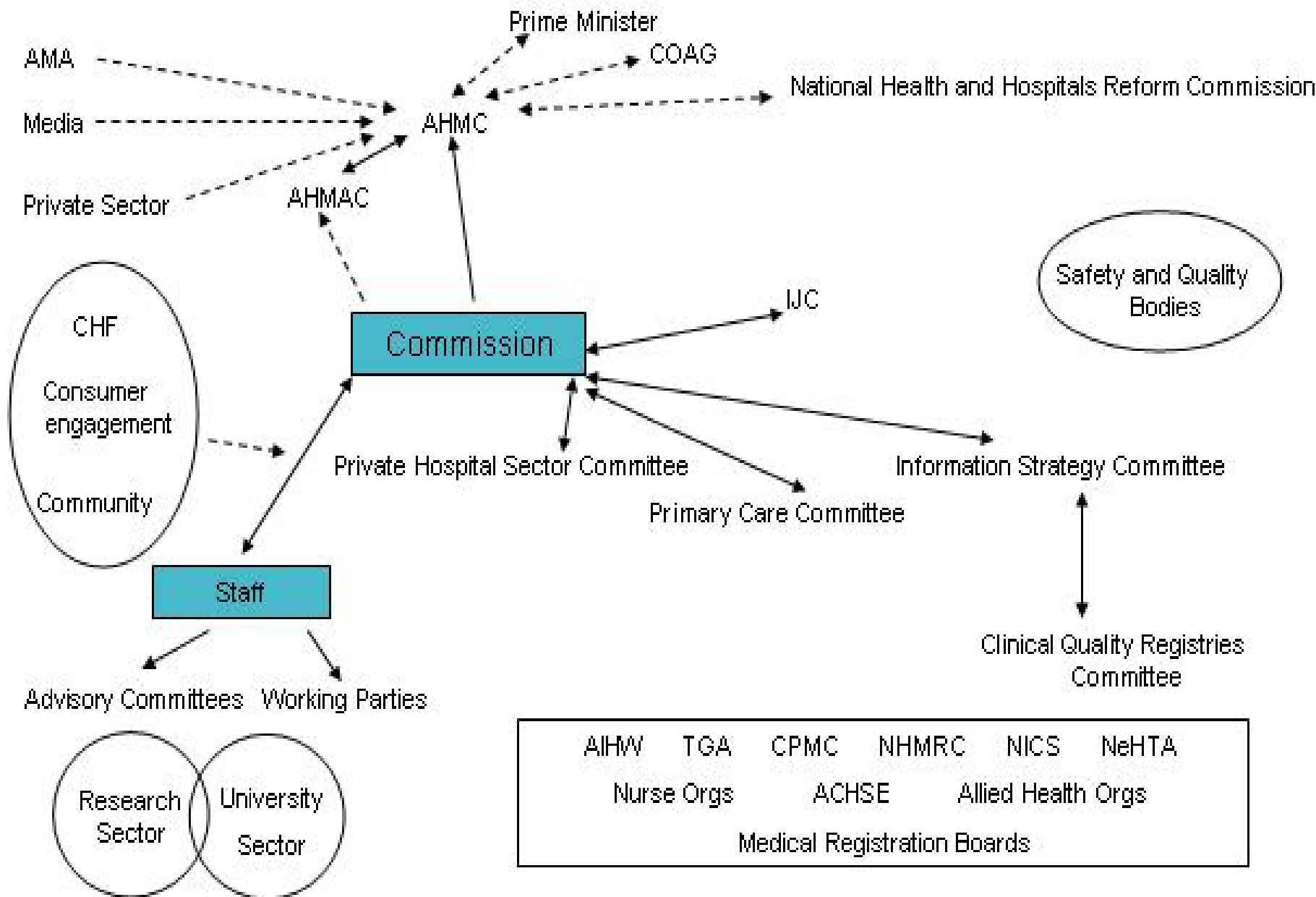


AUSTRALIAN COMMISSION ON  
SAFETY AND QUALITY IN HEALTHCARE

# Credentiailling

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# Australian Commission on Safety and Quality in Healthcare - Charter

- lead and coordinate improvements in safety and quality
- report publicly on the state of safety and quality including performance against national standards
- recommend national data sets for safety and quality
- provide strategic advice to Health Ministers on 'best practice'
- measurable improvement in Safety and Quality

# Credentiailling

- Approved by Ministers as part of Commission's five year work plan
- Former Council - *Standard for Credentiailling and Defining the Scope of Clinical Practice: A national Standard for credentiailling and defining the scope of clinical practice of medical practitioners, for use in public and private hospitals.*
- Principles based document that underpins implementation policies developed by all states, territories and the private sector



# Definition

*“the transfer of professional responsibility and accountability for some or all aspects of care for a patient, or group of patients, to another person or professional group on a temporary or permanent basis”*

# AUSTRALIAN CHARTER OF HEALTHCARE RIGHTS

- 1. ACCESS:** I have a right to health care
- 2. SAFETY:** I have a right to safe and high quality care
- 3. RESPECT:** I have a right to respect, dignity and consideration
- 4. COMMUNICATION:** I have a right to be informed about services, treatment, options and costs in a clear and open way
- 5. PARTICIPATION:** I have a right to be included in decisions and choices about my care
- 6. PRIVACY:** I have a right to privacy and confidentiality of my personal information
- 7. COMMENT:** I have a right to comment on my care and to have my concerns addressed

## 2. SAFETY: A right to safe and high quality care

### Patient or Consumer

- Let staff know if you think something has been missed in your care or that an error might have occurred.
- Explain any circumstances that may make your health care riskier or any other safety concerns that you have.

### Health Care Providers

- Provide healthcare services with professional skill, care and competence.
- Provide healthcare services that are based on evidence of safety and effectiveness.
- **Involve yourself actively in patient safety systems established by the health service organisation in which you work.**
- Work to provide effective continuity of care for patients.

### Health Service Organisation

- **Employ clinical staff who are appropriately qualified, competent and experienced.**
- Employ appropriately qualified and experienced managers.
- **Ensure that facilities and procedures meet industry standards.**
- Provide staff with resources necessary to provide safe and effective health care.
- Put systems in place that promote patient safety.

# Credentiailling – Implementation principles

1. Organisational governance is in place to maintain and improve safety and quality.
2. Is supported by medical registration
3. The processes have an overall benefit for patients
4. Is part of a management relationship between practitioners and organisations
5. Is non-punitive
6. Effectiveness is dependent on partnerships with professional colleges and associations
7. Processes are fair, transparent and legally robust

# Credentiailling - issues

- Implementation variable between
  - Jurisdictions
  - types of services ie hospitals, practices based, community services
- Not all medical colleges engaged - some unclear about their role
- Processes administratively cumbersome for management and practitioners
- No evaluation of the implementation of credentiailling programs – may be too soon to undertake a meaningful review

# Credentialling

- Only part of a package of supports to:
  - Identify skill required by an organisation  
eg recruitment, professional registration
  - Develop and maintain an appropriate workforce  
eg CPD, retraining, feedback
  - Determine service role and function  
eg role delineation, scope of practice
  - Manage service delivery  
eg provide supervision

# National implementation support

1. Engage with medical colleges to discuss their involvement in the development of national outlines for scope of practice to be applied across all facilities types and sectors.

ie: involving colleges in defining the scope of practice for different specialties and specialisations

# National implementation support

2. Engage with the National Registration body to maximise the potential for registration to support credentialling.

ie: reduce the administrative burden on medical practitioners by requiring information to be provided once to the registration body and allow employers and recognised credentialling bodies access to this information.

# National implementation support

## 3. Develop a National Peer Review Standard

ie: consult with lead organisations, such as RACS to draft a national peer review standard that will support the work of medical practitioners undertaking peer review.