special purpose credentialling

8.1 Temporary credentialling - registered health practitioner pending decision on credentialling

- 8.1.1 The hospital manager may grant a practitioner temporary credentials, and a temporary scope of practice, at any stage after the practitioner has applied for credentialling and before the NCMC has made a decision on the application. The granting of temporary credentialling is solely at the hospital manager's discretion.
- 8.1.2 Before granting temporary credentials to any practitioner, the hospital manager and at least one specialist medical practitioner member of the HCMC whom the hospital manager has consulted, must be satisfied that the practitioner ought to receive temporary credentials; and to that end the hospital manager may require such references as may be necessary to be so satisfied.
- 8.1.3 The hospital manager may grant a practitioner temporary credentials for a period of up to three months. In exceptional circumstances this may be extended by the hospital manager for up to a further three months.
- 8.1.4 A practitioner who is granted temporary credentials will not necessarily be granted full credentials.
- 8.1.5 A practitioner's temporary credentialling automatically terminates upon the NCMC advising of its decision on the practitioner's application, whether or not that decision is appealed.
- 8.1.6 The hospital manager will keep a record of temporary credentials granted.

8.2 Special purpose credentialling - other clinical team members 'invitees'

- 8.2.1 Where a practitioner credentialled at Southern Cross Hospital invites another practitioner or other visitor ('invitee') to be present or to assist in any procedure, then that credentialled practitioner is responsible for
 - i) informing the hospital manager in advance
 - ii) ensuring that the invitee is properly qualified and competent to carry out the required tasks
 - iii) ensuring the invitee completes and signs the special purpose credentialling form
 - iv) supervising the performance and behaviour of the invitee at all times.
- 8.2.2 Special purpose credentialling is generally intended for persons who will not have regular ongoing attendance at Southern Cross Hospitals. It would be rare for any invitee with special purpose credentialling to admit patients to a Southern Cross Hospital.
- 8.2.3 The granting of special purpose temporary credentialling is solely at the hospital manager's discretion.
- 8.2.4 The hospital manager may grant special purpose credentials for a specified period with at least one satisfactory reference from a credentialled practitioner inviting the invitee, or in the case of a technical expert, the hospital manager being satisfied that the invitee represents a reputable organisation.
- 8.2.5 Special purpose credentialling may be used where Southern Cross Hospitals and a District Health Board (DHB) or another organisation enter into a clinical service contract and where that contract does not provide for that organisation's employees' access to Southern Cross Hospitals to perform the contract.
- 8.2.6 The hospital manager will keep a record of special purpose credentials granted.

8.3 Termination of temporary and special purpose credentialling

- 8.3.1 The hospital manager, CEO or NCMC may terminate any person's temporary or special purpose credentials with immediate effect and without cause at any time by giving written notice.
- 8.3.2 For the avoidance of doubt, clause 9 shall not apply to the termination of temporary or special purpose credentials.

9. Termination on notice

The NCMC may terminate a practitioner's credentialled status at any time without cause by giving the practitioner three months notice in writing, or less than three months notice if reasonably needed for business reasons.

10. Appeals

- | | |
|--|---|
| <p>10.1 A practitioner may lodge an appeal to the BCRC of Southern Cross Hospitals Limited whenever the:</p> <ul style="list-style-type: none">• NCMC declines an initial application or reapplication for credentialling;• practitioner is not satisfied with the practitioner's scope of practice as defined by the NCMC;• NCMC terminates the practitioner's credentialled status;• NCMC modifies the practitioner's scope of practice for a period longer than three months; or• NCMC suspends the practitioner's credentialled status for a period longer than three months. <p>10.2 The sole ground of an appeal under 10.1 is that the process followed by the NCMC was unfair.</p> <p>10.3 There is no right of appeal from a decision:</p> <ul style="list-style-type: none">• related to temporary or special purpose credentialling;• by the NCMC to modify a practitioner's scope of practice for a period less than three months; or• by the NCMC to suspend a practitioner's credentialled status for a period less than three months. | <p>10.4 All appeals must be lodged within one month of the date of the decision being appealed.</p> <p>10.5 All appeals must be in writing, setting out the basis upon which it is alleged that the NCMC's process was unfair and must be accompanied by all information the practitioner relies on for the practitioner's appeal.</p> <p>10.6 The BCRC may follow whatever procedure for the appeal as appears to it necessary or expedient.</p> <p>10.7 If the BCRC decides to uphold an appeal, it must:</p> <ul style="list-style-type: none">• give written reasons to the practitioner identifying the procedural unfairness that in its opinion justifies its decision to allow the appeal; and• remit the matter to the NCMC for re-hearing in accordance with 6.2 – 6.5. <p>10.8 If the BCRC decides to decline an appeal it must notify the practitioner of the decision, but is not required to give reasons.</p> <p>10.9 The BCRC will advise the hospital manager, the HCMC and the NCMC that there has been an appeal and the outcome of the appeal.</p> |
|--|---|
-



Guideline to application to modify scope of practice – additional services, procedures or techniques **STEP B**

Introduction

This guideline is designed to assist credentialled practitioners to modify their existing scope of practice to include additional techniques, procedures and services which they had not previously defined as part of their current scope of practice at one or more of our Southern Cross Hospitals facilities.

This process is designed to ensure that there are no unnecessary constraints or time delays with respect to extending your defined scope of practice within the STEP B procedure.

For details of how to include new techniques, procedures and services, STEP C, please refer to page 2 of Appendix 2.

Application and approval process

As a first step in the process of adding additional services, procedures or techniques to your scope of practice, please contact your hospital manager.

The hospital manager will provide you with the form for completion (Defining Scope of Practice Application Form 2 STEP B section, pages 3 and 5 of Appendix 5). You should attach relevant supporting documentation e.g. relating to your recent training, practice, quality assurance, a current CV and continuing professional development programme or as required by the hospital manager. The hospital manager may seek a recommendation from the HCMC in support of the application and may provide temporary approval pending confirmation by the NCMC.

Guideline to application to modify scope of practice – new, advanced services, procedures or techniques

STEP C

Introduction

The introduction of new and innovative treatment options, and investment in the very best facilities and care to support these, has long been a characteristic of Southern Cross Hospitals.

This guideline is designed to assist credentialled practitioners to modify their existing scope of practice to include new, advanced techniques, procedures and services at one or more of our facilities.

This process recognises both the importance of adopting new technology and new practices in surgery and anaesthetics, but also that these must be supported by the development of appropriate hospital facilities and services. The dynamic and evolving nature of surgical treatment can mean that what is initially considered to be a new technique or technology, may quickly become a standard practice, or it may continue to be accepted as complex and highly-specialised.

As you will be aware, the purpose of Defining Scope of Practice is to ensure safe practice for you and your patients. This means:

- Patients receive top-quality care from hospital staff and specialists
- Practitioners understand hospital procedures and follow best practice
- Practitioners are protected by clear and defined processes
- Hospital facilities and support services match the specialist's scope of practice.

Application and approval process

As a first step in the process of extending your scope of practice, please contact your hospital manager.

The hospital manager will provide you with the required form for completion (Defining Scope of Practice Application Form 2 STEP C section pages 3 and 5 of Appendix 5 and Table i and ii of Appendix 2). You should attach relevant supporting documentation e.g. relating to your recent training, practice and quality assurance and any other information required by the hospital (Appendix 2 Tables i and ii).

The flowchart on the following page provides an overview of the process.

Modifying Scope of Practice – new services, procedures or techniques

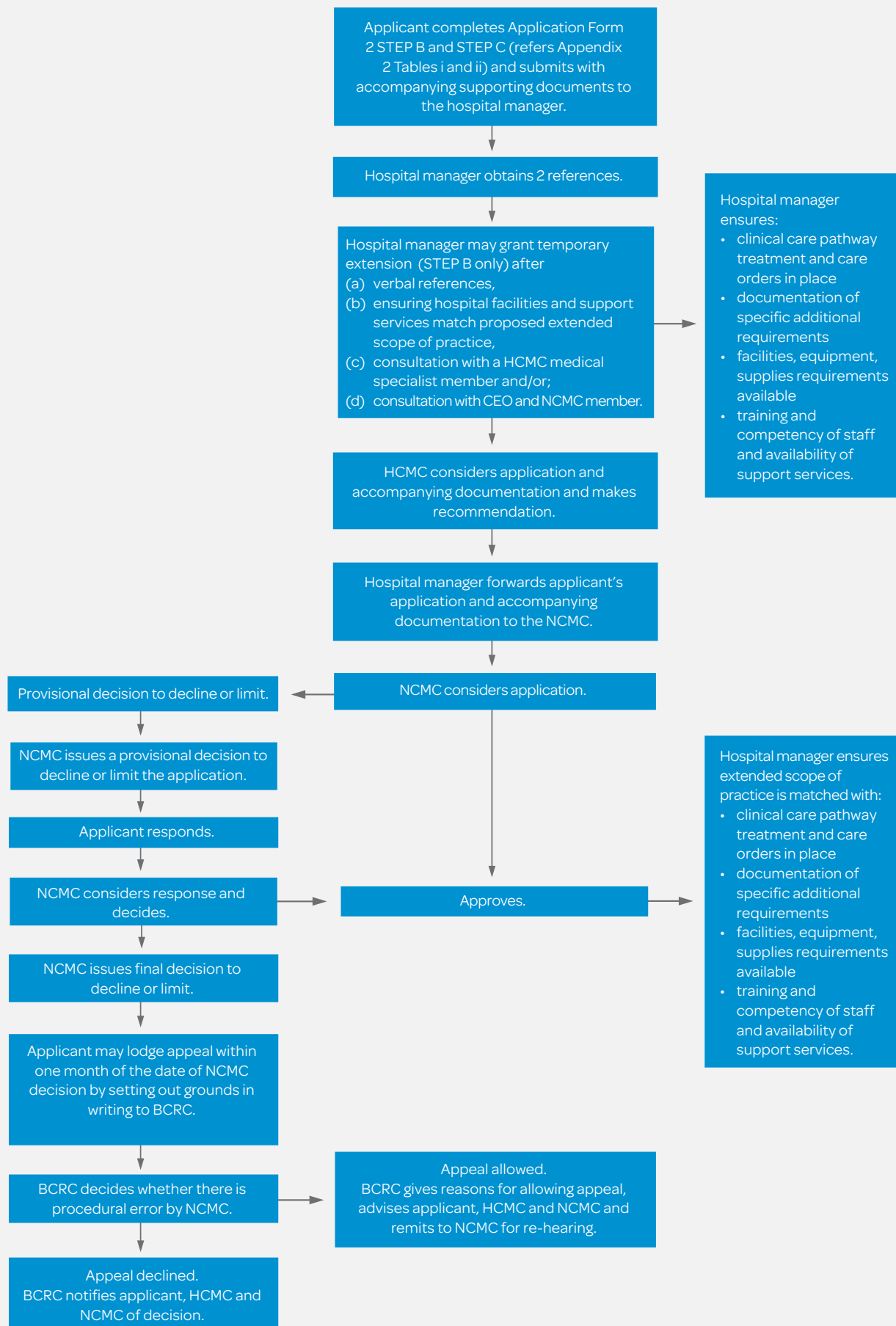


Table i, STEP C Defining scope of practice

'Living Document' subject to review

VOCATIONAL SPECIALTY	SUGGESTED EXAMPLES OF EXTENSION FROM STANDARD SCOPE OF PRACTICE
Anaesthetics	<ul style="list-style-type: none"> • Paediatrics (neonates < 6 months) • Paediatrics (> 6 months < 3 years) • Neurosurgical, cardiac and thoracic surgery
Cardiology and Cardiac Surgery	<ul style="list-style-type: none"> • Device therapy e.g. implantation of intracardiac defibrillation and synchronisation therapy • Cardiac catheterisation • All cardiac surgery including TOE, Tavi, Mitral clips, Structural Cardiac Intervention • Angiography, angioplasty and stenting
General Surgery	<ul style="list-style-type: none"> • Bariatric surgery • Colorectal surgery (laparoscopic and open) • Intrathoracic surgery • Advanced laparoscopic and laser surgery • Hepatic segmental resection • Intra-operative radiotherapy
Neurosurgery	<ul style="list-style-type: none"> • Craniofacial modelling for congenital abnormalities • Endovascular coils for aneurysms • Resection of brain tissue • Deep brain implants for movement disorders • Complex spinal surgery where major fusion is undertaken and this links with orthopaedic procedures
Orthopaedics	<ul style="list-style-type: none"> • Use of spinal implants including pedicle screws • Anterior spinal fusion • Spinal disc replacement • Hip arthroscopy • Peri-acetabular osteotomy (e.g. Ganz) • Major tumour surgery
Otolaryngology Head and Neck Surgery	<ul style="list-style-type: none"> • Advanced head and neck tumour resections parotidectomy, mastoidectomy, ossicular reconstruction and neurotology tumours • Acoustic neuroma surgery • Advanced endoscopic sinus surgery requiring navigation equipment • Cochlear implant surgery • Stapedectomy
Gynaecology	<ul style="list-style-type: none"> • Level 3, Level 4 and above laparoscopic procedures • Hysteroscopic resections (e.g. of fibroids) • Pelvic reconstruction with mesh • Any sub-urethral tapes (e.g. TVT, SPARC & transobturator variants) • Uterine cancer treatment and lymph node sampling • Intra-operative radiotherapy
Ophthalmology	<ul style="list-style-type: none"> • Vitreoretinal surgery
Paediatric Surgery	<ul style="list-style-type: none"> • Advanced laparoscopic procedures • Chest wall deformities • Hepatic segmental resection • ERCP • General surgery on neonates without paediatrician recommendation
Plastic Surgery	<ul style="list-style-type: none"> • Congenital malformations of the head, neck, hand surgery • Cranio-facial surgery • Advanced laser procedures
Urology	<ul style="list-style-type: none"> • Laparoscopic urology • Intra-operative radiotherapy (e.g. radioactive seed insertion) • Total cystectomy • Robotic-assisted prostatectomy
Other	<ul style="list-style-type: none"> • Robotic procedures • Adjunct therapy complementary to the primary procedure/surgery • Unconventional; alternative therapy; and/or complementary medicines e.g. use of herbals, non herbals and other preparations not designated as approved pharmaceuticals in NZ or other unconventional use of preparations • Some experimental treatments (will also require research approval from NCMC)

Table ii

STEP C Guideline to application to modify defined scope of practice – new services, procedures or techniques

'Living Document' subject to review

If you wish to practise an advanced, complex, highly specialised, controversial, complementary, alternative, unconventional, emerging and or new technology, technique, procedure (or a significant revision of an existing procedure) or service you will need to provide the following information in writing before approval to perform the new procedure can be granted:

1. Name of procedure or technique
2. Name of individual or group making the application
3. Has the procedure or technique been used elsewhere? If yes, please state a) where in New Zealand and b) where internationally
4. Do you have colleagues who perform this procedure or technique or technology?
If yes, please provide details including where are they located
5. Does this new procedure replace current procedures? If yes, does this procedure have advantages over current procedures? How?
6. Has this procedure been evaluated elsewhere? For example INAHTA, Cochrane Collaboration, ASERNIPS-S, MSAC, N-SERNIP(UK), SERNIP (Safety and Efficacy Register of New Interventional Procedures), Professional College or sections thereof, publications, clinical trials, information from internal and/or external peers.
7. If the procedure involves the use of a new medical device, has the device been approved for this purpose by the Department of Health Therapeutic Goods Administration/NZ Ministry of Health Medsafe WAND?
8. Are there discrete training requirements for the proposed procedure? These should be provided.
9. Has a patient information sheet been prepared? Have patient discharge instructions been prepared?
10. Will outcomes be monitored by a database or register?
11. Will outcomes be reviewed regularly? How?
12. If the procedure carries with it a risk for adverse events, are there criteria for reviewing outcomes before any further procedures are performed? Your application should highlight relevant risks and your risk mitigation strategy. An explanation as to how the nature of the consent will be undertaken and provide any specific forms to be used.
13. Are there special nursing staff requirements? Provide details of preadmission, admission, intra-operative postoperative and discharge nursing care requirements.
14. Provide details of any special equipment and or supplies required.
15. Have you prepared a comprehensive clinical care pathway or plan?
16. Will you provide teaching sessions for our OR services and Ward/Day Stay nursing teams?
17. If the procedure requires additional expenses or costly consumables or implants, has the patient been fully informed?
18. If the procedure requires additional expenses or costly consumables or implants, what arrangements are being made for procurement at the best possible price?
19. The number of cases anticipated to be performed per annum.
20. Have you applied to perform this procedure elsewhere and been refused?
21. Have you applied to perform this procedure elsewhere and been approved?
22. Have you sought an opinion from medical insurance funding organisations? Will the patients get funding by their insurer for this procedure?
23. Have you sought advice from your professional indemnity insurer and notified them of your interest in extending your scope and what is their advice?
24. Have you consulted with your college or other professional body and what is their advice or position?
25. Is the procedure or technique included in your District Health Board scope of practice?
26. Have you applied for any healthcare sector ethical approvals associated with this service, procedure or technique at anytime? If yes, please list the names of the ethics research committees and the names of the healthcare providers or hospitals ethical approval group or committee.
27. Has your application for ethical approval been declined? If yes, please provide and attach details.
28. Has your application for ethical approval been approved? If yes, please provide and attach details.
29. Provide details of quality improvement activities, e.g. participation in professional development activities, completion of any quality improvement or performance review recommendations or action plans, additional training, clinical audits, case and peer reviews.
30. Who will provide care in your absence?
31. Other questions may be included.

Adapted from ASERNIPS-S



Guideline to special purpose credentialling application by other clinical team members 'invitees', for access to the patient care environment to perform a specialised activity or practice.

Abbreviations and terms

Credentialed practitioner: Surgeon, physician, anaesthetist who is fully credentialed to admit and treat patients and who takes full responsibility for their invitee's performance and behaviour at all times.

Other clinical team member/s: Assistants, visiting professionals, technical experts who are not employees of Southern Cross Hospitals

Invitee: Other clinical team member, as above.

Terms of Access to Patient Care Environment: A model which shows the category of persons, the purpose for access, examples, and the authority for access (see page 3 of Appendix 3).

Introduction

Southern Cross Hospitals is committed to providing quality care. In line with that commitment Southern Cross Hospitals recognises the need:

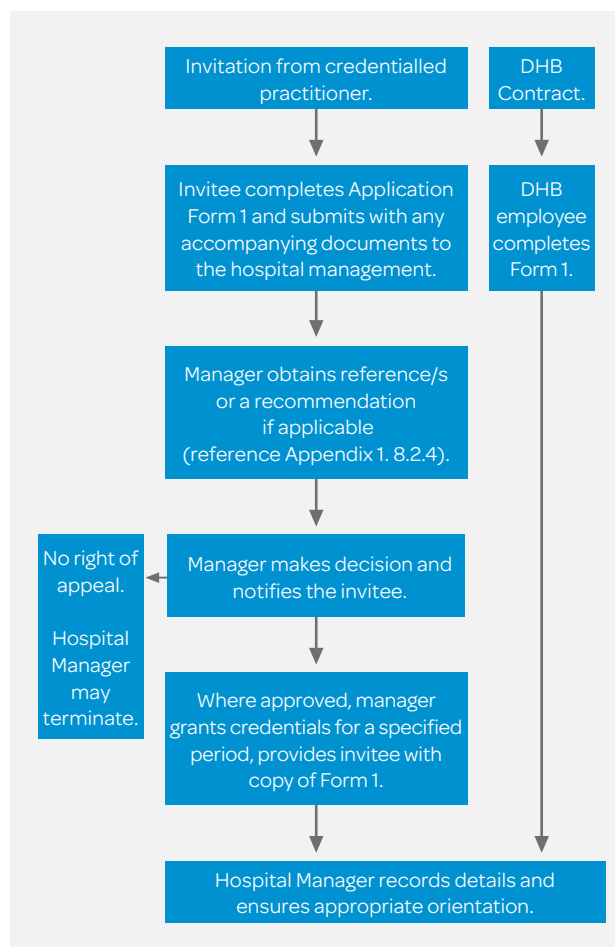
1. For its credentialed practitioners to have the right to invite other clinical team members to assist when providing patient care. It also requires that other clinical team members are credentialed or have patient consent (Terms of Access to Patient Care Environment – page 3 of Appendix 3) before being permitted to access the patient care environment.
2. To provide access for DHB (or other organisation) employees to undertake DHB (or other organisation) contracts.

1. Other clinical team members: invitees

1.1 Invitation

This section outlines the responsibilities of those other clinical team members 'invitees' who are granted special purpose credentialling in order to assist credentialed practitioners. Other clinical team members 'invitees' do not provide independent patient care. Any involvement in patient care must be under the authority and or direction or oversight

The following flowchart provides an overview of the special purpose credentialling processes



of the credentialed practitioner. The credentialed practitioner is responsible for ensuring the invitee is properly qualified and competent to carry out the required tasks. The credentialed practitioner is responsible for the invitee's performance and behaviour at all times.

Other clinical team members 'invitees' are required to comply with Southern Cross Hospitals' policies and processes and the expectations of credentialed

practitioners as set out in the Southern Cross Hospitals Credentialling and Defining Scope of Practice Guide as amended from time to time.

It is the responsibility of the other clinical team members to ensure that they are familiar with Southern Cross Hospitals' expectations which are set out in policy documents and guides available from the hospital or website. If the other clinical team members 'invitees' have any questions about these expectations they should be raised with the hospital management and the credentialled practitioner.

This guideline is to assist other clinical team members 'invitees' applying for special purpose credentialling.

1.2 Application and approval process

The steps in the process (see Appendix 18.2) are:

- The surgeon/credentialled practitioner would inform hospital management of the need for the assistance and provide a verbal reference as to the suitability of the individual and or the reputation of the organisation;
- The hospital management provides the other clinical team member with the special purpose credentialling form for completion (see Appendix 3 Form 1) including access to the Credentialling and Defining Scope of Practice Guide and any other information; and receives any relevant attachments to support the application.
- The hospital manager will make a decision and if approved state the term of the credentialled period on the form and gives the applicant a copy.

2. DHB and Southern Cross Hospitals contract

2.1 DHB (or other organisation) contracts and DHB (or other organisation) employee access

District Health Board employees are required to acknowledge that they have read and understood the Southern Cross Hospitals Credentialling and Defining Scope of Practice Guide and agree to be bound by the Guide, as amended from time to, subject to any specific terms of the contract between the Southern Cross Hospitals and the District Health Board.

2.2 Application and approval process

Where Southern Cross Hospitals and a District Health Board (or other organisation) have entered into a contract to provide clinical services:

- The District Health Board employee completes a Special Purpose District Health Board contracts credentialling form (see Appendix 3 Form 1)
- The hospital manager records details and ensures appropriate orientation.

TERMS OF ACCESS TO PATIENT CARE ENVIRONMENT

Category	Employees	Businesses or contractors	Credentialed practitioners	Special purpose credentialed invitees (OCTM)	Other clinical team members (OCTM)	Visitors
Purpose	Care providers and support	Service providers	Care providers	OCTM not providing direct care OCTM in care provision DHB contract DHB employees in care provision	OCTM may provide supervised involvement in care delivery	Not providing direct care (see*)
Example	Registered health practitioners e.g. nurses, clinical & support team	Laboratory, radiology, allied services, interpreters, auditors service providers	Surgeons, anaesthetists, physicians, registered health practitioners, interventional radiologists	Invitees: Assistants, visiting experts, technical experts DHB employed surgeons, anaesthetists, physicians, qualified medical trainees, nurses or other healthcare practitioners	Student nurses and qualified medical trainees	Observer Support person Other e.g. media *researcher
Authority	Individual employment agreement, role description, PPR, APC if applicable PDRP where appropriate	Service arrangement, or agreement where appropriate, request by registered health practitioner	Credentialed includes applicable: reference/s, APC and indemnity insurance Appendix 4 and 5 Forms 1-4 Stated defined scope of practice or activity	Invitation from a credentialed practitioner Special purpose credentialed includes applicable: reference/s, APC and indemnity insurance. Appendix 3 Form Provides direct patient care: Stated defined scope of practice or activity. Not providing direct patient care i.e. providing services: Stated activity	Arrangement with education provider or college or credentialed practitioner Patient Admission form Agreement Patient has right to decline their presence or contribution to care delivery	Patient consent Patient admission form, consumer rights visitors procedures *NCMC research application approval and may also require OCTM special purpose credentialed

APPLICATION DETAILS

Name: _____

Address: _____

Phone: _____ **Mobile:** _____ **E-mail:** _____

State health profession or occupation: _____

Organisation/Company, DHB or other organisation: _____
(attach business card, if applicable)

Current practising certificate Please tick: **yes** ☐ **no** ☐ _____
(PLEASE SPECIFY WHICH ORGANISATION)

Current indemnity cover Please tick: **yes** ☐ **no** ☐ _____
(PLEASE SPECIFY WHICH ORGANISATION)

PURPOSE: SCOPE OF PRACTICE OR ACTIVITY OR SERVICE

PLEASE COMPLETE A, B OR C AS APPROPRIATE:

A: I have been invited for the purpose of providing direct patient care

(STATE SCOPE OF PRACTICE OR ACTIVITY)

I have been invited by : _____
(PLEASE SPECIFY NAME/S OF THE SOUTHERN CROSS HOSPITALS CREDENTIALLED PRACTITIONER/S)

B: I have been invited for the purpose of providing services to the clinical team (NOT PROVIDING DIRECT PATIENT CARE)

(STATE SCOPE OF PRACTICE OR ACTIVITY)

I have been invited by : _____
(PLEASE SPECIFY NAME/S OF THE SOUTHERN CROSS HOSPITALS CREDENTIALLED PRACTITIONER/S)

C: I am providing services for the purposes of carrying out the DHB or other organisation contract at Southern Cross Hospitals in my role as:

(STATE EMPLOYMENT JOB TITLE / ROLE)

Name or contract reference number _____

AGREEMENT AND DECLARATION

I acknowledge and understand that:

- My special purpose credentialled status is conditional on my compliance with Southern Cross Hospitals' expectations set out in its policies, this form, and the Southern Cross Hospitals Credentialling and Defining Scope of Practice Guide as amended by Southern Cross Hospitals from time to time, which are available from the hospital or website.
- Southern Cross Hospitals is able to terminate my special purpose credentialled status at any time.
- Southern Cross Hospitals will rely upon information that I supply, and that if any information is false, misleading or withheld this could lead to the termination of my special purpose credentialled status.
- Southern Cross Hospitals may use this information for credentialling, governance and business planning purposes.

Signed: _____ **Date:** _____ ☐ tick if attachments

MANAGER TO COMPLETE

Credentialled term: Months/Years _____

Expiry date: _____

Manager's Name: _____ **Hospital Name:** _____

Position: _____

Signed: _____ **Date:** _____



Credentialling and defining scope of practice at Southern Cross Hospitals application forms

These forms should be completed online upon receipt of a credentialling application or renewal email from us. The forms are included here for completeness as their content is integral to the revised policy.

GUIDELINE

FORM 1

Credentialling application - STEP A

FORM 2

Defining scope of practice application - STEP B and STEP C

FORM 3

Health and personal status (confidential) - STEP D

FORM 4

Agreement - STEP E

Supporting documents (if provided) - STEP F

Guideline to 5 yearly re-credentialling application – for practitioners aged up to 65 years

Introduction

This guideline assists credentialled practitioners aged up to 65 years of age to undertake the five yearly process of re-credentialling.

It is essential Southern Cross Hospitals has your up-to-date contact details and details of your current scope of practice.

To assist you a copy of your previously completed forms may be provided. Online eCredentialling provides the preferred process.

Application and approval process

The hospital manager will provide you with the instructions.

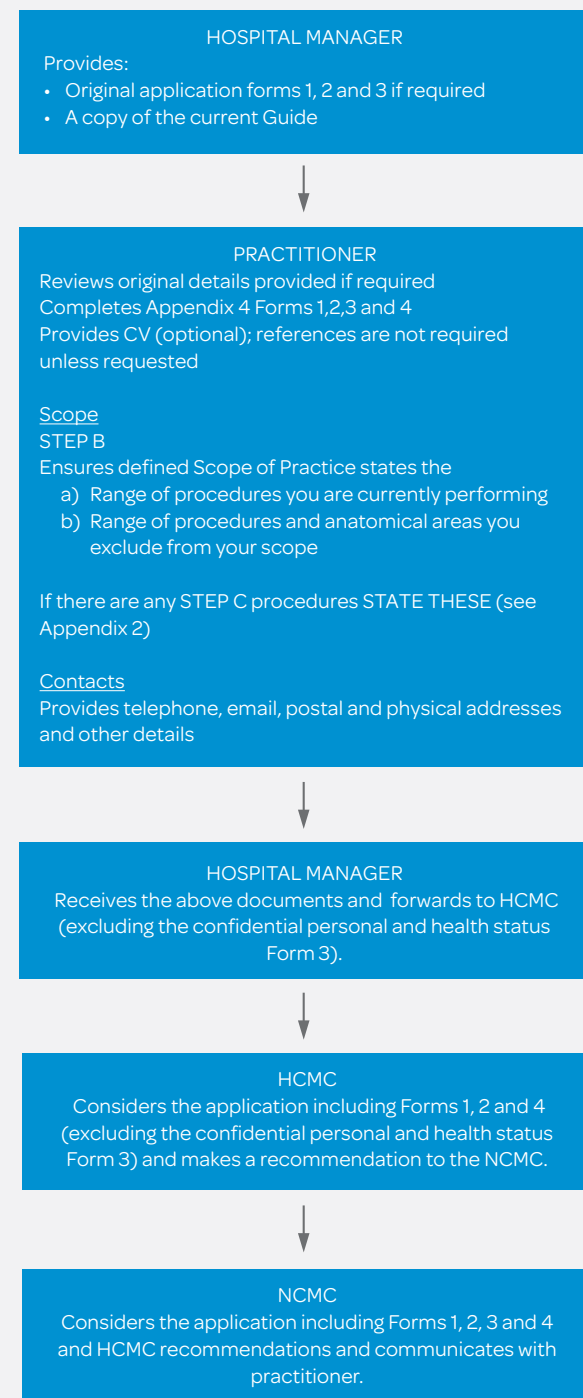
You should

Complete the new forms and return your completed documents to the hospital manager within a fortnight of receipt. A CV is optional and unless requested by HCMC or NCMC references are not being sought.

The HCMC will review Forms 1, 2 and 4 (the HCMC does not receive your confidential Personal and Health Status Form 3). The HCMC makes a recommendation to the NCMC. The NCMC may seek further information before deciding and communicating with you.

NOTE: At the age 65 Appendix 5 forms are completed

5 YEARLY RE-CREDENTIALLING PROCESS



STEP A

PERSONAL DETAILS

Preferred title:

Prof ☐ A/Prof ☐ Mr ☐ Mrs ☐ ☐ Ms ☐ Miss ☐ Dr ☐

First name(s): _____

Known as: _____

Surname: _____

E-mail (preferred): _____

Gender: Male ☐ Female ☐

Mobile: _____

Date of birth: _____

Collected for purposes of credentialling management and business planning

CONTACT: POSTAL ADDRESS

Street/PO Box: _____

Suburb/city: _____ Postcode: _____

CONTACT: ROOMS

Practice Name: _____ Suite/Unit Number: _____

Street: _____

Suburb/city: _____ Postcode: _____

Phone: _____ Fax: _____

Email (if different from above): _____

CONTACT: RESIDENCE

Street: _____

Suburb/city: _____ Postcode: _____

Phone: _____ Email (if different from above): _____

Please circle your after-hours contact preference, in order of priority:

Preference 1: _____

Preference 2: _____

Preference 3: _____

Name of spouse or partner (Optional – for hospital invitation list only): _____

CONTACT: PERSONAL EMERGENCY

Name and contact details of person to inform in case of a personal emergency

Relationship: _____ First name: _____

Last name: _____ Phone (home): _____

Phone (work): _____ Mobile: _____

PROFESSIONAL DETAILS

REGISTRATION

Medical Council/other Registration number: _____ Practising Certificate expiry date: _____

MOH Health Practitioner Index number: _____

Medical /Council of NZ Registration type:

☐ General ☐ Vocational ☐ Special purpose ☐ Provisional general ☐ Provisional vocational

☐ Please tick to confirm copy of Annual Practising Certificate attached

INDEMNITY

Indemnity organisation: _____

Membership no: _____ Expiry date of membership: _____

☐ Please tick to confirm copy of Certificate of Membership or confirmation of cover attached

EDUCATION AND ACTIVITIES

Qualifications:

Qualifications include: undergraduate, postgraduate and recognised training for specialist qualifications

For each qualification, on a new line, please enter details for: Qualification, university/organisation, year obtained

Qualifications: _____ Place obtained: _____ Year: _____

Qualifications: _____ Place obtained: _____ Year: _____

Qualifications: _____ Place obtained: _____ Year: _____

Additional training and clinical experience:

With respect to the credentials you applied for please enter details of additional/extra training that has been undertaken for procedural skills or subspecialties outside of basic training and attach supporting documentation e.g. certificates. Please provide details of relevant clinical learning experiences.

Academic appointments/teaching experience:

For each appointment, on a new line, please enter details for: organisation, status/level, term of appointment (start date - end date)

Continuing medical education/continuing professional development:

Provide details of your involvement in current continuing medical education/continuing professional development

For each item, on a new line, please enter details for: name of college/organisation program, currently enrolled, date completed (if applicable)

Organisation: _____

Organisation: _____

DHB or other hospitals or specialty quality assurance meetings you regularly attend:

e.g. Peer review, mortality and morbidity, case review meetings

Curriculum vitae:

☐ Please tick to confirm CV attached (optional).

☐ Tick box if additional pages attached.

COLLEGIAL SUPPORT

State the details of Southern Cross credentialled colleagues who have agreed to provide support including backup cover, professional, emergency

Position: _____

First name: _____ Last name: _____

Phone (home): _____ Phone (work): _____ Mobile: _____

Position: _____

First name: _____ Last name: _____

Phone (home): _____ Phone (work): _____ Mobile: _____

VOCATIONAL SPECIALTY

Please state Vocational Specialty

STEP B - WITHIN YOUR VOCATIONAL SPECIALTY PLEASE STATE OR DEFINE YOUR SCOPE OF PRACTICE INCLUDING

The range and type of procedures you are applying to perform:

The range and type of procedures you do not intend to perform:

Any procedures or anatomical areas you wish to exclude from this scope:

Do you wish to perform any procedures listed in Table i Appendix 2 page 4 or perform any other advanced, complex, highly specialised, controversial, complementary, alternative, unconventional, emerging or new technique, procedure (or significant revision of an existing procedure) or service?

☐ Yes ☐ No If No, STEP C does not need to be completed - please proceed to competency below.

STEP C

If yes, please refer to Appendix 2 Tables i and ii to guide your application, complete the application below, and attach relevant supporting information.

Details of procedure, technique or service:

Referees in support of advanced, complex, highly specialised, controversial, complementary, alternative, unconventional, emerging or new technique, procedure or service are required.

COMPETENCY

Where the procedures you perform include the use of technology or special techniques such as laparoscopy, laser, ultrasound, radiation or other equipment please provide details of courses, programmes, training or other steps you have taken to gain and maintain competence with those technologies and techniques:

☐ Please tick if additional pages attached

Where the procedures that you perform require special skills and an appropriate volume to maintain competence, (e.g. bronchoscopies, colonoscopies, gastrointestinal anastomoses) please list these procedures, indicate the numbers you propose to perform each year to maintain your competence in the procedure, and list details of other activities required to maintain and or develop your competence

☐ Please tick if additional pages attached

Are you performing sufficient numbers to maintain your competency?

☐ Yes ☐ No

CURRENT AND PREVIOUS POSITIONS HELD

Do you hold a current DHB appointment?

☐ Yes ☐ No - please provide details of how you manage your collegial relationships

If you hold an appointment at a DHB please state if your DHB scope of practice is different to the scope defined in this application?

☐ Please tick if additional pages are attached (e.g. DHB credentialled scope of practice information)

State the names of other organisations or locations at which you practise

Does your scope of practice at other locations differ to your current application at Southern Cross Hospitals?

Please note: you may be required to attach other documents relating to the DHB at the end of the application

☐ Yes - please provide details ☐ No

Please list other health related appointments you hold, including your own business practice(s), DHB(s) and other healthcare organisation(s)

Please list previous positions held and reasons for leaving:

☐ Please tick if additional pages attached

OTHER APPLICATIONS

Are you currently applying for credentialling at other organisations?

☐ Yes - please provide details ☐ No

Have you been declined credentialling at any other organisations including Southern Cross Hospitals?

☐ Yes - please provide details ☐ No

CURRENT AND PREVIOUS INVESTIGATIONS, ENQUIRIES, REVIEWS, COMPLAINTS AND/OR DISCIPLINARY

INCLUDE ALL: HDC, Coronial, ACC, Medical Council, DHB or other facility or other organisations

PREVIOUS investigations, enquiries, reviews, complaints, and/or disciplinary procedures or other (type and outcomes)

CURRENT investigations, enquiries, reviews, complaints, and/or disciplinary procedures or other (type and outcomes if matter concluded)

☐ Please tick if additional pages are attached

CONFIDENTIAL REFERENCES

STEP B REFEREES

List three referees from medical specialist colleagues in current practice, two of whom are active in the same speciality, who can provide an opinion on your clinical practice and suitability for the scope of practice application and would be willing to provide you with collegial practice support. Information from the Credentiailling at Southern Cross Hospitals Limited Application (excluding the private and confidential Health and Personal status form) may be provided to your referees.

Referee 1

Title:	Name:	Position:
Email:	Phone:	Mobile:
Street:	Town/city:	Postcode:

Referee 2

Title:	Name:	Position:
Email:	Phone:	Mobile:
Street:	Town/city:	Postcode:

Referee 3

Title:	Name:	Position:
Email:	Phone:	Mobile:
Street:	Town/city:	Postcode:

STEP C REFEREES

Referees in support of advanced, complex, highly specialised, controversial, complementary, alternative, unconventional, emerging or new technique, procedure or service are required.

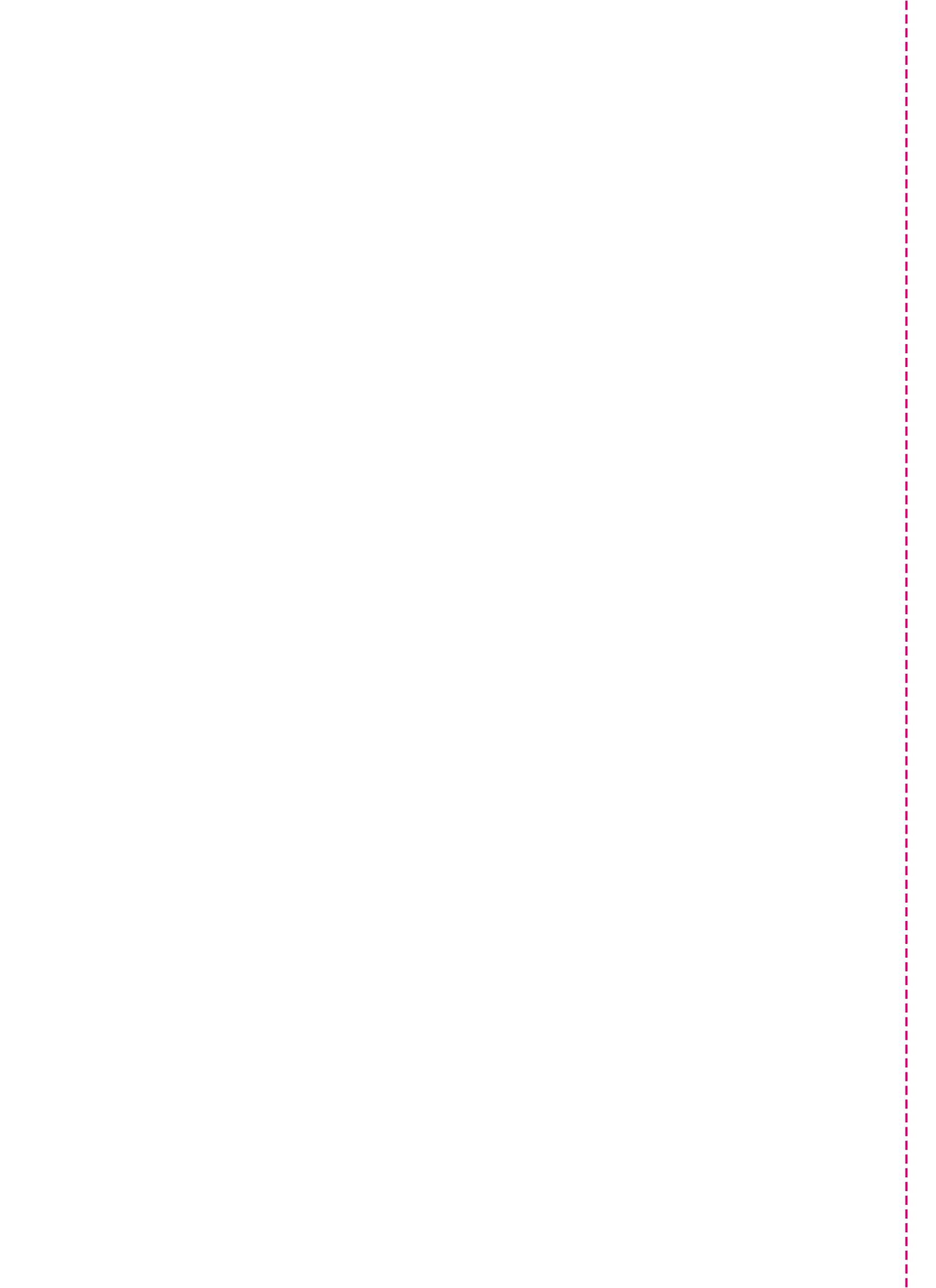
Referee 1

Title:	Name:	Position:
Email:	Phone:	Mobile:
Street:	Town/city:	Postcode:

Referee 2

Title:	Name:	Position:
Email:	Phone:	Mobile:
Street:	Town/city:	Postcode:

PRIVATE AND CONFIDENTIAL





PRIVATE AND CONFIDENTIAL STEP D

PERSONAL DETAILS

Name: _____

As you are applying to practise in a position of professional responsibility on Southern Cross premises, it is important that there is a high degree of trust and confidence in our relationship. It is necessary for us to ask you whether you have ever been the subject of any criminal charges or if you are awaiting the hearing of any such charges.

☐ No ☐ Yes - please provide details _____

HEALTH DETAILS

Do you have any current or long term conditions, or are you at present receiving medical treatment and/or medication which may affect your ability to effectively carry out your functions and responsibilities?

☐ No ☐ Yes - please provide details _____

Are you allergic to, or do you have sensitivities to any substance or chemical?

☐ No ☐ Yes - please provide details _____

Are you suffering from or have you been in contact with any diseases that may expose others within the hospital to any risk of infection?

☐ No ☐ Yes - please provide details _____

I agree to notify the hospital manager or National Clinical Medical Committee if my health status changes in a way that could affect my practice and/or the safety of others

☐ No ☐ Yes

Have you sought the advice of and or notified the Medical Council of health matters? ☐ No ☐ Yes - please provide details _____

DECLARATION

I understand that all personal information supplied on this form may be used by Southern Cross Hospitals to assess my fitness to practise and may be accessed by the Southern Cross Hospitals hospital manager, COO, CEO, NCMC, any CTC, and the BCRC for this purpose.

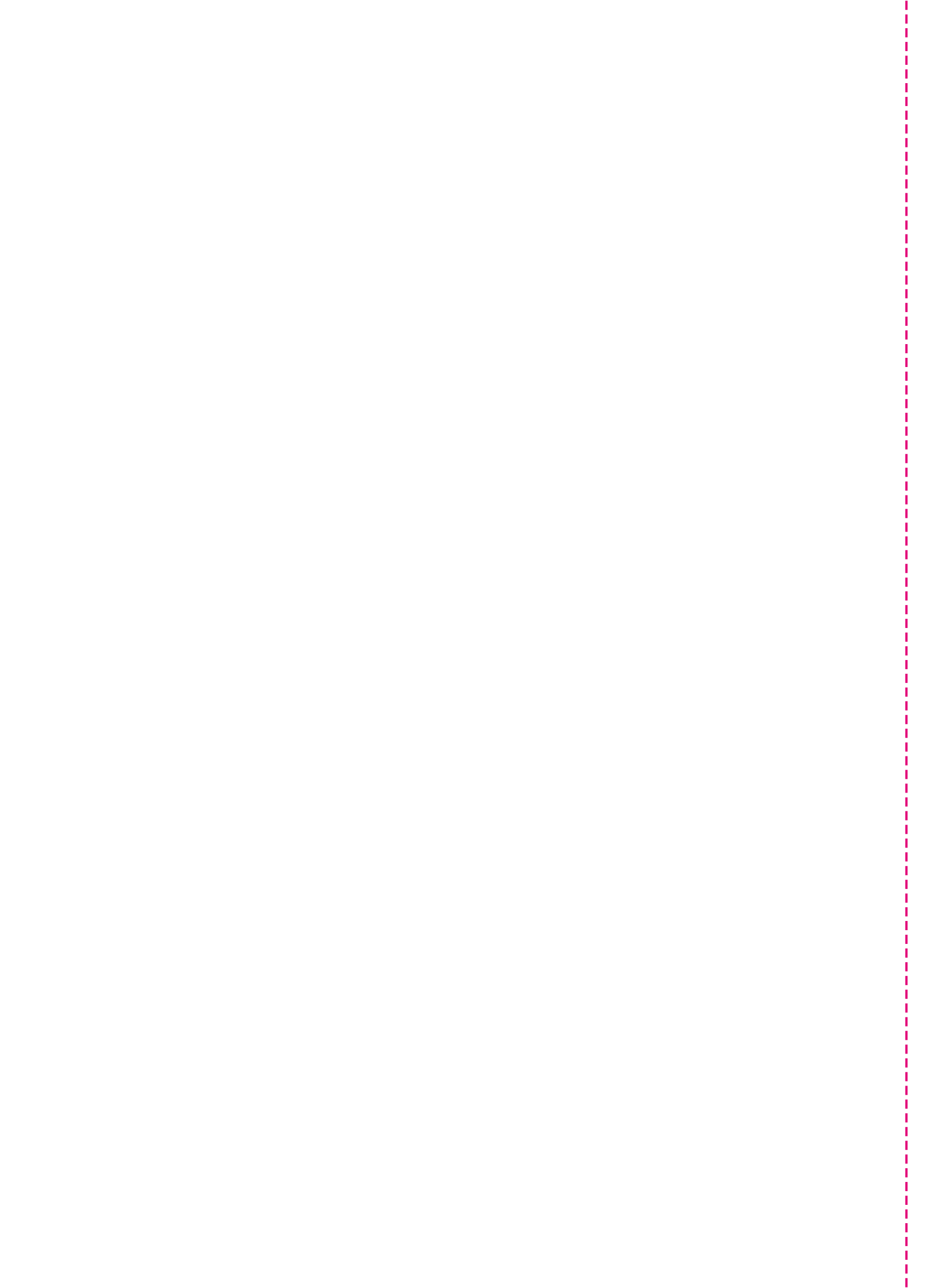
I declare that the information contained on this form is accurate and complete. I understand that the truth of the information provided by me is essential to and will be relied upon by Southern Cross Hospitals. I acknowledge that if I have falsified or withheld any information this may be grounds for termination of my credentialled status at Southern Cross Hospitals.

I also understand that this information will be kept secure and that I am entitled to have access to the information contained on this form, except where it relates to any exceptions provided by the Privacy Act 1993. I agree that this information may be retained by Southern Cross Hospitals for the purposes of considering any future applications or re-credentialling, unless I advise otherwise.

Signature: _____ Date: _____

Name: _____

PRIVATE AND CONFIDENTIAL



STEP E

CREDENTIALLING AND DEFINING SCOPE OF PRACTICE AGREEMENT

- I acknowledge that by submitting an application for credentialling, my application will be considered in accordance with the processes set out in Southern Cross Hospitals Credentialling and Defining Scope of Practice Guide as amended by Southern Cross Hospitals from time to time.
- I understand that all information supplied, collected and held by Southern Cross Hospitals may be used by Southern Cross Hospitals for purposes related to my credentialled status and scope of practice and for business planning purposes.
- I authorise Southern Cross Hospitals to make enquiries and obtain information from other sources when necessary for decisions on my credentialled status or scope of practice. I consent to these persons and institutions providing any such information required by Southern Cross Hospitals. I also understand and agree that this material may be provided in confidence as evaluative material and might not be disclosed to me.
- I consent to Southern Cross Hospitals providing information about me to other organisations, where in the opinion of Southern Cross Hospitals it ought to disclose that information in the interests of patient safety.
- I understand that information I provide will be kept secure and that I am entitled to have access to that information (except where it relates to any exception provided by the Privacy Act 1993) and to correct that information. I agree that my information may be retained by Southern Cross Hospitals for the purpose of considering any future issue relating to my credentialled status and scope of practice.
- I confirm that I am competent and trained to perform the procedures in the broad groups that I have stated.
- I agree to advise of any plans to change my defined scope of practice and I agree to follow the procedures for modifying my scope of practice.
- I agree to self-monitor my practise and my state of fitness to practise.
- I agree to notify the hospital manager or National Clinical Medical Committee if my health status changes in a way that could affect my practice and/or the safety of others.
- I understand that any refusal by me to follow Southern Cross Hospitals policy is entirely at my risk and Southern Cross Hospitals will not be liable to me for any harm arising.
- I declare that the information contained on the Credentialling application Form 1, Defining scope of practice Form 2, and Personal and health status Form 3 (or the electronic 'form') is accurate and complete. I understand that the truth of the information provided by me is essential to and will be relied upon by Southern Cross Hospitals. I acknowledge that, if I have given false information, or have withheld any information, or have otherwise misled Southern Cross Hospitals, this may be grounds for the termination by Southern Cross Hospitals of my credentialled status with Southern Cross Hospitals.
- I agree to give reasonable notice in advance of my inviting another clinical team member ("invitee") to be present or to assist in any procedure or patient care and I agree that I am responsible for ensuring that: the invitee is properly qualified and competent to carry out the required tasks; that where applicable the organisation they represent is reputable and the invitee completes and signs the special purpose credentialling forms;
- I acknowledge I am responsible for the invitee's performance and behaviour at all times.

Have you been the subject of any criminal investigation or prosecution, professional complaint, investigation, disciplinary proceeding, review and or significant ACC treatment injury claim that might be relevant to your credentialling application?

Please circle your answer

No **Yes** (provide details on an attached page)

- I agree to notify Southern Cross Hospitals of any criminal investigation or prosecution, professional complaint, investigation, disciplinary proceeding, review, significant ACC treatment injury claim or issue and if terms or conditions are imposed on my practising certificate.

Do you have any conditions on your annual practising certificate?

Please circle your answer

No **Yes** (provide details on an attached page)

- I acknowledge that I have read and understood the terms and conditions set out in the Southern Cross Hospitals Credentialling and Defining Scope of Practice Guide for surgeons, anaesthetists and other clinical team members. I agree to be bound by and observe those terms and conditions and any subsequent amendments to them at all times while credentialled with Southern Cross Hospitals.

Signature: _____ **Date:** _____

Name: _____



Credentialling and defining scope of practice at Southern Cross Hospitals application forms

These forms should be completed online upon receipt of a credentialling application or renewal email from us. The forms are included here for completeness as their content is integral to the revised policy.

GUIDELINE

FORM 1

Credentialling application - STEP A

FORM 2

Defining scope of practice application - STEP B and STEP C

FORM 3

Health and personal status (confidential) - STEP D

FORM 4

Agreement - STEP E

Supporting documents (if provided) - STEP F

Guideline to new applicants and re-credentialling applicants at aged 65 and 70 etc

Please refer to pages 3,4,5 and 6 of the guide and Appendix 1



STEP A

PERSONAL DETAILS

Preferred title:

Prof ☐ A/Prof ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐

First name(s): _____

Known as: _____

Surname: _____

E-mail (preferred): _____

Gender: Male ☐ Female ☐

Mobile: _____

Date of birth: _____

Collected for purposes of credentialling management and business planning

CONTACT: POSTAL ADDRESS

Street/PO Box: _____

Suburb/city: _____ **Postcode:** _____

CONTACT: ROOMS

Practice Name: _____ **Suite/Unit Number:** _____

Street: _____

Suburb/city: _____ **Postcode:** _____

Phone: _____ **Fax:** _____

Email (if different from above): _____

CONTACT: RESIDENCE

Street: _____

Suburb/city: _____ **Postcode:** _____

Phone: _____ **Email (if different from above):** _____

Please circle your after-hours contact preference, in order of priority:

Preference 1: _____

Preference 2: _____

Preference 3: _____

Name of spouse or partner (Optional – for hospital invitation list only): _____

CONTACT: PERSONAL EMERGENCY

Name and contact details of person to inform in case of a personal emergency

Relationship: _____ **First name:** _____

Last name: _____ **Phone (home):** _____

Phone (work): _____ **Mobile:** _____

PROFESSIONAL DETAILS

REGISTRATION

Medical Council/other Registration number: _____ **Practising Certificate expiry date:** _____

MOH Health Practitioner Index number: _____

Medical /Council of NZ Registration type:

☐ General ☐ Vocational ☐ Special purpose ☐ Provisional general ☐ Provisional vocational

☐ Please tick to confirm copy of Annual Practising Certificate attached

INDEMNITY

Indemnity organisation: _____

Membership no: _____ **Expiry date of membership:** _____

☐ Please tick to confirm copy of Certificate of Membership or confirmation of cover attached

EDUCATION AND ACTIVITIES

Qualifications:

Qualifications include: undergraduate, postgraduate and recognised training for specialist qualifications

For each qualification, on a new line, please enter details for: Qualification, university/organisation, year obtained

Qualifications: _____ Place obtained: _____ Year: _____

Qualifications: _____ Place obtained: _____ Year: _____

Qualifications: _____ Place obtained: _____ Year: _____

Additional training and clinical experience:

With respect to the credentials you applied for please enter details of additional/extra training that has been undertaken for procedural skills or subspecialties outside of basic training and attach supporting documentation e.g. certificates. Please provide details of relevant clinical learning experiences.

Academic appointments/teaching experience:

For each appointment, on a new line, please enter details for: organisation, status/level, term of appointment (start date - end date)

Continuing medical education/continuing professional development:

Provide details of your involvement in current continuing medical education/continuing professional development

For each item, on a new line, please enter details for: name of college/organisation program, currently enrolled, date completed (if applicable)

Organisation: _____

Organisation: _____

DHB or other hospitals or specialty quality assurance meetings you regularly attend:

e.g. Peer review, mortality and morbidity, case review meetings

Curriculum vitae:

☐ Please tick to confirm CV attached (optional).

☐ Tick box if additional pages attached.

COLLEGIAL SUPPORT

State the details of Southern Cross credentialled colleagues who have agreed to provide support including backup cover, professional, emergency

Position: _____

First name: _____ Last name: _____

Phone (home): _____ Phone (work): _____ Mobile: _____

Position: _____

First name: _____ Last name: _____

Phone (home): _____ Phone (work): _____ Mobile: _____

VOCATIONAL SPECIALTY

Please state Vocational Specialty

STEP B - WITHIN YOUR VOCATIONAL SPECIALTY PLEASE STATE OR DEFINE YOUR SCOPE OF PRACTICE INCLUDING

The range and type of procedures you are applying to perform:

The range and type of procedures you do not intend to perform:

Any procedures or anatomical areas you wish to exclude from this scope:

Do you wish to perform any procedures listed in Table i Appendix 2 page 4 or perform any other advanced, complex, highly specialised, controversial, complementary, alternative, unconventional, emerging or new technique, procedure (or significant revision of an existing procedure) or service?

☐ Yes ☐ No If No, STEP C does not need to be completed - please proceed to competency below.

STEP C

If yes, please refer to Appendix 2 Tables i and ii to guide your application, complete the application below, and attach relevant supporting information.

Details of procedure, technique or service:

Referees in support of advanced, complex, highly specialised, controversial, complementary, alternative, unconventional, emerging or new technique, procedure or service are required.

COMPETENCY

Where the procedures you perform include the use of technology or special techniques such as laparoscopy, laser, ultrasound, radiation or other equipment please provide details of courses, programmes, training or other steps you have taken to gain and maintain competence with those technologies and techniques:

☐ Please tick if additional pages attached

Where the procedures that you perform require special skills and an appropriate volume to maintain competence, (e.g. bronchoscopies, colonoscopies, gastrointestinal anastomoses) please list these procedures, indicate the numbers you propose to perform each year to maintain your competence in the procedure, and list details of other activities required to maintain and or develop your competence

☐ Please tick if additional pages attached

Are you performing sufficient numbers to maintain your competency?

☐ Yes ☐ No

CURRENT AND PREVIOUS POSITIONS HELD

Do you hold a current DHB appointment?

☐ Yes ☐ No - please provide details of how you manage your collegial relationships

If you hold an appointment at a DHB please state if your DHB scope of practice is different to the scope defined in this application?

☐ Please tick if additional pages are attached (e.g. DHB credentialled scope of practice information)

State the names of other organisations or locations at which you practise

Does your scope of practice at other locations differ to your current application at Southern Cross Hospitals?

Please note: you may be required to attach other documents relating to the DHB at the end of the application

☐ Yes - please provide details ☐ No

Please list other health related appointments you hold, including your own business practice(s), DHB(s) and other healthcare organisation(s)

Please list previous positions held and reasons for leaving:

☐ Please tick if additional pages attached

OTHER APPLICATIONS

Are you currently applying for credentialling at other organisations?

☐ Yes - please provide details ☐ No

Have you been declined credentialling at any other organisations including Southern Cross Hospitals?

☐ Yes - please provide details ☐ No

CURRENT AND PREVIOUS INVESTIGATIONS, ENQUIRIES, REVIEWS, COMPLAINTS AND/OR DISCIPLINARY

INCLUDE ALL: HDC, Coronial, ACC, Medical Council, DHB or other facility or other organisations

PREVIOUS investigations, enquiries, reviews, complaints, and/or disciplinary procedures or other (type and outcomes)

CURRENT investigations, enquiries, reviews, complaints, and/or disciplinary procedures or other (type and outcomes if matter concluded)

☐ Please tick if additional pages are attached

**CONFIDENTIAL REFERENCES****STEP B REFEREES**

List three referees from medical specialist colleagues in current practice, two of whom are active in the same speciality, who can provide an opinion on your clinical practice and suitability for the scope of practice application and would be willing to provide you with collegial practice support. Information from the Credentiailling at Southern Cross Hospitals Limited Application (excluding the private and confidential Health and Personal status form) may be provided to your referees.

Referee 1

Title:	Name:	Position:
Email:	Phone:	Mobile:
Street:	Town/city:	Postcode:

Referee 2

Title:	Name:	Position:
Email:	Phone:	Mobile:
Street:	Town/city:	Postcode:

Referee 3

Title:	Name:	Position:
Email:	Phone:	Mobile:
Street:	Town/city:	Postcode:

STEP C REFEREES

Referees in support of advanced, complex, highly specialised, controversial, complementary, alternative, unconventional, emerging or new technique, procedure or service are required.

Referee 1

Title:	Name:	Position:
Email:	Phone:	Mobile:
Street:	Town/city:	Postcode:

Referee 2

Title:	Name:	Position:
Email:	Phone:	Mobile:
Street:	Town/city:	Postcode:

PRIVATE AND CONFIDENTIAL



PRIVATE AND CONFIDENTIAL STEP D

PERSONAL DETAILS

Name: _____

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☐ No ☐ Yes

Have you sought the advice of and or notified the Medical Council of health matters? ☐ No ☐ Yes - please provide details _____

DECLARATION

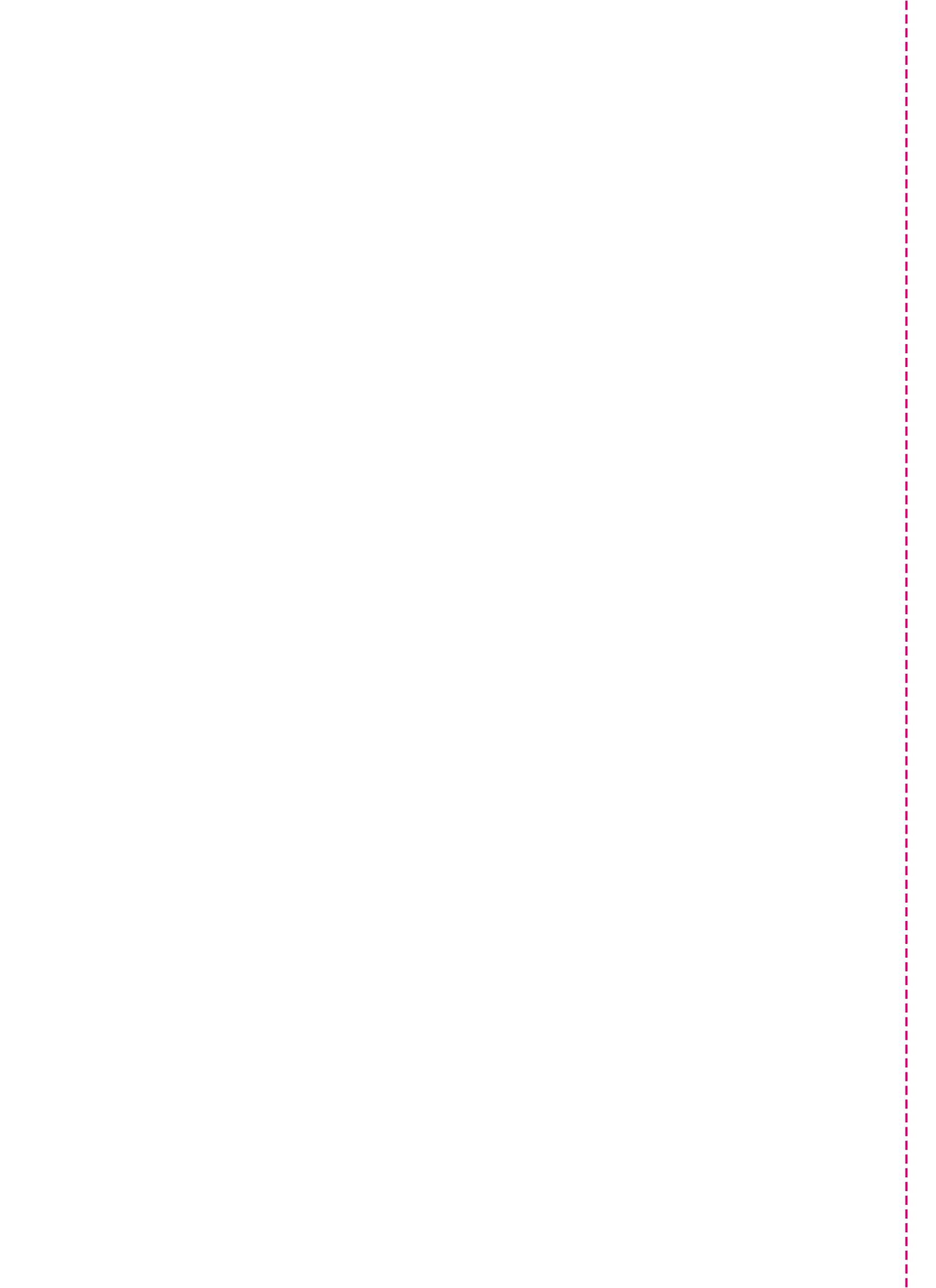
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Signature: _____ Date: _____

Name: _____





STEP E

CREDENTIALLING AND DEFINING SCOPE OF PRACTICE AGREEMENT

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- I agree to notify the hospital manager or National Clinical Medical Committee if my health status changes in a way that could affect my practice and/or the safety of others.
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- I agree to give reasonable notice in advance of my inviting another clinical team member ("invitee") to be present or to assist in any procedure or patient care and I agree that I am responsible for ensuring that: the invitee is properly qualified and competent to carry out the required tasks; that where applicable the organisation they represent is reputable and the invitee completes and signs the special purpose credentialling forms;
- I acknowledge I am responsible for the invitee's performance and behaviour at all times.

Have you been the subject of any criminal investigation or prosecution, professional complaint, investigation, disciplinary proceeding, review and or significant ACC treatment injury claim that might be relevant to your credentialling application?

Please circle your answer

No **Yes** (provide details on an attached page)

- I agree to notify Southern Cross Hospitals of any criminal investigation or prosecution, professional complaint, investigation, disciplinary proceeding, review, significant ACC treatment injury claim or issue and if terms or conditions are imposed on my practising certificate.

Do you have any conditions on your annual practising certificate?

Please circle your answer

No **Yes** (provide details on an attached page)

- I acknowledge that I have read and understood the terms and conditions set out in the Southern Cross Hospitals Credentialling and Defining Scope of Practice Guide for surgeons, anaesthetists and other clinical team members. I agree to be bound by and observe those terms and conditions and any subsequent amendments to them at all times while credentialled with Southern Cross Hospitals.

Signature: _____ **Date:** _____

Name: _____

