

Medical and Dental Appointments Policy

Publication date: May 2006
Document Classification: Policy
Authorised by: Chief Executive, ACT Health
Authored by: Clinical Governance Unit, ACT Health
Applies to: Medical specialists and dentists employed by ACT Health
Distributed to: ACT Health
Review date: April 2010

1. PURPOSE and SCOPE

To establish and maintain an appropriate process for the appointment, credentialing, delineation of clinical privileges and re-credentialing of all medical specialists and dentists employed by ACT Health.

In line with the stated objectives of the Standard for Credentialing and Defining the Scope of Clinical Practice¹, this policy aims to:

- Develop and implement best practice in credentialing and delineation of clinical privileges; and
- Strengthen a mutual relationship between the employing or contracting organisation and each medical practitioner or dentist, centred on the safety and quality of health care.

The scope of the policy includes short-term and locum contracts as well as the routine and extra-ordinary review of clinical privileges.

2. POLICY

The policy describes a common process for the appointment, credentialing and review of clinical privileges for all medical specialists and dentists employed by ACT Health. This policy has been developed to comply with the Australian Council for Safety and Quality in Health Care (ACSQHC) standard¹.

¹ Standard for Credentialing and Defining the Scope of Clinical Practice, Australian Council for Safety and Quality in Health Care (ACSQHC), July 2004.

ACT Health – Medical and Dental – Appointments and Clinical Privileges			
Issued: May 2006	Review Date: April 2010	Version 8: 23.03.2006	Page 1 of 20

Appendix A Medical and Dental Appointment and Review Process

Appendix B Associated Information including:

1. Proforma Selection Criteria
2. MDAAC Terms of Reference
3. CPC Terms of Reference
4. AAC Terms of Reference
5. Definitions
6. Legislation/Regulations
7. Associated Documents

3. AUTHORISATION

Approved by:

Dr Tony Sherbon
Chief Executive
ACT Health

Date

ACT Health – Medical and Dental – Appointments and Clinical Privileges			
Issued: May 2006	Review Date: April 2010	Version 8: 23.03.2006	Page 2 of 20

Table of Contents

Medical and Dental Appointments Policy	1
1. PURPOSE and SCOPE	1
2. POLICY	1
3. AUTHORISATION	2
Table of Contents	3
Disclaimer:	3
APPENDIX A.....	4
Medical and Dental Appointment and Review Process.....	4
APPOINTMENT TO A POSITION	4
PROCEDURAL ISSUES	6
DURATION OF CLINICAL PRIVILEGES.....	7
PROBATIONARY PERIOD	7
LOCUM TENENS.....	7
SHORT TERM CONTRACTS.....	7
URGENT APPOINTMENTS	7
Review of Clinical Privileges	7
ROUTINE REVIEW	7
EXTRAORDINARY REVIEW OF CLINICAL PRIVILEGES	8
VARIATION OR TERMINATION OF PRIVILEGES.....	9
APPEALS	9
SUCCESS INDICATORS.....	11
APPENDIX B	12
1. Proforma Selection Criteria.....	12
GENERAL:.....	12
SPECIFIC CRITERIA:	12
2. Medical and Dental Appointment Advisory Committee Terms of Reference	13
3. Clinical Privileges Committee Terms of Reference	15
4. Appointments Appeals Committee Terms of Reference	16
5. Definitions & Abbreviations.....	18
6. Legislation/Regulations/CAs	20
7. Associated Documents.....	20

Disclaimer:

This document has been developed by ACT Health specifically for its own use. Use of this document and any reliance on the information contained therein by any third party is at his or her own risk and ACT Health assumes no responsibility whatsoever.

ACT Health – Medical and Dental – Appointments and Clinical Privileges			
Issued: May 2006	Review Date: April 2010	Version 8: 23.03.2006	Page 3 of 20

APPENDIX A

Medical and Dental Appointment and Review Process

APPOINTMENT TO A POSITION

A Division/Stream² will identify a requirement for a new appointment or a requirement to fill a vacancy. The Division/Stream will:

- Consider potential implications for other Divisions/Streams and Greater Southern Area Health Service; and, if proceeding,
- Propose credentials and selection criteria relevant to the appointment. A suggested selection criteria proforma is provided at Appendix B.

The Division/Stream will notify the ACT Health Medical and Dental Appointment Advisory Committee (MDAAC) of the proposed position. MDAAC will agree on the threshold credentials. The MDAAC is to be an Approved Committee under the Health Act 1993 (ACT). The MDAAC Terms of Reference are at Appendix B.

MDAAC will establish an Interview Panel, from the membership of MDAAC. Where there is agreement that the appointment will be solely to a particular Division/Stream, the Chair of the Interview Panel will be the Division/Stream representative on MDAAC. The Chair will form an Interview Panel from appointed MDAAC members. For a joint appointment, an independent member of MDAAC will be appointed as Chair, with equal membership from the relevant Divisions/Streams.

ACT Health Human Resources (HR) Dept or Calvary HR Dept (for Calvary Health Care ACT appointments) will:

- Advertise;
- Refer the applications to the Interview Panel Chair for preliminary short-listing, and
- Convene the agreed Interview Panel.

The Interview Panel will include:

- The Chair;
- At least one medical specialist or dentist who practises in the field relevant to the position;
- A nominee of the relevant professional college, association or society;
- An HR representative from ACT Health or CHC,
- Other MDAAC members and/or seconded members relevant to the appointment.

The Interview Panel will:

- Complete short-listing;
- Complete credentialing
- Conduct interviews to choose the preferred candidate,

² Please see Definitions in Appendix B

ACT Health – Medical and Dental – Appointments and Clinical Privileges			
Issued: May 2006	Review Date: April 2010	Version 8: 23.03.2006	Page 4 of 20

- Provide a summary report to MDAC.

The MDAAC recommends to the General Manager, or equivalent, of the relevant Division/Stream:

- The preferred applicant for appointment; and
- The breadth and duration of clinical privileges.

The General Manager, or equivalent, of the relevant Division/Stream appoints the medical specialist or dentist and delineates clinical privileges. For a joint appointment, the appointment is to be made by the General Manager or equivalent of the Division/Stream with the larger component of the appointee's practice.

ACT Health – Medical and Dental – Appointments and Clinical Privileges			
Issued: May 2006	Review Date: April 2010	Version 8: 23.03.2006	Page 5 of 20

PROCEDURAL ISSUES

Credentialing is the responsibility of the MDAAC and must satisfy the following requirements:

- Registration with the relevant health profession board;
- Evidence of a primary medical or dental qualification. This requires sighting the original, or a certified copy, of the degree. In the case of international medical or dental graduates, independent confirmation of the degree/diploma by the granting authority is required;
- Evidence of the required specialist qualification. This requires sighting the original, or a certified copy, of the fellowship or degree certificate. In the case of international medical or dental graduates, independent confirmation of the fellowship or degree certificate by the granting authority is required;
- Evidence that the candidate has the required sub-specialty training and skills, and that these meet current standards for that sub-specialty in Australia;
- Evidence that the candidate has a satisfactory work record based on a minimum of two written referee's reports verified by a telephone conversation with both referees by a member of the MDAAC; and
- Evidence of current continuing medical or dental education in the relevant discipline.

The selection process will take account of the following, where considered applicable and relevant to the position:

- Clinical competence of the applicant;
- Proven ability to work in an inter-disciplinary clinical team;
- Self awareness and communication skills;
- Evidence of observance of workplace relations and OH&S principles;
- Teaching commitment and performance;
- Research commitment and performance; and
- Management ability and performance.

The following must also be completed before a person takes up employment:

- Proof of identity (100 point check);
- Confirmation of citizenship or permanent residency;
- Satisfactory police record check;
- Satisfactory medical or dental indemnity insurance (a requirement only in the case of visiting medical or dental officers who choose not to accept indemnity through the Territory);
- Certificate of good standing from the relevant health profession board, and

Medical specialists or dentists involved in exposure-prone procedures (see Definitions, Appendix B) have a responsibility to advise their employer if they are HIV antibody positive, HbeAG positive, HBV DNA positive or HCV PCR positive. This information is to be requested on application forms.

ACT Health – Medical and Dental – Appointments and Clinical Privileges			
Issued: May 2006	Review Date: April 2010	Version 8: 23.03.2006	Page 6 of 20

DURATION OF CLINICAL PRIVILEGES

Clinical privileges will be granted for a specific period of time, usually three years. The MDAAC may make a recommendation to limit the duration of clinical privileges in terms of a probationary period. In the case of short-term appointments, the granting of clinical privileges will be for the period of the appointment.

PROBATIONARY PERIOD

The MDAAC will determine:

- The purpose of the probationary period;
- Training requirements; and
- Method of evaluation at the end of the probationary period.

The probationary period may be up to six months.

LOCUM TENENS

Locum appointments will be subject to the standard approval processes. Exceptions may be made in situations of urgency.

SHORT TERM CONTRACTS

Short-term contracts will be subject to the standard approval processes.

URGENT APPOINTMENTS

The General Manager, or equivalent, of the Division/Stream may grant temporary privileges for up to two months to medical specialist or dentists filling urgent positions at short notice, pending ratification by MDAAC.

Review of Clinical Privileges

ROUTINE REVIEW

The MDAAC will undertake the routine recredentialing and review of clinical privileges of all medical specialists and dentists at three-year intervals. In order for the MDAAC to make meaningful performance-based privileging recommendations, the following information will be made available by the medical specialist or dentist:

ACT Health – Medical and Dental – Appointments and Clinical Privileges			
Issued: May 2006	Review Date: April 2010	Version 8: 23.03.2006	Page 7 of 20

- Records of training and experience gained since the last review, including specialist college requirements;
- Registration status, including any conditions of registration or annual practicing certificate; and
- Any disciplinary action taken or recommended by the health profession board.

For VMOs, review of clinical privileges should be undertaken during the six months prior to the end of a VMO's contract, as long as this conforms with the required 3 yearly interval for credentialling.

EXTRAORDINARY REVIEW OF CLINICAL PRIVILEGES

Extraordinary reviews of clinical privileges will be conducted:

- At the end of any specified probationary period; and/or
- When there are indications that a clinician is medically impaired and/or clinical competence is questioned.

An extended review may be instigated as a result of the following:

- A request from the Head of Department, and/or Manager or equivalent; or
- After a case referral from the Chair of a Clinical Review Committee.

Disciplinary matters should be managed through the appropriate performance management channels. Details of the findings or recommendations of the MDAAC may be considered in such matters.

Extraordinary review of clinical privileges will be in accordance with the ACT Health policy, *Management of a complaint or concern about the clinical competence of a clinician*. This policy describes four levels of review following the receipt of complaint or concern.

These are:

- Level 1 Limited peer review.
- Level 2 Internal review instigated by Head of Unit and usually conducted as part of clinical unit peer review process.
- Level 3 Extended reviews (internal or external). At this level, the MDAAC is to be notified and the matter referred to the CPC.
- Level 4 Extended review and notification to the relevant health professional board (managed by the CPC).

A CPC review, conducted on behalf of MDAAC, will conform to all the principles of procedural fairness and natural justice.

The CPC will have procedures in place to ensure that:

- oral hearings are held where an investigation is likely to be detrimental to a person's reputation or livelihood;

ACT Health – Medical and Dental – Appointments and Clinical Privileges			
Issued: May 2006	Review Date: April 2010	Version 8: 23.03.2006	Page 8 of 20

- a person whose performance is under investigation is given 28 days notice of the issues to be dealt with by the committee and of the time and place of any hearings;
- a person is given 28 days to respond to all materials and allegations put before the committee;
- the committee provides reasons for any decisions made, in writing, within 28 days and
- the findings are to be documented in a de-identified action plan³.

Confidential records of all formal reviews are to be kept and the outcome documented. Where a decision is made not to progress a concern or complaint, no record is to be kept on the clinician's personnel file. A log of the complaint and its outcome is to be kept by the Unit Director. The recording of vexatious complaints is in the best interests of the clinician.

At the completion of the review, the CPC may recommend to the General Manager or equivalent of a Division/Stream through MDAAC that:

- No further action is required;
- A program of remedial action should occur, such as supervised practice or specified training;
- A variation to clinical privileges should occur; or
- The medical specialist/dentist is referred to the relevant health professional board.

VARIATION OR TERMINATION OF PRIVILEGES

- Following the receipt of advice from the MDAAC, the General Manager or equivalent, of the Division/Stream may make a decision to preserve, vary or withdraw clinical privileges. Such action will be taken in accordance with Part 5 of the Health Act 1993 (ACT).
- Underperformance management and competency review for salaried medical specialists will comply with clauses 36 – 40 and 111 respectively of the ACT Health Medical Staff Certified Agreement 2005 – 2008.
- Underperformance management and competency review for dentists will comply with the terms of the ACT Health Clerical, Technical, Professional, Health Service Officer's Certified Agreement 2004 – 2007.
- Suspension or termination of a VMO's engagement will be in accordance with the VMO's contract with ACT Health.

APPEALS

Appeal mechanisms available include:

1. The ACT Health Appointments Appeals Committee is an ad-hoc Committee which provides an independent forum for the consideration of an appeal by a

³ Administrative Procedures for the Management of Health Care Quality Assurance Committee Protection, June 2003.

ACT Health – Medical and Dental – Appointments and Clinical Privileges			
Issued: May 2006	Review Date: April 2010	Version 8: 23.03.2006	Page 9 of 20

medical specialist or dentist with an existing ACT Health appointment relating to his/her credentials or clinical privileges. Terms of Reference for the ACT Health Appointments Appeals Committee are to be found in Appendix B.

2. Where decisions are made by the General Manager, or equivalent, to either suspend or terminate a VMO contract, the VMO may pursue the dispute resolution clause in his/her contract.
3. Where decisions are made by the General Manager, or equivalent, to either suspend or terminate a salaried specialist's employment, the salaried specialist may pursue the Appeal Rights specified in Clause 41 of the ACT Health Medical Staff Certified Agreement 2005-2008.
4. Application may be made to the Administrative Appeals Tribunal for an administrative review of a decision varying, suspending or terminating the clinical privileges of a medical specialist/dentist pursuant to Part 6 of the Health Act 1993 (ACT). The appeal should be made within 28 days of receipt of the written notification.
5. Underperformance action appeal rights for dentists are outlined in Section 72 of the ACT Health Clerical, Technical, Professional, Health Service Officer's Certified Agreement 2004-2007.
6. Employees may have the right to bring an action under the Workplace Relations Act 1996 (Commonwealth) in respect of any termination of employment under this section.

ACT Health – Medical and Dental – Appointments and Clinical Privileges			
Issued: May 2006	Review Date: April 2010	Version 8: 23.03.2006	Page 10 of 20

SUCCESS INDICATORS

- 100% compliance with defined credentialing standards as evaluated by random audits undertaken 6 monthly;
- Co-operation and collaboration between all Divisions and Streams in the implementation and functioning of the policy, as measured by seamless and effective conjoint appointments;
- 100% comprehensive routine re-credentialing, and
- Monitoring of process complaints received from Divisions/Streams and/or medical specialists and dentists.

ACT Health - Medical and Dental - Appointments and Clinical Privileges			
Issued: May 2006	Review Date: April 2010	Version 8: 23.03.2006	Page 11 of 20

APPENDIX B

1. Proforma Selection Criteria

GENERAL:

- Eligible for professional registration in the ACT with current entitlement to practise;
- Satisfactory professional referee reports, including peer comments;
- Acceptable and safe practice as evidenced by personal history of clinical complaints, professional body investigations, indemnity and legal records;
- Demonstrated commitment to clinical practice improvement processes including clinical audit and peer review;
- Demonstrated commitment to past and continuing professional development programs;

Criteria must not only be related to professional competence but also include personal behaviour criteria relevant to the position such as:

- Communication skills - patients/families/communities/health care team;
- Collaboration skills - interdisciplinary team activities; and
- Management skills - cost effective and efficient resource utilisation where clinically appropriate.

SPECIFIC CRITERIA:

Determined by the relevant medical college or professional body, such as:

- Additional qualifications and training including undergraduate, postgraduate and special training with respect to privileges requested; and
- Specified clinical experience and competence in the field of expertise in which privileges are sought.

ACT Health – Medical and Dental – Appointments and Clinical Privileges			
Issued: May 2006	Review Date: April 2010	Version 8: 23.03.2006	Page 12 of 20

2. Medical and Dental Appointment Advisory Committee Terms of Reference



Medical and Dental Appointment Advisory Committee

This is an Approved Committee under the ACT Health Act 1993.
This Committee meets under 'privilege' and conducts its business 'in confidence'.

TERMS OF REFERENCE

ROLE: The role of the MDAAC is to oversee the ACT Health medical specialist and dental appointment and re-appointment process and provide recommendations to Divisions/Streams.

REPORTS TO: The MDAAC reports to the Deputy CEO of ACT Health and provides advice to the General Manager, or equivalent of Divisions/Streams.

FUNCTIONS: To advise on:

- All individual medical specialist/dental appointments to ACT Health;
- Threshold credentials across specialist disciplines in ACT Health;
- The requirement for, and nature of probationary appointments;
- The breadth and duration of clinical privileges for new appointees;
- The outcome of routine and extraordinary review of all appointments.

To undertake the process of:

- Credentialing for all medical specialist/dental appointments to ACT Health;
- Interview and selection of a preferred applicant for identified new or vacant positions;
- Supervision and evaluation of probationary appointments, and
- The routine review and extraordinary review of clinical privileges, where appropriate through referral to the Clinical Privileges Committee.

For routine initial appointments, an Interview Panel comprising of MDAAC members will undertake merit selection interviews and provide a summary report to MDAAC. MDAAC may consider this report out of session.

ACT Health – Medical and Dental – Appointments and Clinical Privileges			
Issued: May 2006	Review Date: April 2010	Version 8: 23.03.2006	Page 13 of 20

- MEMBERSHIP:** The Executive membership of MDAAC includes:
- Director of the ACT Health Clinical Governance Unit (Chairman),
 - Deputy General Manager TCH,
 - Director of Medical Services, Calvary Public Hospital,
 - ANU Medical School representative,
 - Senior Dental Officer, ACT Dental Health Program,
 - Medical Director Rehab/Aged Care,
 - Medical Director Cancer Stream,
 - Director Clinical Services Mental Health,
 - General Manager Community Health,
 - ACT Health HR representative,
 - A VMO nominee of both TCH and CHC Medical Staff Council Executives, and
 - Consumer representative

In addition, appointed members will include on an 'as required' basis, members of the Medical Staff Councils of Divisions/Streams, professional college representatives, a CHC HR representative, the Director of Mission CHC and seconded members, such as Unit Clinical Directors.

SECRETARIAT: Secretariat support will be provided by the Clinical Governance Unit.

QUORUM: A majority of invited medical specialist or dentists and the Chairman or his/her delegate. The Chairman may declare that a quorum has not been reached if a member of the relevant professional college, association or society is not present.

FREQUENCY OF MEETINGS: Monthly

MAINTENANCE OF RECORDS: Comprehensive records will be kept of all deliberations and recommendations and securely retained to statutory limits.

ACT Health – Medical and Dental – Appointments and Clinical Privileges			
Issued: May 2006	Review Date: April 2010	Version 8: 23.03.2006	Page 14 of 20

3. Clinical Privileges Committee Terms of Reference



Clinical Privileges Committee

This is an Approved Committee under the ACT Health Act 1993.
This Committee meets under 'privilege' and conducts its business 'in confidence'.

TERMS OF REFERENCE

- ROLE:** The role of the CPC is to provide specialist advice to the MDAAC in the medical specialist and dental appointment process. The CPC will be established as an approved public sector quality assurance committee under the Health Act ¹ and will perform its functions according to that Act.
- REPORTS TO:** The CPC reports to the Medical and Dental Appointments Committee.
- FUNCTIONS:** Conduct extraordinary review of clinical privileges
- MEMBERSHIP:** The core membership of the CPC will include two senior medical specialists nominated by ACT Health, TCH and CHC. Core members are appointed for a three-year term. Core members may be re-appointed for additional three-year terms. The Chair of the CPC will be appointed annually. In addition other senior medical and dental specialists may be co-opted to the CPC by the Chair on an 'as required' basis to work on a particular review. If a satisfactory CPC cannot be formed for a review, an external review will be arranged.
- SECRETARIAT:** Secretariat support will be provided by the Clinical Governance Unit.
- QUORUM:** A majority of invited medical specialist or dentists and the Chairman or his delegate. The Chairman may declare that a quorum has not been reached if a member of the relevant professional association or society is not present.
- FREQUENCY OF MEETINGS:** As required
- MAINTENANCE OF RECORDS:** Comprehensive records will be kept of all deliberations and recommendations and securely retained to statutory limits.

¹ Health Act 1993 (ACT)

ACT Health – Medical and Dental – Appointments and Clinical Privileges			
Issued: May 2006	Review Date: April 2010	Version 8: 23.03.2006	Page 15 of 20

4. Appointments Appeals Committee Terms of Reference



Appointments Appeals Committee

This is an Approved Committee under the ACT Health Act 1993.
This Committee meets under 'privilege' and conducts its business 'in confidence'.

TERMS OF REFERENCE

- ROLE:**
- Provide an independent forum for the consideration of an appeal by a medical specialist or dentist, with an existing ACT Health appointment, against a MDAAC decision on credentialing or delineation of clinical privileges;
 - Provide a forum for the Deputy CEO of ACT Health to request a review of a MDAAC decision relating to a medical specialist or dentist's credentials or clinical privileges.

REPORTS TO: The AAC reports to the Deputy CEO of ACT Health.

- FUNCTIONS:** The Committee will:
- Review decisions of the MDAAC in an independent and confidential manner, utilising all previous documentation available to MDAAC;
 - Provide the appellant with the opportunity to present relevant documentation and to present in person to the Committee;
 - Provide the appellant with the opportunity to be accompanied by a support person, whose role may be to advise, but not to legally represent the medical specialist or dentist;
 - Consider all information available and formulate recommendations on the basis of that information;
 - Document its recommendations and accompanying reasons and advise the Deputy CEO of ACT Health, in writing, of these, within 90 days of being notified of the appeal.

ACT Health – Medical and Dental – Appointments and Clinical Privileges			
Issued: May 2006	Review Date: April 2010	Version 8: 23.03.2006	Page 16 of 20

MEMBERSHIP: Membership should be entirely independent from that of the MDAAC. All members must be provided with, and participate in, education and training in basic appointment processes, including the principles of natural justice and legislation relevant to ACT health professional employment.

Committee members will be invited by the Deputy CEO of ACT Health and will include:

- At least one medical specialist or dentist who practises in the field relevant to the scope of clinical practice being reviewed;
- A nominee of the relevant professional college, association or society;
- A nominee, who is a medical specialist or dentist, of the person whose credentials or clinical privileges are subject to appeal;
- An ANUMS nominee, when the appellant has an affiliation with the University;
- An HR representative from either ACT Health or CHC.

SECRETARIAT: Secretariat support will be provided by the Clinical Governance Unit.

QUORUM: The consideration of all members of the Committee is required prior to final decision-making.

ACT Health – Medical and Dental – Appointments and Clinical Privileges			
Issued: May 2006	Review Date: April 2010	Version 8: 23.03.2006	Page 17 of 20

5. Definitions & Abbreviations

AAC	Appointments Appeals Committee
ACQSHC	Australian Council for Quality and Safety in Health Care
ACT Health Divisions/Streams	Refers to ACT Health organizational components and includes Calvary Health Care ACT. Division does not refer to a specialty unit within a facility such as the Division of Surgery or Medicine.
Appointment	The employment or engagement of a medical practitioner to provide services within an organisation according to conditions defined by general law and supplemented by contract (1).
CHC	Calvary Health Care ACT
Clinical Unit	A specialty unit within an ACT Health Division or Stream, such as the TCH Department of Cardiology or CHC Department of Anesthesia and Pain Management.
Competence	The demonstrated ability to provide health care services at an expected level of safety and quality (1).
CPC	Clinical Privileges Committee.
Credentials	The qualifications, professional training, clinical experience, and training and experience in leadership, research, education, communication and teamwork that contribute to a medical practitioner's competence, performance and professional suitability to provide safe, high quality health care services (1).
Credentialing	The formal process of assessing a medical specialist or dentist's credentials in relation to that professional role within a specific facility.
Clinical Privileges	The authorised extent of an individual practitioner's clinical practice within a particular organisation (1). Clinical privileges are specific to the individual and are not transferable. They take into account the resources, equipment and staff available to provide the clinical service. The ACQSHC recommends the use of the term 'Defining the Scope of Clinical Practice' to replace 'Delineation of Clinical Privileges'. ACT Health has chosen to maintain the term privileges to maintain consistency with current processes and understanding.
Dentist	A dental practitioner eligible for registration by a State or Territory professional body who complies with the requirements of the relevant professional body.
Exposure Prone Procedures	Exposure prone procedures are a subset of invasive procedures which are characterised by the potential for direct contact between the skin of the health care worker and sharp surgical instruments, needles, or sharp tissues (spicules of bone or teeth) in body cavities or in poorly visualised or confined

ACT Health – Medical and Dental – Appointments and Clinical Privileges			
Issued: May 2006	Review Date: April 2010	Version 8: 23.03.2006	Page 18 of 20

	body sites (including the mouth). ⁴
Locum Tenens	A person who substitutes temporarily for another medical specialist or dentist.
MDAAC	Medical and Dental Appointment Advisory Committee.
Medical Specialist	A medical specialist eligible for registration by a State or Territory health profession board or professional body, who complies with the requirements of the relevant professional body. All medical specialists working for ACT Health must hold current registration or its equivalent within the ACT. An appointment with clinical privileges is also required for medical practitioners whose only duties are teaching, where patients are directly involved in the teaching process.
Peer Review	The professional evaluation of a colleague's work.
Performance	The extent to which a medical practitioner provides health care services in a manner which is consistent with known good practice and results in expected patient benefits (1).
Re-Credentialing	The formal process used to re-confirm the qualifications, experience and professional standing (including history of and current status with respect to professional registration, disciplinary actions, indemnity insurance and criminal record) of medical practitioners, for the purpose of forming a view about their ongoing competence, performance and professional suitability to provide safe, high quality health care services within specific organisational environments (1)
TCH	The Canberra Hospital
Threshold Credentials	The minimum credentials for each clinical service, procedure or other intervention which applicants for credentialing and definition of scope of clinical practice (delineation of clinical privileges) are required to meet before any application will be processed (1).
VMO	Visiting Medical Officer

6. Legislation/Regulations/CAs

Health Act 1993 (ACT)

Workplace Relations Act 1996 (Commonwealth)

ACT Health Medical Staff Certified Agreement 2005-2008

ACT Health Clerical, Technical, Professional, Health Service Officer's Certified Agreement 2004-2007

7. Associated Documents

Australian Council for Safety and Quality in Health Care. (2004). *Standard for Credentialing and Defining the Scope of Clinical Practice: A National Standard for Credentialing and Defining the Scope of Clinical Practice of Medical Practitioners, for Use in Public and Private Hospitals.*

Available at <http://www.safetyandquality.org/credentl.pdf>

Frank, J., et al. (1996). Skills for the new millennium: Report of the societal needs working group, CanMEDS 2000 Project. *Annals of the Royal College of Physicians and Surgeons of Canada*, 29, 206-216.

Available at http://rcpsc.medical.org/canmeds/CanMEDS_e.pdf

Royal Australasian College of Surgeons. (2000). *Credentials Committees, Surgical Appointments and Complaints Procedures: A Guide by the Royal Australasian College of Surgeons.* Melbourne, Australia.

Available at <http://www.surgeons.org/about/publications/credent.html>

ACT Health Preventing and Managing Underperformance Policy.

ACT Health Preventing and Managing Underperformance Procedures.

ACT Health – Medical and Dental – Appointments and Clinical Privileges			
Issued: May 2006	Review Date: April 2010	Version 8: 23.03.2006	Page 20 of 20