

Medical Council of New Zealand and Southern Cross Hospitals Memorandum of Understanding December 2012

The Parties

This memorandum of understanding (MoU) is between the Medical Council of New Zealand (MCNZ) and Southern Cross Hospitals Limited (Southern Cross Hospitals) (the parties).

Introduction

The MoU contains information relevant to the MCNZ and Southern Cross, in the credentialling¹ of doctors by Southern Cross Hospitals (refer Appendix 2 and Appendix 4 to this MoU) and provides a framework for the appropriate exchange of information between MCNZ and Southern Cross Hospitals in the interest of public safety.

Purpose

The purpose of the MoU is to enable the MCNZ and Southern Cross Hospitals to clarify their respective roles and responsibilities (refer Appendix 1) and the objectives and intentions of the parties (refer Appendices 3 and 4) related to:

- the regulation of doctors in New Zealand, including the management of any competence, performance, conduct and health issues;
- the credentialling of self-employed doctors to practise in Southern Cross Hospitals;
- the context for the operation of the MoU; and
- how Southern Cross Hospitals and MCNZ intend to interact with each other.

This document is not intended to create binding legal obligations, but it sets out the behaviours that the parties expect of each other in discharging their respective functions. The parties to this MoU will use all reasonable endeavours to meet their responsibilities under this memorandum.

Principles

The parties recognise that:

- Southern Cross Hospitals has responsibility to ensure that health and disability services provided within their facilities meet expectations of safety and
- the MCNZ has a responsibility to protect the health and safety of the public by ensuring the competence and fitness to practise of doctors.

The parties agree to foster a long-term collaborative relationship to enable us both to achieve their respective organisational objectives efficiently and effectively. The following principles will guide each in our mutual dealings:

- (a) Communicate with each other in an open and timely manner (including in relation to any request to review this MoU).
- (b) Work in a collaborative and constructive manner.
- (c) Comply with the provisions of legislation relevant to our respective roles and responsibilities.
- (d) MCNZ will make decisions within its decision-making principles (refer Appendix 3 to this MoU).
- (e) MCNZ and Southern Cross Hospitals have their own respective strategic and policy directions and separate relationships with doctors (refer Appendix 3 and 4 to this MoU).
- (f) Any disagreements between MCNZ and Southern Cross Hospitals are resolved in good faith and in a timely fashion.

¹ A definition of credentialling, for the purposes of this MOU, is found in the glossary (Appendix 2)

Meetings

The MCNZ and Southern Cross Hospitals will each monitor the performance of the MoU and may meet or correspond from time to time to discuss its implementation.

Such meetings or communications will address matters of mutual interest, including:

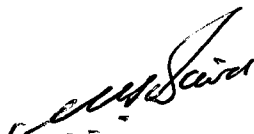
- (a) how the MoU relationship is working and how our mutual roles and responsibilities are being delivered,
- (b) opportunities for improvement,
- (c) how such improvement might be implemented,
- (d) wider medical regulation issues as they relate to Southern Cross Hospitals, and
- (e) other relevant matters.

The MCNZ will be represented by the Chief Executive, and relevant senior staff. Southern Cross Hospitals will be represented by the Chief Executive of Southern Cross Hospitals and the Chairman National Clinical Medical Committee (NCMC) and other relevant representatives.

Review

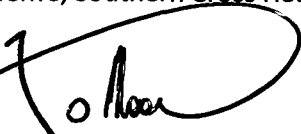
This MoU will be reviewed from time to time as agreed between the parties.

Signatures



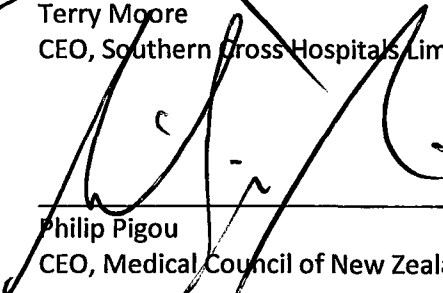
 MAH (Tony) Baird
 Chairman NCMC, Southern Cross Hospitals
 Limited

7th December 2012.
 Date signed



 Terry Moore
 CEO, Southern Cross Hospitals Limited

7 - 12 - 2012 .
 Date signed



 Philip Pigou
 CEO, Medical Council of New Zealand

7 - 12 - 2012
 Date signed

- Appendix 1** Roles and Responsibilities
- Appendix 2** Glossary
- Appendix 3** Medical Council of New Zealand Protocol for Decision-making Principles 2012
- Appendix 4** Southern Cross Hospitals Limited Credentialling and Defining Scope of Practice Guide 2010

Appendix 1

Roles and Responsibilities

The respective roles and responsibilities of the MCNZ and Southern Cross Hospitals are outlined under key headings below. The left hand column outlines the MCNZ's role. Southern Cross Hospital's role is shown in the matching column on the right.

Medical Council of New Zealand

Southern Cross Hospitals Limited

Register

Where a doctor is known to have current credentialled status with Southern Cross Hospitals, the MCNZ will record that information on the register (as additional non-public information).

Will regularly inform the MCNZ whenever a doctor is credentialled to work at a Southern Cross Hospital, including any changes to the credentialled status as agreed (see below).

Practising certificates

Will send out applications to doctors at their postal or email address 6 to 8 weeks prior to the practising certificate expiry date.

At the time of the initial application for credentialling will check the MCNZ online register to ensure all doctors applying to be credentialled by Southern Cross Hospitals have a current practising certificate.

Will complete processing of applications and issue practising certificates within 20 working days of receipt of the application if no issues.

Will maintain an annual checking process for reviewing the MCNZ online register to check that all credentialled doctors hold a current practising certificate, or are considered by the MCNZ to be deemed to hold a current practising certificate pending MCNZ formally issuing a practising certificate.

- Will send Southern Cross Hospitals
- (a) a list of all doctors known by the MCNZ to be credentialled by Southern Cross Hospitals whose practising certificate is due to expire, 2 weeks before expiry and
 - (b) a further list of those doctors whose practising certificates have just expired.

Note: Once the MCNZ has received an application for a practising certificate from a doctor, he/she is deemed to have a practising certificate unless Southern Cross Hospitals and the doctors are notified otherwise by the Registrar.

MCNZ does not backdate a practising certificate if a doctor does not apply before the expiry date.

Competence and conduct

Will notify the Southern Cross Hospitals, in relation to credentialled doctors when:

- there is a risk of harm or risk of serious harm arising from a doctor's practice
- there is a suspension
- conditions or other limitations/requirements are placed on the doctor's practice including a voluntary undertaking
- MCNZ decides to order a performance assessment
- MCNZ decides to order a professional conduct committee
- there is a need to access medical records
- the practising certificate is not renewed (other than for the reason that the doctor has ceased practice);
- the practising certificate is renewed but with different terms or conditions
- health matters arise - refer page 8.

Will, upon receipt of formal notification of competence and or conduct or other issues, act promptly to inquire into the matter and consider a performance assessment or referral to a professional conduct committee.

Will continue to have a system to exchange information on concerns about doctors' competence and conduct with a DHB, private hospital or other providers that may credential a doctor. MCNZ accepts a single provider may not be aware of the other locations where a doctor practises (this is information which is provided by the doctor to MCNZ on the practising certificate renewal form).

Will take responsibility to ensure patients are not at risk while competence and conduct or other concerns are being reviewed by MCNZ.

Will maintain the current credentialling process for assessing and addressing concerns. Southern Cross Hospitals will ensure compliance with statutory requirements.

[NB Under section 34(1), where a health practitioner has reason to believe that a doctor may pose a risk of harm to the public by practising below the required standard of competence, that health practitioner may give the MCNZ written notice of the reasons on which that belief is based.]

Will maintain a process for managing doctors' performance and behaviour.

Will notify the MCNZ of changes or restrictions placed on a doctor's practice at Southern Cross Hospitals to address the potential risk of harm or other circumstances that meet the statutory threshold for reporting to the MCNZ.

Management and sharing of information regarding doctors

Will comply with the HPCAA, particularly sections 35 and 157, to ensure key stakeholders, including Southern Cross Hospitals receive timely notification of decisions concerning a doctor, where those stakeholders have a role, arising from the doctor's practice, in ensuring public health and safety.

Will, where an order or direction is made by MCNZ, concerning a doctor known to be credentialled by Southern Cross Hospitals, publish the order to the CEO of Southern Cross Hospitals and the Chairman of the National Clinical Medical Committee of Southern Cross.

Will, as far as legally possible, facilitate a process of information sharing where Southern Cross Hospitals does not have Information relating to other employers, or organisations or individuals or doctors with whom the doctor practices or employed by or places of work.

Health

Will, if there is a reason to believe a doctor is not fit to practise because of a mental or physical condition, notify the Southern Cross Hospitals CEO or nominee where there is:

- a risk of harm or risk of serious harm arising from the doctor's practice
- a suspension;
- one or more conditions or other limitations placed on the doctor's practice;
- a health agreement with the doctor;
- any significant monitoring requirements that have been established by the MCNZ.

Will ensure assessments are completed to ascertain if a doctor is fit to practise.

Will, where the MCNZ agrees on a voluntary agreement with a doctor to protect public health and safety, while also maintaining the doctor in safe practice, ensure Southern Cross Hospitals is aware of any relevant health issues requiring management

On receipt of any order or notice, will confirm receipt to the MCNZ.

Will, on receipt of any order or notice about a credentialled doctor, consider whether any action is required, within its policies and agreements with credentialled doctors to ensure that risk to public safety is minimised arising from the practice of that doctor.

Will work with MCNZ (and other parties, including MOH and HDC) where there is an agreed multi-agency response to identified public safety issues arising from a doctor's practice to support the process and share information as far as is legally permissible.

Note: Doctors and those organisations that employ registered medical practitioners or credential doctors have a duty to report to the MCNZ under section 45 HPCA Act 2003 if there is reason to believe a doctor is not fit to practise if, because of a mental or physical condition, he or she is not able to perform the functions required for the practice of medicine.

Those functions would include:

- the ability to make safe judgements
- the ability to demonstrate the level of skill and knowledge required for safe practice
- behaving appropriately
- not risking infecting patients with whom the doctor comes in contact
- not acting in ways that impact adversely on patient safety.

Where Southern Cross Hospitals is aware a doctor has a physical or mental health condition that may impair the doctor's performance or behaviour, and where the

including:

- chronic deteriorating conditions
- situations where there may be substance abuse
- risk of misuse of medication and associated supplies.

credentialed status may be deemed to have lapsed, be modified, suspended or terminated, Southern Cross Hospitals will a) recommend self-disclosure to the MCNZ and b) will comply with legislative requirements.

Where a doctor advises the Southern Cross Hospitals management of a personal health issue or disability which may affect the practitioner's ability or capacity to practise, Southern Cross Hospitals will a) recommend self-disclosure to MCNZ and b) will comply with legislative requirements.

Where the MCNZ has ordered, or obtained the doctor's agreement to, monitoring of health concerns in the workplace, including any random testing, Southern Cross Hospitals will take reasonable steps to support it.

Credentiailling and Defining Scope of practice

“Credentiailling”, as used by Southern Cross Hospitals, is a 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.

“Scope of Practice”, as used by Southern Cross Hospitals, follows on from the first step in Southern Cross Hospitals’ credentiailling process. A “scope of practice”, for this purpose, defines the extent of a doctor’s permitted clinical practice at a particular Southern Cross Hospital, based on the doctor’s qualifications, competence, performance and professional suitability. The scope of practice is hospital-specific and takes into account the capability of that Southern Cross Hospital to support the medical specialist’s scope of clinical practice. The medical specialist may state within their vocational speciality the range and type of procedures they are applying to perform and those they do not intend to perform.

Council definitions of Risk of harm and Risk of serious harm

Risk of harm may be indicated:

- a pattern of practice over a period of time that suggests the doctor’s practice of medicine may not meet the required standard of competence; or
- a single incident that demonstrates a significant departure from accepted standards of medical practice; or
- recognised poor performance where local interventions have failed – this does not exclude notification of serious concerns where internal review or audit is inaccessible or unavailable to the person with the concern; or criminal offending; or
- professional isolation with declining standards that becomes apparent.

Risk of serious harm:

- an individual patient may be seriously harmed by the doctor; or
 - the doctor may pose a continued threat to more than one patient and as such the harm is collectively considered ‘serious’; or
 - there is sufficient evidence to suggest that alleged criminal offending is of such a nature that the doctor poses a risk of harm to one or more members of the public.
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Protocol for decision-making principles

Background

- 1 The Council's governance role is to establish the strategic direction of the Council consistent with its purpose of protecting the health and safety of the public by ensuring doctors are competent and fit to practise.
- 2 The Council has a quasi-judicial function that is distinct from its strategic governance role. This function must be exercised within the Council's powers and responsibilities under the Health Practitioners Competence Assurance Act 2003 (HPCAA). These functions relate mainly to the exercise of Council's powers of registration, competence, conduct and health in relation to a specifically identified doctor.
- 3 The Council's decision-making principles will need to reflect these differences in Council's roles. Although there are likely to be common principles for both roles, it is also likely that each role will have distinctly separate principles. The remainder of this protocol identifies common and separate principles, relevant to Council's roles.

Common principles – governance and quasi-judicial roles

- **Accountability:**
Council is accountable for its decisions to the public, the Minister of Health and Parliament and, in relation to the efficient use of funds to achieve its purpose under the HPCAA, to the profession. This means that the Council will consider:
 - Whether the decision is consistent with its principal purpose – to protect the health and safety of the public.
 - Whether the decision is consistent with its functions under the HPCAA ie, setting standards, ensuring competence, promoting education and training, promoting public awareness, etc.
 - Whether the decision is consistent with its values and principles as expressed in the Business Plan.
 - Whether the decision is the most efficient means of meeting Council's obligations under the HPCAA.
- **Trust:**
Council will consider trust in key relationships when deciding governance and quasi-judicial matters. The key relationships are:
 - Between the profession and the public.
 - Between the public and the Council.
 - Between the profession and the Council.

Council will consider:

- would the decision improve the trust in one or more of these relationships?
- *What would be the impact on the other relationship(s)?*

- Independence:
 - The independence of Council members is important to ensure the integrity of Council decisions. The Council does not represent the profession and Members must be free from influence from external bodies. Council will decide governance and quasi-judicial matters independently of any stakeholder interest, personal interest or relationship and professional interest or relationship. (Please also refer to Council's *Policy on conflict of interest*).
- Inquiry:
 - Council will inquire into and assess all relevant and available information in deciding governance and quasi-judicial matters. This would include examining critically all assumptions to determine opinion and fact.
- Consistency:
 - Council aims to ensure good decisions over time by giving consideration to earlier decisions when deciding governance and quasi-judicial matters. Council acknowledges that regulatory standards change over time and decisions will always be based on the standards existing at that time.
- Cultural competence:
 - Council recognises that doctors in New Zealand work with a population that is culturally diverse and therefore cross-cultural doctor-patient and doctor-clinical team interactions are common. Council will itself demonstrate and continue to promote awareness amongst all doctors of cultural diversity and the ability to function effectively, and respectfully, when working with people of different cultural backgrounds.

Specific principles – governance roles

- Responsibility:
 - Council, in relation to any regulatory intervention of a strategic or policy nature, has a responsibility to the profession to engage, consider comment and feedback fairly, and to make decisions that can be effectively implemented.

Specific principles – quasi-judicial roles

- HPCAA:
 - The Council will always act consistent with the purpose, principles and specific enabling provisions of the HPCAA.
- Principles of natural justice:
 - The Council will apply the specific provisions of the HPCAA regarding providing relevant information and giving reasonable opportunity to make written submissions and be heard.
 - Proceedings of Council will be conducted so that they are fair to all parties.
 - The Council will only take into account relevant considerations and extenuating circumstances and ignore irrelevant considerations.
 - All members of Council should act without bias (refer to Council's *Policy on conflict of interest*) and act in good faith.
- Risk of harm and risk of serious harm
 - The Council, in considering individual cases, will expressly apply its definitions of risk of harm and risk of serious harm. The relevant definitions are:

Risk of harm may be indicated by:

- A pattern of practice over a period of time that suggests the doctor's practice of medicine may not meet the required standard of competence; or
- A single incident that demonstrates a significant departure from accepted standards of medical practice; or
- Recognised poor performance where local interventions have failed – this does not exclude notification of serious concerns where internal review or audit is inaccessible or unavailable to the person with the concern; or criminal offending.
- Professional isolation with declining standards that become apparent.

Risk of serious harm may be indicated when:

- An individual patient may be seriously harmed by the doctor; or
- The doctor may pose a continued threat to more than one patient and as such, the harm is collectively considered 'serious'; or
- There is sufficient evidence to suggest that alleged criminal offending is of such a nature that the doctor poses a risk of serious harm to one or more members of the public.

Approved by Council: 13 May 2009
Amended by Council: 16 May 2012



Southern Cross
Hospitals

Treating you well

Credentialling and Defining Scope of Practice Guide

for surgeons, anaesthetists and other clinical team members



Guide booklet

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APPENDIX 1 Procedures

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| 1 | Application for credentialling and defining scope of practice | 6 | Review of credentialled status |
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APPENDIX 2 Guideline to application to modify scope of practice

- STEP B Additional services, procedures or techniques
- STEP C New, advanced services, procedures or techniques

APPENDIX 3 Accepting credentials granted by another organisation

- FORM 1 DHB or other organisation agreement

APPENDIX 4 Guideline to application by other clinical team members to perform a specialised activity or practice under temporary credentialling

- Terms of access to the patient care environment
- FORM 1 Other clinical team members credentialling and defining scope of practice or activity form

APPENDIX 5 Credentialling and defining scope of practice at Southern Cross Hospitals - FORMS

- FORM 1 Credentialling application - STEP A
- FORM 2 Defining scope of practice application - STEP B and or STEP C agreement
- FORM 3 Health and personal status



Southern Cross
Hospitals

Treating you well

Welcome

It is always our pleasure to welcome suitably qualified 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 850 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.

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.

You should also retain this publication for future reference on our operating procedures.

About Southern Cross Hospitals

Our vision

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

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. 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.

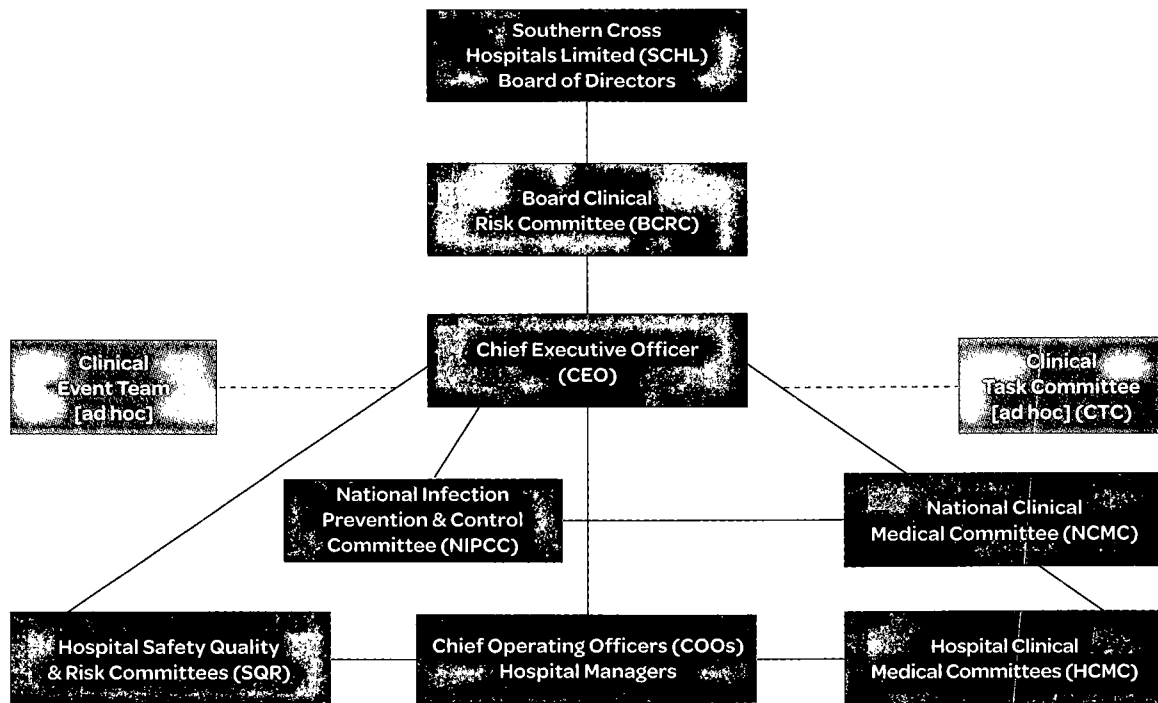
Hospital managers report to a chief operating officer who reports to the CEO. Southern Cross Hospitals Limited is owned by the Southern Cross Health Trust – a separate business from the Southern Cross Medical Care Society health insurance operations.

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 medical committees and safety, quality and risk committees at each of our hospitals. These committees support us and our credentialed practitioners in meeting or exceeding our key performance standards.

The clinical medical and safety, quality and risk 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 and Terms of Reference is available from your hospital manager. The following diagram provides an outline of the clinical governance framework.

CLINICAL GOVERNANCE STRUCTURE



Hospital Clinical Medical Committee (HCMC)

Each Southern Cross Hospital has a clinical medical committee 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 Hospital Clinical Medical Committee acts as an advisory and monitoring body to hospital management, medical specialists and the National Clinical Medical Committee. The Hospital Clinical Medical Committee oversees medical and clinical standards within the hospital by ensuring best practice, a positive workplace culture and that 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 National Clinical Medical Committee monitors the Hospital Clinical Medical Committees and hospital clinical governance processes. It focuses on matters affecting clinical and medical standards and practice and hospital quality systems, including audit processes. The committee operates from Southern Cross Hospitals' national office.

The National Clinical Medical Committee is chaired by a medical specialist and includes representatives from surgical specialties, anaesthetics, the chief executive officer and senior clinical, quality and risk management advisors. The committee meets a minimum of five times each year or more frequently if required.

Individual medical practitioners credentialled at Southern Cross Hospitals, Hospital Clinical Medical Committees and hospital management may refer matters concerning practice, policy and standards to the National Clinical Medical Committee. To assist the functioning of the National Clinical Medical Committee an ad hoc committee may be established.

Clinical Task Committee (CTC)

The National Clinical Medical Committee or chief executive officer may establish an ad hoc committee to advise and make recommendations on particular matters.

National Infection Prevention and Control Committee (NIPCC)

The National Infection Prevention and Control Committee monitors the systems and processes to meet infection control standards. The committee operates from Southern Cross Hospitals' national office.

Board Clinical Risk Committee (BCRC)

The Board Clinical Risk Committee is a committee of the Southern Cross Hospital Limited Board. It assists the Board to meet its clinical governance obligations. The Board Clinical Risk Committee 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 chief executive officer and others by invitation.

Credentiailling and defining scopes of practice

Investing in systems and facilities that ensure quality patient-focused care is one of Southern Cross Hospitals' core strategies. 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 on from 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 the capability of that Southern Cross Hospital to support the medical specialist's scope of clinical practice is considered as part of the process. 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 current scope of practice with a District Health Board or another organisation may be transportable (see Appendix 3).

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, teamwork and collegiality are essential at Southern Cross Hospitals. Individual practitioners are responsible for declaring their competence, including training and skills, and monitoring their own compliance within their approved scope of practice, auditing and reviewing their clinical outcomes, workload and professional behaviour.

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 to the hospital management to access the patient care environment such as health practitioner assistants, visiting professionals, technical experts and healthcare trainees/observers, (see Who may access the patient care environment page 11).

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.

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

Other clinical team members

Complete details of the credentiailling processes are provided in Appendix 1 and Appendix 4 of this guide.

CREDENTIALLING AND DEFINING SCOPE OF PRACTICE APPLICATION PROCESS

CREDENTIALLING

ALL PRACTITIONERS must complete STEPS A and B. 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 professional indemnity insurance
- Completion of the Credentialling Application Form (Appendix 5 Form 1)
- Completion of the Health and Personal Status Form (Appendix 5 Form 3)
- Provision of associated information.

DEFINING SCOPE OF PRACTICE

Applicable to SPECIFIC HOSPITAL:

STEP B COVERS:

- All aspects for credentialling (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 sections)
- Confirmation of collegial support from 3 referees
- Approval confirmed by NCMC.

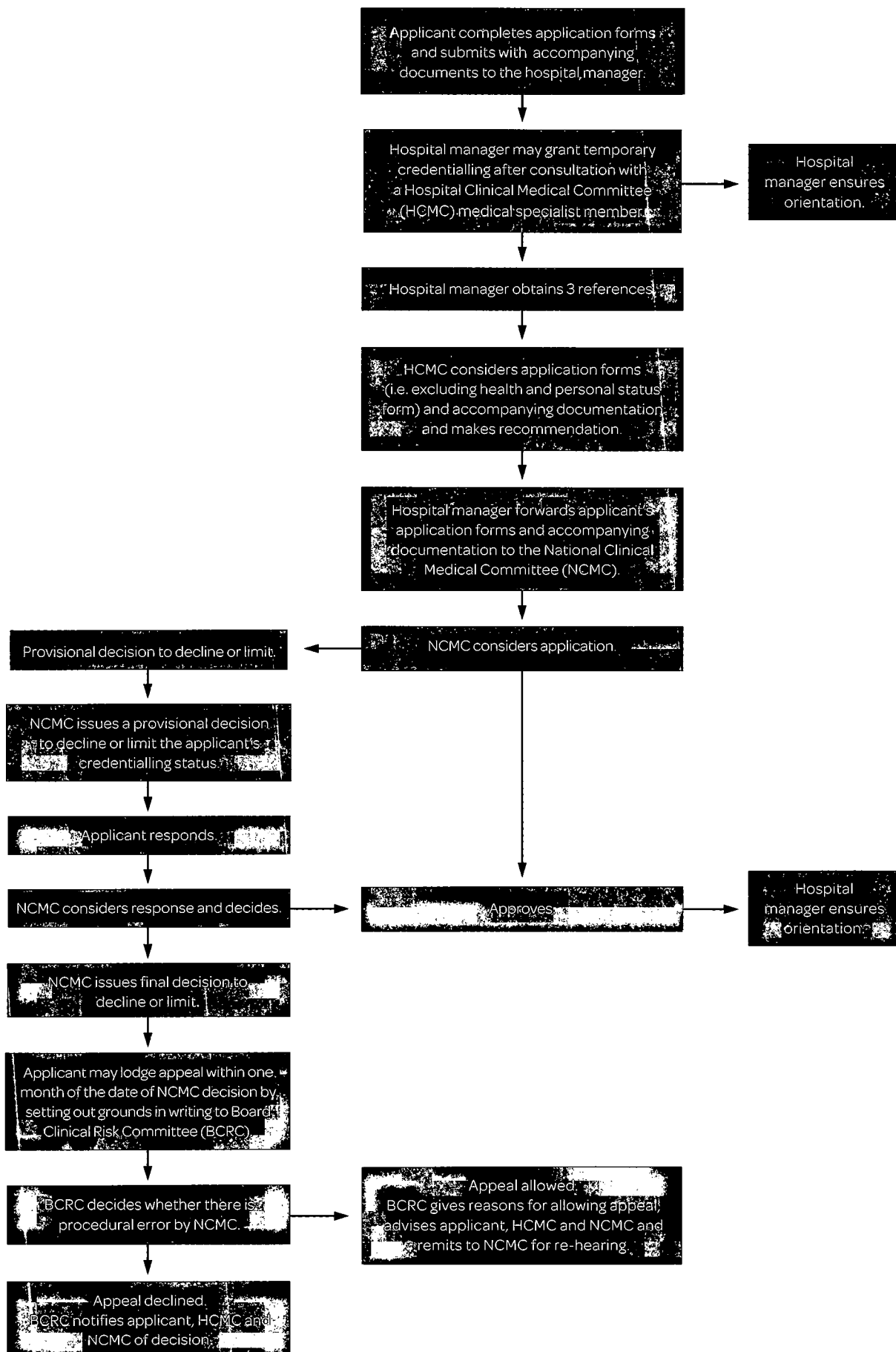
DEFINING SCOPE OF PRACTICE

Applicable to SPECIFIC MEDICAL SERVICE, PROCEDURE OR TECHNIQUE:

STEP C COVERS:

- All aspects for credentialling (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
- Including 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
- Approval confirmed by NCMC.

APPLYING FOR CREDENTIALLING AND SCOPE OF PRACTICE



Term of credentialling and re-credentialling

Practitioners can be credentialled for a maximum of five years, or 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. All practitioners must also undergo re-credentialling at age 65.

Where the practitioner has a physical or mental condition which may impair performance or behaviour, credentials will be deemed to have lapsed and the practitioner must re-apply and, as part of this process, provide medical evidence of fitness to return to practice.

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.

The hospital manager will contact the practitioner to initiate the re-credentialling process.

Maintaining credentialled status

Credentialled practitioners are required as a condition of their credentialled status to maintain appropriate professional registration, a current annual practising certificate and professional indemnity insurance.

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 National Clinical Medical Committee 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 and or behaviour.

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

The National Clinical Medical Committee 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 and 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, 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).

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 National Clinical Medical Committee 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 credentialed status, including 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
- 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 is charged with any criminal offence
- x) The practitioner has notified his or her indemnity organisation of a potential issue.

The hospital manager will advise the Hospital Clinical Medical Committee, which will then advise the National Clinical Medical Committee. The National Clinical Medical Committee 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 National Clinical Medical Committee Chair, or the chief executive officer, will contact the practitioner to clarify the situation, and confirm that the practitioner has notified other hospitals and facilities. The National Clinical Medical Committee Chair or chief executive officer 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.

Practising at Southern Cross Hospitals

Southern Cross Hospitals is committed to working with its credentialed practitioners to provide quality care. This section outlines the 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/independent contractor between the hospital and any practitioner.

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

Teamwork and co-operation are essential in any situation involving safety. 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 credentialed 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 an Annual Practising Certificate
- ii) Maintaining 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 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, it is the practitioner's responsibility to arrange appropriate cover (refer viii) below)
- 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 credentialed 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
- xii) Accepting evidence-based medicine and implementing it as current best practice where appropriate
- xiii) Being familiar with and observing the policies and procedures contained in the Southern Cross Hospitals Safety, Quality and Risk; Incidents and Complaints Management; Infection Control; Clinical; Emergency; and Health and Safety folders, other organisational and clinical folders and expectations outlined in this policy booklet.

In the interests of our patients and others, failure to comply with any of these conditions could lead to the withdrawal of a practitioner's credentials or amendment of their scope of practice.

Practitioner review

If any individual practitioner's performance, behaviour or other circumstances require review, the National Clinical Medical Committee or the chief executive officer may establish an ad hoc Clinical Task Committee. The responsibility of the Clinical Task Committee will be to conduct an investigation or review and recommend a course of action to the National Clinical Medical Committee and or the chief executive officer.

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 by all practitioners. 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 ensure patient safety checks, quality clinical processes and a safe working environment.

Leave

Southern Cross Hospitals understands that practitioners will have non-operating periods each year, for example when they are on leave. In such circumstances, the hospital manager should be advised well in advance so that operating or procedure room list access can be offered to other practitioners.

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, a leaflet about anaesthetic procedures and forms.

Admitting and treating patients

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
- Any additional anaesthetic consent and other documents.

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. 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) Admission may constitute an unacceptable risk to hospital staff or other patients
- ii) The facilities or resources required for the safe treatment and care of a particular patient are not available

- iii) The interests of the hospital are best-served by refusing admission
- iv) The type of hospital licence limits the category of patient.

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 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 Medical Care 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 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
- 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 record at the time of prescribing. Please note:
 - a. It is essential that the anaesthetist reviews any medication being taken by a patient and writes instructions for this medication to be continued or withheld during the patient's hospital stay. If usual medications are to be continued, this 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

- 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 the practitioner 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 the Privacy Act and by hospital and medical protocols. Our employees are mindful of the need to respect patients' rights and we expect practitioners to also uphold patients' privacy by complying with applicable legislation.

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

Operating and medical procedures

Operating theatre and procedure room best practices

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

Checks and surgical counts

These policies include Time Out checks to ensure correct person, correct site, correct procedure; 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.

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.

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.

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.

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, is restricted within the immediate patient care environment.

Who may access 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 4 Terms of access to patient care environment for further details).

Assistants and visiting professionals

Southern Cross Hospitals recognises that a surgeon may sometimes require the services of an assistant or visiting professional. Such personnel will need credentialling including a defined scope of practice by arrangement with the hospital management. The recommending surgeon must provide direct supervision.

Technical experts

Medical technology suppliers whose technical services are required by the surgeon will need to be credentialled. 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.

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.

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 National Clinical Medical Committee through the Hospital Clinical Medical Committee or hospital manager when any research is proposed. The approval of the relevant ethics committee is essential. All research must be approved by the National Clinical Medical Committee including the chief executive officer.

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 confirmation that equipment complies with current biomedical, electrical and any other legislation.

Southern Cross Hospitals has a policy not to routinely flash autoclave 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, and all necessary written consents have been obtained for both the receipt and donation of blood, blood products or tissue.

Infection control and disease prevention

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
- 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 personal exposure if a patient at another facility or in the community is 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 infections should not perform exposure-prone procedures
- 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.

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.

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 a tertiary facility may be required.

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 “no blame” 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 Hospital Clinical Medical Committee and or peer review by any Mortality and Morbidity forum.

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.

Clinical indicators

A range of clinical indicators is monitored at the Hospital Clinical Medical Committee and hospital quality meetings. These benchmarks are used to identify opportunities for improvement across Southern Cross Hospitals.

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 chief executive officer. Additional access and credentialling may need to be arranged if a third party collects data.

Peer review, benchmarking and self audit

Southern Cross Hospitals supports practitioner self audit including benchmarking of performance and peer review of cases. Such activities are encouraged within the hospitals and the professional community.

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 open disclosure and patients, employees and practitioners must be fully informed of any incident that may affect them.

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.

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 National Clinical Medical Committee.

Matters not covered by this guide

Practitioners may discuss any matter of concern with the hospital manager, who may refer them to the chief executive officer, Hospital Clinical Medical Committee and National Clinical Medical Committee if necessary.

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Abbreviations

| | | | |
|-------------|--|-----------------------|--|
| BCRC | Board Clinical Risk Committee | HCMC | Hospital Clinical Medical Committee |
| CEO | Chief Executive Officer, Southern Cross Hospitals Limited | NCMC | National Clinical Medical Committee |
| CTC | Clinical Task Committee | Southern Cross | Southern Cross Hospital, Southern Cross Hospitals Limited |

1. Application for credentialling and defining scope of practice

1.1 Initial application

- 1.1.1 By submitting an application for credentialling, the applicant agrees to be bound by, and have the application considered in accordance with, the terms set out in the Southern Cross Hospitals Credentialling 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 Credentialling and Defining Scope of Practice as a Southern Cross Practitioner 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 credentialling can be made by persons other than registered health practitioners at the discretion of the National Clinical Medical Committee (NCMC).
- 1.1.4 Applications for credentialling will ordinarily include an application for a scope of practice.
- 1.1.5 An application for credentialling 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 Hospital Clinical Medical Committee (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 The NCMC is solely responsible for approving or declining credentialling applications, determining how long an applicant is credentialled for, deciding on suspensions and or terminations of credentialled status, and for approving an applicant's scope of practice.
- 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 notify the applicant of the reasons for its decision.
- 1.3.6 The NCMC has the discretion to accept the credentials of a practitioner as granted by another organisation.

2. Maintenance of credentialed status

- 2.1 Credentialed practitioners are required to maintain appropriate professional registration, an annual practising certificate, and professional indemnity insurance. Failure to do so may result in the practitioner's credentialed status being suspended or terminated.
- 2.2 Southern Cross Hospitals may verify that a credentialed practitioner has appropriate registration, an annual practising certificate and professional indemnity insurance at any time by requesting the practitioner to provide information or by direct approach to a Registration Authority or indemnity organisation.
- 2.3 All credentials are granted on the condition that the credentialed practitioner immediately notifies the hospital manager of any circumstance that might reasonably affect a practitioner's credentialed status or scope of practice (examples of circumstances that could affect a practitioner's credentialed status are provided in the Southern Cross Hospitals Credentialling and Defining Scope of Practice Guide). Failure to do so may result in credentialed 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 suspension or termination of the practitioner's credentialed 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 credentialed status or scope of practice, or require further review, the hospital manager may convey that information to the Chief Executive Officer (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 before the expiry of the practitioner's credentialed status, a practitioner remains credentialed 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 re-credentialling application.
- 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, such that the NCMC considers the practitioner's scope of practice or credentialed status may not be appropriate, the NCMC can require a practitioner to apply for re-credentialling.
- 3.5 Where a practitioner has a physical or mental condition (or the NCMC considers that a practitioner may have such a condition) that might impair the practitioner's performance or behaviour, the NCMC may determine that the practitioner's credentialed status lapses and the practitioner must apply for re-credentialling. The NCMC may require medical reports as part of the recredentialling 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 declinature or the date of the appeal decision.

4. Termination of credentialed status by practitioner

- 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.

5. Interim measures

- 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 credentialed status or scope of practice are under review) they may, without giving reasons, do either of the following:
- suspend a practitioner's credentialed status; or
 - modify a practitioner's scope of practice.
- 5.2 Where members exercise the power under clause 5.1:
- 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 credentialed status, or modify a practitioner's scope of practice, on its own motion, or at the request of the NCMC.

6. Review of credentialled status

- 6.1 The CEO or NCMC may receive any information that may be relevant to a practitioner's credentialled status or scope of practice, or other issue that may require further investigation.
- 6.2 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.
- 6.3 In undertaking any review, the NCMC may convene a Clinical Task Committee (CTC).
- 6.4 If convened, the CTC is responsible for making a non-binding recommendation to the NCMC.
- 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.

7. Scope of practice changes and review

- 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.
- 7.2 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.
- 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.

8. Temporary credentialling

8.1 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.
- 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 A practitioner who is granted temporary credentials will not necessarily be granted full credentials.
- 8.1.4 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.

8.2 Other clinical team members

- 8.2.1 Other practitioners, assistants, technical experts and professional visitors who do not intend to have a regular ongoing relationship with a Southern Cross Hospital may apply for temporary credentialling.

- 8.2.2 Temporary credentialling (other than when a decision is pending on credentialling as in 8.1) is generally suited for practitioners intending to provide complementary services to credentialled practitioners at Southern Cross. It would be rare for a practitioner with temporary credentialling to admit patients to a Southern Cross Hospital (other than practitioners with temporary credentialling as in 8.1)
- 8.2.3 The granting of temporary credentialling is solely at the hospital manager's discretion.
- 8.2.4 The hospital manager may grant temporary credentials for a specified period: with at least one satisfactory reference from a referee nominated by the practitioner/assistant/technical expert/professional visitor or, in the case of a technical expert, being satisfied that the expert represents a reputable organisation that has dealings with Southern Cross Hospitals; and
- 8.2.5 The hospital manager will keep a record of temporary credentials granted.

8.3 Termination of temporary credentialling

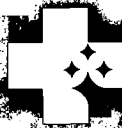
- 8.3.1 The hospital manager, CEO or NCMC may revoke any person's temporary credentials with immediate effect and without cause at any time by giving written notice.
- 8.3.2 For the avoidance of doubt, clause 9 shall not apply to the termination of temporary credentials.

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.

10. Appeals

- 10.1 A practitioner may lodge an appeal to the Board Clinical Risk Committee (BCRC) of Southern Cross Hospitals Limited whenever the:
- 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.
- 10.2 The sole ground of an appeal under 10.1 is that the process followed by the NCMC was unfair.
- 10.3 There is no right of appeal from a decision:
- related to temporary 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.
- 10.4 All appeals must be lodged within one month of the date of the decision being appealed.
- 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.
- 10.6 The BCRC may follow whatever procedure for the appeal as appears to it necessary or expedient.
- 10.7 If the BCRC decides to uphold an appeal, it must:
- give written reasons 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.
- 10.8 The BCRC will notify the practitioner of the decision, but is not required to give reasons.
- 10.9 The BCRC will advise the hospital manager, the HMC and the NCMC that there has been an appeal and the outcome of the appeal.



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 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 4 of Appendix 5 and Table i of Appendix 2). You should attach relevant supporting documentation e.g. relating to your recent training, practice and quality assurance or as required by the hospital. 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 page 4 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) • Cardiac and thoracic surgery |
| Cardiology | <ul style="list-style-type: none"> • Pacemaker insertion • Cardiac catheterisation |
| General Surgery | <ul style="list-style-type: none"> • Bariatric surgery • Colorectal surgery • Thoracic surgery • Advanced Laparoscopic and laser levels |
| Neurosurgery | <ul style="list-style-type: none"> • Craniofacial modelling for congenital abnormalities • Endovascular coils for aneurysms • Resection of brain tissue for epilepsy • 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 • Joint Navigation technology • Hip arthroscopy • Peri-acetabular osteotomy (e.g. Ganz) • Major tumor surgery |
| Otolaryngology head and neck surgery | <ul style="list-style-type: none"> • Advanced head and neck tumour resections • Acoustic neuroma surgery • Advanced endoscopies 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) |
| Ophthalmology | <ul style="list-style-type: none"> • Posterior segment surgery |
| Paediatric surgery | <ul style="list-style-type: none"> • Advanced laparoscopic procedures • Chest wall deformities • Liver resections • 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 • Radioactive seed insertion • Total cystectomy • Radical prostatectomy |
| Other | <ul style="list-style-type: none"> • Robotic procedures • Total Parenteral Nutrition • Chemotherapy e.g. intracystic therapy or other uncommon therapies • 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 |

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 Therapeutic Goods Administration (Commonwealth Department of Health and Ageing/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



COMPLETE THIS AGREEMENT AND RETURN TO THE HOSPITAL MANAGER PRIOR TO PROVIDING SERVICES AT THE SOUTHERN CROSS HOSPITAL

I (name): _____

acknowledge that I have read and understood Southern Cross Hospitals Credentiailling and Defining Scope of Practice Guide and agree to be bound by the Guide, as amended from time to time, subject to any specific terms of the contract between

Southern Cross Hospitals (name): _____

and (name): _____ DHB, for the purposes of carrying out the DHB

contract at Southern Cross Hospitals (name): _____

Signature: _____ Date: _____



Guideline to application by other clinical team members for access to the patient care environment to perform a specialised activity or practice under temporary credentiailling

Introduction

Southern Cross Hospitals is committed to working with its credentiailled practitioners to provide quality care. In line with that commitment Southern Cross Hospitals recognises the need for its credentiailled practitioners to have the assistance of other clinical team members when providing patient care. It also requires that other clinical team members are credentiailled or have patient consent (Terms of Access to Patient Care Environment – page 2 of Appendix 4) before being permitted to access the patient care environment. This section outlines the responsibilities of those other clinical team members who are granted temporary credentiailling in order to assist credentiailled practitioners.

Other clinical team members are granted temporary credentiailling in order to assist credentiailled practitioners. They do not provide independent patient care. Any involvement in patient care must be under the authority and supervision of a credentiailled practitioner.

Other clinical team members are required to comply with Southern Cross Hospitals’ policies and processes and the expectations of credentiailled practitioners as set out in the Southern Cross Hospitals Credentiailling and Scope of Practice Guide as amended from time to time. It is the responsibility of the applicant to ensure that they are familiar with Southern Cross Hospitals’ expectations which are set out in policy documents and guides available from the hospital. If the applicant has any questions about these expectations they should be raised with the hospital management.

This guideline is to assist other clinical team members applying for credentiailled status.

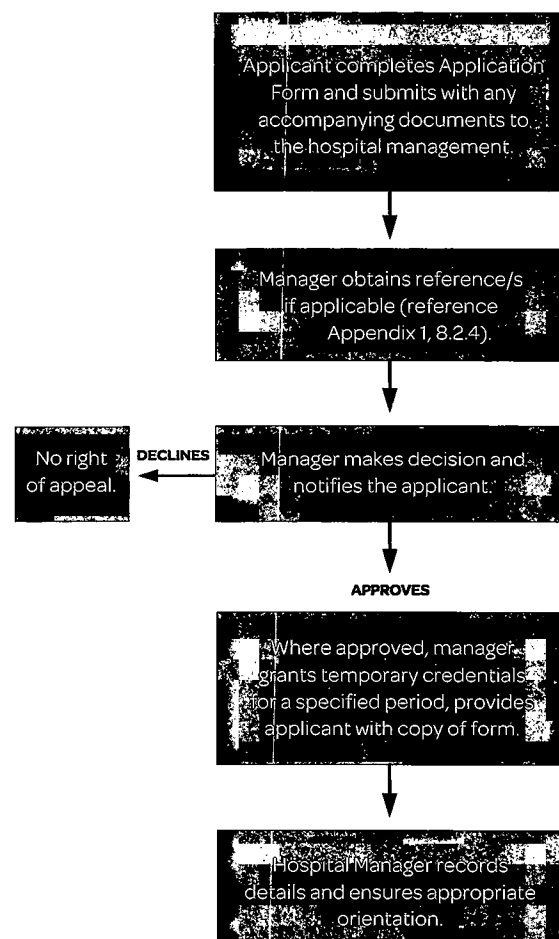
Application and approval process

As a first step in the process, the surgeon would inform hospital management of the need for the assistance and provide a verbal reference as to the suitability of the individual or the reputation of the organisation.

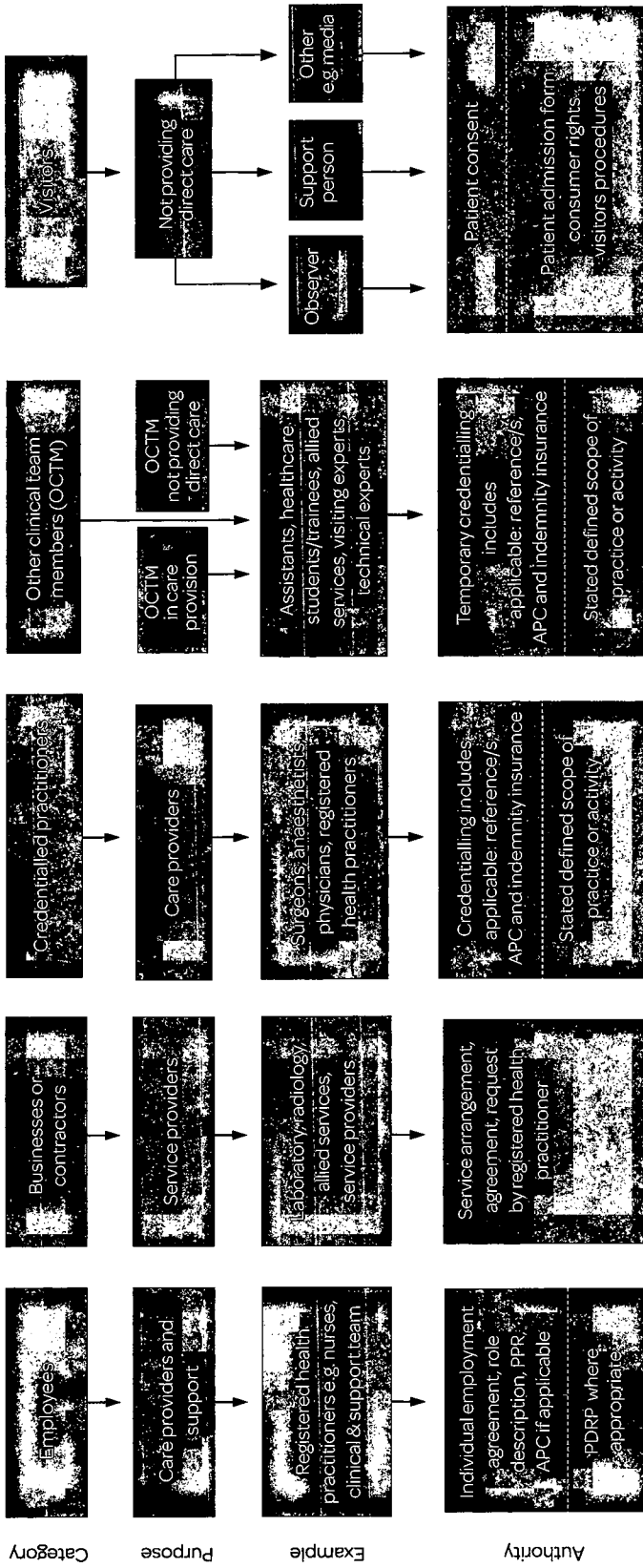
The hospital provides the applicant with the form for completion (see Appendix 4, Form 1) including access to the Credentiailling and Defining Scope of Practice Guide and any other information.

The applicant should provide any relevant attachments to support the application. The manager will make a decision and if approved state the term of the credentiailled period on the form and give the applicant a copy.

The following flowchart provides an overview of the process.



TERMS OF ACCESS TO PATIENT CARE ENVIRONMENT



Southern Cross Hospitals is committed to working with its credentiailled practitioners to provide quality patient care. In line with that commitment Southern Cross Hospitals recognises the need for its credentiailled practitioners to have the assistance of other clinical team members when providing patient care. It also requires that other clinical team members are credentiailled before being permitted to access the patient care environment. This section outlines the responsibilities of those other clinical team members who are granted temporary credentiailling in order to assist credentiailled practitioners.

Basis of credentiailled status

Southern Cross Hospitals, practitioners and other clinical team members 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 credentiailling process or contained in this policy and practice guide and accompanying forms and agreements creates any relationship of employer/employee or principal/independent contractor between the hospital and any other clinical team member.

Other clinical team members are solely responsible for their own practice, activity and conduct and the hospital is not liable for any act, error or omission of any other clinical team member.

Teamwork and co-operation are essential in any situation involving safety. 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 credentiailled practitioners and other clinical team members 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.

Other clinical team members are granted temporary credentiailling in order to assist credentiailled practitioners. They do not provide independent patient care. Any involvement in patient care must be under the authority and supervision of a credentiailled practitioner.

Other clinical team members are required to comply with Southern Cross Hospitals' policies, this acknowledgement form and the expectations of credentiailled practitioners as set out in the Southern Cross Hospitals Credentiailling and Scope of Practice Guide as amended from time to time.

It is the responsibility of the applicant to ensure that they are familiar with Southern Cross Hospitals' expectations which are set out in policy documents and guides available from the hospital. If the applicant has any questions about these expectations they should be raised with the hospital manager. A reminder of some of Southern Cross Hospitals' expectations is also set out below.

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 open disclosure and patients, employees and practitioners must be fully informed of any incident that may affect them.

Patient confidentiality

The rights of our patients to privacy are protected under the Privacy Act and by hospital and medical protocols. We expect other clinical team members to uphold patients' privacy by complying with applicable legislation and our policies.

Infection control and disease prevention

Southern Cross Hospitals has been designed with the safety of patients in mind. 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, persons in the hospital must:

- Personally perform hand hygiene before and after each patient contact
- Wear suitable attire for the protection of themselves and others
- Apply accepted medical practices to create and maintain a clean, therapeutic environment
- Ensure there is no possibility of any action which may admit contaminants to the operating theatre suite or procedures rooms
- Immediately advise the hospital manager of personal exposure if a patient at another facility or in the community is identified as being positive to methicillin resistant staphylococcus aureus (MRSA) or other epidemiologically significant 'high risk organism'
- Follow the standard hospital procedure for reporting and investigating in the event of a blood or body fluid exposure, needle stick or stab injury
- Adhere to standard precautions and infection control practices to decrease the risk of patients and others being exposed to major transmissible infections. Other clinical team members who perform exposure prone procedures must know their own serological status.

Other clinical team members who may be infected with a transmissible major viral infection should not perform exposure-procedures. Periodically, healthcare team health checks are carried out at our hospitals; these may include practitioners and other clinical team members.

Termination of credentiailled status

Temporary credentiailling is granted for a specified term determined by the hospital manager. However, that specified term does not prevent Southern Cross Hospitals revoking credentiailled status at any time.

Maintaining registration

If the type of tasks that you will be performing in Southern Cross Hospitals facilities require registration and a practising certificate from a health authority you are required to keep these current for the term of your credentiailled status. You are required to notify us if at any time you do not have current registration or a practising certificate, or any restrictions are placed on your ability to practise (whether voluntary or imposed).

You are also required to notify us of any complaint investigation, any breach finding against you, or any other significant event relating to your practice.

APPLICANT TO COMPLETE

I acknowledge and understand that:

- Southern Cross Hospitals has granted me temporary credentiailling in order to assist one or more credentiailled practitioners to provide patient care, and that this does not permit me to provide patient care independently in Southern Cross Hospitals facilities.
- My credentiailled status is conditional on my compliance with Southern Cross Hospitals' expectations set out in its policies, this form, and the Southern Cross Hospitals Credentiailling and Defining Scope of Practice Guide as amended by Southern Cross Hospitals from time to time, which are available from the hospital.
- Southern Cross Hospitals is able to terminate my credentiailled status at any time.
- Southern Cross Hospitals may require information from me during my application for temporary credentiailling, and after I receive temporary credentiailling, which I agree to supply.
- Southern Cross Hospitals has and will rely upon information that I supply, and that if any information is falsified or withheld this could lead to the termination of my credentiailled status.
- Southern Cross Hospitals may retain information about me which I can access (other than where exceptions in the Privacy Act apply), and that Southern Cross Hospitals may use this information for the purposes of any future applications for credentiailling.

Name: _____

Organisation/Company: _____
(attach business card)

Address: _____

Telephone: _____

E-mail: _____

Scope of Practice or Activity: _____

Signed: _____

Date: _____ tick if attachments

MANAGER TO COMPLETE

Credentiailled term: Months/Years _____

Expiry date: _____

Manager's Name: _____

Position: _____

Signed: _____ **Date:** _____

**OTHER CLINICAL TEAM MEMBERS
CREDENTIALLING WORKSHEET**

MANAGER TO COMPLETE (Tick to confirm)

Name: _____

- Credentialling form completed in full and signed
- Credentialling term recorded

Reference details noted:

- | | |
|---|----------------------------|
| <input type="checkbox"/> Written Copy attached | Notes attached Yes / No |
| <input type="checkbox"/> Verbal _____ Name | |

- Reputable company known to Southern Cross Hospitals

- Copy provided to other clinical team member
confirming or declining Yes / No
- Credentialled term - month / year - expiry date recorded
- Entered in hospitals credentialling database
- Forms filed





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

FORM 1

Credentialling application

FORM 2

Defining scope of practice application and agreement

FORM 3

Health and personal status



STEP A

PERSONAL & CONTACT DETAILS

Surname: _____ Professor Mr Mrs Ms Miss Dr

First name(s): _____

Known as: _____

Address: (Postal) _____

Address: (Rooms) _____

Address: (Residence) _____

Telephone: (Residence) _____ (Rooms) _____ (Mobile) _____

E-mail: _____ **Locator/Pager:** _____ **Fax:** _____

PROFESSIONAL DETAILS

Medical Council Registration Number: _____ **MOH Health Practitioner Index number:** _____

Please tick to confirm copy of Annual Practising Certificate attached

Qualifications: _____ **Place obtained:** _____ **Year:** _____

Qualifications: _____ **Place obtained:** _____ **Year:** _____

Qualifications: _____ **Place obtained:** _____ **Year:** _____

DETAILS OF COLLEGE OR PROFESSIONAL ORGANISATION MEMBERSHIP AND FELLOWSHIP

Name of indemnity organisation: _____ **Membership Number:** _____

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

CURRENT POSTS AND POSITIONS HELD

If you hold an appointment at a DHB or other health organisation please state the names of other healthcare providers and organisations where you practise (including your own business practice(s) and organisation(s))

Please list previous positions held and reasons for leaving :

Please tick to confirm CV attached

Please turn over

STEP A**CONFIDENTIAL REFERENCES**

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. A copy of the Credentialling at Southern Cross Hospitals Application Forms 1 and 2 will be provided to your referees.

| | |
|------------------|----------------|
| Referee 1 | |
| Title: | Name: |
| Position: | |
| Address: | |
| | |
| | City: |
| Ph/Fax: | E-mail: |

| | |
|------------------|----------------|
| Referee 2 | |
| Title: | Name: |
| Position: | |
| Address: | |
| | |
| | City: |
| Ph/Fax: | E-mail: |

| | |
|------------------|----------------|
| Referee 3 | |
| Title: | Name: |
| Position: | |
| Address: | |
| | |
| | City: |
| Ph/Fax: | E-mail: |

Please proceed to Step B and Form 2



STEP B

Name: _____

Name of Southern Cross Hospitals: _____

SCOPE

MEDICAL COUNCIL OF NEW ZEALAND SCOPE OF PRACTICE

Tick as applicable: General Vocational Provisional General Provisional Vocational Special Purpose

Please state vocational speciality: _____

WITHIN YOUR VOCATIONAL SPECIALITY 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: _____

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

COMPETENCY

Where the procedures you perform include the use of technology or special techniques such as laparoscopy, laser, ultrasound, radiation, 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

Please confirm that you are participating in your College Continuing Professional Development Programme:

Yes: (PLEASE SPECIFY) _____

No: (PLEASE SPECIFY WHICH CPD PROGRAMME) _____

Please provide details of any DHB or other hospital's or speciality quality assurance meetings (e.g. Peer Review, Mortality and Morbidity (M and M), Case Review meetings) you regularly attend:

Please turn over to complete Step B

STEP B

Please refer to Appendix 2 Table i.

Do you wish to perform any procedures listed in Table i Appendix 2 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 completing agreements on page 5 and 6.

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

| Referee 1 | |
|-----------|---------|
| Title: | Name: |
| Position: | |
| Address: | |
| | |
| | City: |
| Ph/Fax: | E-mail: |

| Referee 2 | |
|-----------|---------|
| Title: | Name: |
| Position: | |
| Address: | |
| | |
| | City: |
| Ph/Fax: | E-mail: |

Signature: _____ Date of STEP C application: _____

Name: _____

Please proceed to agreement



STEP B

CREDENTIALLING AND DEFINING SCOPE OF PRACTICE AGREEMENT

- I understand that all personal information supplied on this form may be used by Southern Cross Hospitals for purposes related to my credentiailled status and scope of practice, and may be accessed by the hospital manager, the Hospital Clinical Medical Committee, chief executive officer, Clinical Task Committee, National Clinical Medical Committee, and Board Clinical Risk Committee for this purpose.
- I authorise Southern Cross Hospitals to make enquiries and obtain information from other sources when necessary for decisions on my credentiailled 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 the information contained on this form, except where it relates to any exception provided by the Privacy Act 1993. I agree that this information may be retained by Southern Cross Hospitals for the purpose of considering any future issue relating to my credentiailled status and scope of practice.
- I acknowledge that I have read and understood the terms and conditions set out in the Southern Cross Hospitals Credentiailling 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 credentiailled with Southern Cross Hospitals.
- I agree to self-monitor my practice and advise of any plans to change my defined scope of practice.
- I confirm that I am competent and trained to perform the procedures in the broad groups that I have stated.
- I acknowledge that by submitting an application for credentiailling, my application will be considered in accordance with the processes set out in Southern Cross Hospitals Credentiailling and Defining Scope of Practice Guide as amended by Southern Cross Hospitals from time to time.
- 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 the termination by Southern Cross Hospitals of my credentiailled status with Southern Cross Hospitals.

Have you been the subject of any professional complaint, investigation, disciplinary proceeding, review and or significant ACC treatment injury claim that might be relevant to your credentiailling application? Please your circle answer.

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

Do you have any conditions on your annual practising certificate? Please your circle answer.

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

Signature: _____ **Date:** _____

Name: _____

Please complete Form 3



PRIVATE AND CONFIDENTIAL

PERSONAL DETAILS

Name: _____ Date of birth: _____
(For purpose of recredentialling)

Southern Cross Hospital(s): _____ City: _____

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 convicted of any criminal offence that involves fraud, dishonesty or violence, or if you are awaiting the hearing of charges relating to such a criminal conviction?

Yes No If yes, please detail _____

Have you ever been the subject of any matter involving disciplinary proceedings by the Medical Council of New Zealand?

Yes No If yes, please detail _____

HEALTH DETAILS

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

Yes No If yes, please detail _____

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

Yes No If yes, please detail _____

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?

Yes No If yes, please detail _____

Yes No I agree to notify the hospital manager or National Clinical Medical Committee if my health status changes in a way that could affect my practise and/or the safety of others

Yes No I agree to a medical examination if required

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, chief executive officer, National Clinical Medical Committee, Clinical Task Committee, and Board Clinical Risk Committee 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 credentialed 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 recredentialling, unless I advise otherwise.

Signature: _____ Date: _____

Name: _____

PRIVATE AND CONFIDENTIAL