



Universiti Kebangsaan Malaysia
National University of Malaysia

GUIDELINES FOR CREDENTIALING & MEDICAL PRIVILEGES

In

**Universiti Kebangsaan Malaysia
Medical Centre
(UKMMC)**

EDITION 2010

Guidelines for UKMMC Credentialing & Medical Privileges

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Abbreviations;

UKMMC	-	Universiti Kebangsaan Malaysia Medical Centre
MOH	-	Ministry of Health
MRCOG	-	Member of Royal College of Obstetricians & Gynaecologists
MRCP	-	Member of the Royal College of Physicians
FRCS	-	Fellow of the Royal College of Surgeons
FANZCA	-	Fellow of Australian and New Zealand College of Anaesthetists
OT	-	Operation Theatre
CV	-	Curriculum Vitae
SMK	-	<i>Sistem Maklumat Kakitangan</i>
MMC	-	Malaysian Medical Council

1. PURPOSE

- 1.1. This document is intended to provide guidelines for UKMMC on the delineation of clinical privileges for doctors and other allied health professionals. The guidelines include definitions of the various terms and the procedures for the initial granting, periodic review and updating of clinical privileges.

2. BACKGROUND

- 2.1. Rapid advances in medical technology have resulted in the introduction of new procedures and techniques in medicine. Undue haste in applying and performing these techniques without adequate knowledge and training can result in unacceptable outcomes. With an increasingly well-informed and knowledgeable public, it is essential that there is a mechanism for hospitals and medical centres to ensure that all healthcare providers are competent in each procedure they perform.
- 2.2. The delineation of clinical privileges has therefore emerged as an important activity of a hospital or medical centre. The process, which is a major part of any credentialing system, has also become a useful element of the hospital risk management programme. Even though individual healthcare providers provide services, the hospital is accountable and responsible for all activities, which take place in the premises.
- 2.3. The task of delineating privileges can be complex and demanding. Hence, this centre needs a system for dealing with the process, which must not only be fair, credible and consistent but also flexible enough to address the constraints especially the shortage of manpower in certain areas. Ideally the process of credentialing should include the definition and delineation of the role of each medical personnel in the centre; this process must include both the specialist medical officers as well as allied health professionals.

3. GENERAL PRINCIPLES AND DEFINITIONS.

3.1. Credentialing

- 3.1.1. A two-pronged process that involves establishing requirements and evaluating individual qualifications for entry into a particular status/specialty. Credentialing first involves considering and establishing the professional training and experience. The second aspect of credentialing involves obtaining and evaluating the qualifications of individual applicants.

3.2. Credentials

- 3.2.1. Credentials represent the formal qualifications, training, experience and clinical competence of the healthcare provider providing the professional health service. They are evidenced by documentation such as university degrees, fellowships of professional colleges or associations, certificates of service, certificates of completion of specific courses, periods of verifiable formal instruction or supervised training and information contained in confidential professional referee reports.

3.3. Privileges

- 3.3.1. The right of a medical practitioner to provide specific medical care that is consistent with his/her training, experience and competency.

3.4. Core Privileges

- 3.4.1. Privileges that a fully trained, entry-level medical practitioner is qualified to do in a particular specialty on completing an approved training programme, for example, Masters programme, MRCOG, MRCP, FRCS and FANZCA. A newly gazetted specialist would be accorded privileges covering core privileges. Procedures that go beyond the core that would require additional training and/or experience are covered by additional specific privileges.

3.5. Delineation of Privileges

- 3.5.1. A three-pronged process of determining which diagnostic and treatment procedures a hospital is equipped and staffed to support, the minimum training and experience necessary for a medical practitioner to competently carry out each procedure and whether the credentials of applicants meet requirements and allow authorization to carry out requested procedures.
- 3.5.2. The clinical privileges represent the range and scope of clinical responsibility that a medical practitioner may exercise in the hospital. Clinical privileges are specific to the individual, usually in a single hospital and are not automatically transferable to another.

3.6. Current Competence

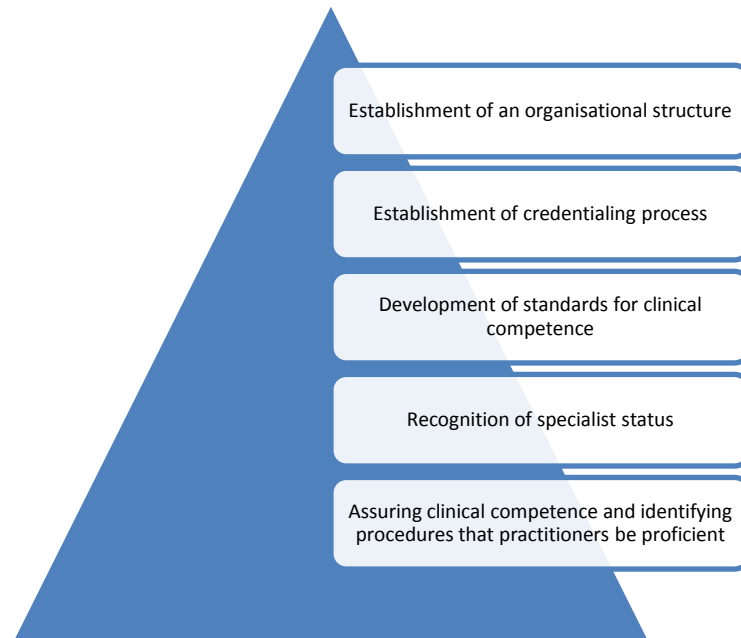
- 3.6.1. A determination of the extent to which a clinician is presently sufficiently skilled to safely execute his or her current privileges. A current competence assessment includes evaluating a clinician's training, experience, health, ability to interact with other staff members, clinical outcome statistics, continuing education and other such criteria the hospital may choose to include.

3.7. Healthcare Provider

- 3.7.1. The term healthcare provider is used in this document as a generic term to reflect all medical practitioners and allied health professionals.

4. INTRODUCING A CREDENTIALING SYSTEM

The Process of Credentialing



4.1. Recognition Of Specialist Status

- 4.1.1. A medical practitioner wishing to practice in Malaysia must register with the Malaysian Medical Council. However, this registration does not differentiate a specialist from a general practitioner. In UKMMC, the appointment of a specialist is done after completion of supervised clinical training by the respective consultants, six months for local postgraduate degree and 18 months for foreign postgraduate degree. The UKMMC specialist recognition program is not obligatory to the private sector or to the MOH.
- 4.1.2. The granting of specialist status will identify practitioners who have completed a residency and have expertise in a specific field of medicine. This process is essential for the credentialing system.

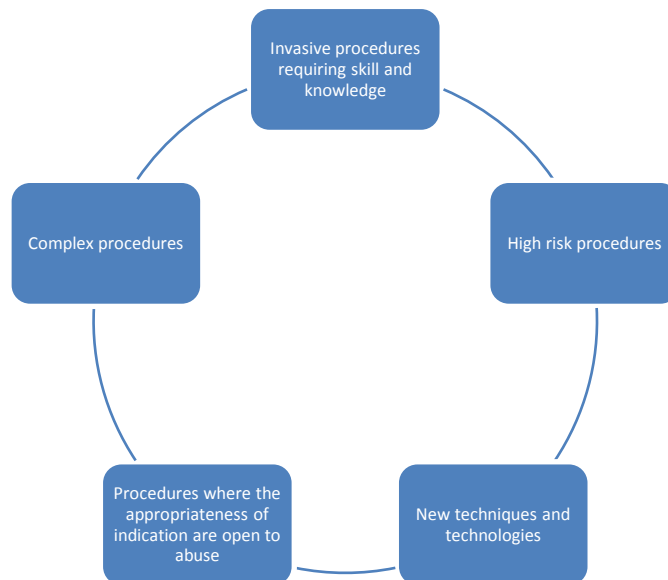
4.2. Assuring Clinical Competence And Identifying Procedures For Which The Practitioner Must Be Proficient.

4.2.1. Assuring clinical competence

- a) Upon completing a postgraduate training programme, doctors in UKMMC are required to undergo a period of assessment of their knowledge, skill and experience in their respective field of training;
 - (i) six months for local postgraduate degree
 - (ii) 18 months for foreign postgraduate degree
- b) A specialist who has been working overseas is also required to undergo a probationary period to assess their clinical competence. At least six months to 18 months for a specialist with several years of experiences or 18 months for a newly qualified specialist (need to complete at least four years of training).

4.2.2. Procedural Credentialing

- a) Besides the core clinical activities medical practitioners sometimes perform procedures that require a higher level of training and experience to avoid poor outcome. For the purpose of credentialing, each medical discipline must identify these procedures. The type and procedures involved can be classified accordingly as below;



4.3. Developing Standards For Procedural Competence

- 4.3.1. The professional bodies are usually charged with the responsibility of identifying the minimum criteria necessary for competent performance of specific procedures. In developing standards for evaluating competence, the important aspects considered include cognitive skills, technical skills and the quality of the educators. A specific number of procedures to be performed to attain competence is also taken into account.

4.4. Establishment Of An Organizational Structure

- 4.4.1. In implementing credentialing & privileging, the following organizational structure committees have been recommended:
- a) UKMMC Credentialing & Medical Privileges Appeals Committee
 - b) UKMMC Credentialing & Medical Privileges Committee
 - c) Departmental Specialty Sub- Committees

4.5. Establishment Of Credentialing Process

- 4.5.1. The primary objective of this process is to ensure that hospital and the healthcare providers therein provide services, which are appropriate scope and quality. Therefore, there should be:
- a) Recognition of a range of training, experience and competency criteria required for different levels of complexity of medical services and procedures.
 - b) Identification and regular review by the UKMMC Credentialing & Medical Privileges Committee of the training, experience and level of clinical competence of healthcare providers seeking to provide services and the subsequent formal recognition of the areas of clinical responsibility in which the healthcare provider is considered competent.
 - c) Formal definition and control by the UKMMC Credentialing & Medical Privileging Committee of the medical services that individual healthcare providers shall be permitted to provide. This is accomplished by considering their clinical competencies and the hospital service level, consistent with the community needs and the most efficient use of available resources.
 - d) Monitoring of the quality and quantity of services being provided to permit regular review.

5. ORGANISATIONAL STRUCTURE (Please refer to Flowchart 1)

5.1. UKMMC CREDENTIALING & MEDICAL PRIVILEGES APPEALS COMMITTEE

Table I: Members of the UKMMC Credentialing & Medical Privileges Appeals Committee

Chairman	Prof. Dato' Dr. Lokman Saim
Members	Prof. (Clinical) Dr. Masbah Omar
	Emeritus Prof. Puan Sri Datin Dr. Nafisah Adeeb
	Emerita Prof. Datin Dr. Norella Kong
	Prof. Dr. Rohaizak Muhammad
Secretariat	Senior Assistant Registrar

Co-opt Members - Specialty Sub-committees as and when necessary

- Specialists
- Medical Officers
- Nurses/Medical Assistants
- Allied Health Professionals

5.1.1. Terms of Reference

- a) Members are appointed by the Dean of the Faculty of Medicine and UKMMC Director.
- b) Members are appointed among senior academic faculty staff.
- c) The frequency of the meeting is based on the appeal.
- d) A quorum must be established for the committee to begin and continue to transact business.
- e) An agenda shall accompany a notice for all scheduled meetings and it shall be distributed not less than (10) days prior to the meeting.
- f) Minutes in the previous meeting will be distributed with the agenda.

5.1.2. Main Function

- a) To act as an appeal body against any decision of the UKMMC Credentialing and Medical Privileges Committee which may include;
 - (i) Denial of privileges as requested
 - (ii) Enforcement of conditions to the granting of privileges
 - (iii) Withdrawal or varying of privileges

5.2. UKMMC CREDENTIALING AND MEDICAL PRIVILEGES COMMITTEE

Table II: Members of the UKMMC Credentialing and Medical Privileges Committee

Chairman	Assoc. Prof. (Clinical) Dr. Jaafar Md Zain
Vice Chairman	Dato' Dr. Noorimi Hj. Morad
Medicine	Prof. Dato' Dr. Raymond Azman Ali
Surgery	Assoc. Prof. Dr. Ismail Sagap
Obstetric & Gynaecology	Prof. (Clinical) Dr. M.A. Jamil M. Yassin
Orthopaedics	Assoc. Prof. Dr. Ya Mohamad Hassan Shukor
Anaesthesiology & Intensive Care	Assoc. Prof. Dr. Adnan Dan
Secretariat	Senior Assistant Registrar
Co-opted Members	The respective Head of Department/Sub Specialty

A co-opted member will sit on the committee only for the agenda for which he or she is invited to attend and will discuss and vote only during that particular agenda.

5.2.1. Terms of Reference

- a) Members are appointed by the Dean of the Faculty of Medicine and the Director of UKMMC.
- b) Members are appointed for a minimum period of three years.
- c) Members must be at least an Associate Professor.

- d) A quorum must be established for the committee to begin and continue to transact business.
- e) An agenda shall accompany a notice for all scheduled meetings and it shall be distributed not less than ten days prior to the meeting.
- f) Minutes in the previous meeting will be distributed with the agenda.
- g) The committee shall meet 2 - 4 times per year or at such frequency as decided by the committee. However, the chairperson or in his or her absence any three members, may call for an emergency meeting of the committee without notice or agenda being distributed prior to the meeting.
- h) Matters coming before the committee shall be decided by a simple majority vote of those members present and voting in favour of the motion. The chairperson has a casting vote in the case of tied vote. Proxy voting is not permitted.

5.2.2. Main Functions

- a) Formulate and determine policies pertaining to standards of specialist practice.
- b) Verify specialist status and maintain specialist registry.
- c) Coordinate credentialing and privileging process.
- d) Recommend credential of specialists on application.
- e) Coordinate, standardize and certified specialty/sub- specialty training.
- f) Provide guidelines on standards of specialist practice.
- g) Liaise with relevant bodies for e.g. NSR, MOH and National Credentialing Committee.
- h) Identify the list of procedures that require credentialing.
- i) Develop guidelines for clinical competence in terms of;
 - Training requirements for specialized procedures
 - Minimum criteria for competent performance of specific procedures
- j) Establish performance monitoring and review mechanisms.
- k) Recommend gazettelement of the applicant to the Vice Chancellor.

5.3. Secretariat

- 5.3.1. Senior Assistant Registrar in Human Resource Department will act as a secretariat of the committee.

5.3.2. Functions

- a) Maintains database of specialists who have been credentialed.
- b) Processes all applications for credentialing.
- c) Verifies of information pertaining to the credentialing process.
- d) Prepares of reports as required.
- e) Tracks and monitors the credentialing process.

5.4. DEPARTMENTAL SPECIALTY SUB- COMMITTEE

5.4.1. A Specialty Sub- Committee shall be established in all departments and headed by the Head of Department to delineate privileges of healthcare providers working in the hospital including;

- a) Specialists
- b) Medical Officers
- c) Scientific Officers/ Assistant Scientific Officers
- d) Nurses/ Assistant Medical Officers
- e) Other Allied Health Professionals

5.4.2. In the initial phase, the credentialing process shall be limited to specialized procedures and services.

5.4.3. Terms of reference

- a) The membership of the committee will vary between different departments and units available in UKMMC but must abide by the following terms of reference;
 - Members shall comprise senior specialists representing sub- specialty units.
 - A minimum number of member is three.
 - The chairman of the UKMMC Credentialing and Medical Privileges Committee will appoint the Chairman of the Specialty Sub Committee, whom shall appoint members of the Specialty Sub- Committee in his or her respective department.
 - The members shall be appointed by name and cannot be represented by other persons.

- The Administrative Officer/ Assistant Administrative Officer in the department will be the secretary to the committee.
- Representative from other disciplines/institutions shall be co-opted as and when necessary. Co opted member will sit on the committee only for the agenda for which he or she is invited to attend and will discuss and vote only during that particular agenda.
- A quorum must be established for the committee to begin and continue to transact business.
- An agenda shall accompany a notice for all scheduled meetings and it shall be distributed not less than ten days prior to the meeting.
- Minutes on the previous meeting will be distributed with the agenda.
- The committee shall meet 2-4 times per year or at such frequency as decided by the committee. However, the chairperson or in his or her absence any three members, may call for an emergency meeting of the committee without notice or agenda being distributed prior to the meeting.
- Matters coming before the committee shall be decided by a simple majority vote of those members present and voting in favour of the motion. The chairperson has a casting vote in the case of tied vote. Proxy voting is not permitted.

5.4.4. Main functions

- a) The specialty subcommittees will look into the credentialing requirements in their areas of specialization.
- b) Each specialty is responsible for determining the “core clinical activities” within the specialty.
- c) The committee shall also identify those procedures requiring additional training and experience in particular;
 - (i) Invasive procedures requiring skill and knowledge
 - (ii) High risk procedures
 - (iii) New technologies /techniques

- (iv) Complex procedures
 - (v) Procedures where the appropriateness of indications for use are open to abuse
-
- d) Each specialty will be responsible for the identification of training requirements for its subspecialty, the organization of training courses and workshops. The specialty will also look into the accreditation of hospitals and trainers for the training programmes.
 - e) The committee shall determine and ensure that the granting of privileges is in accordance with an individual qualification, training and competence and appropriate to the available resources.
 - f) The committee shall determine and delineate the clinical privileges of a healthcare provider within the said department, consistent with his or her credentials, clinical competence and the hospital's needs, capability and resources.
 - g) The committee shall periodically review the privileges granted after a defined period.
 - h) The committee shall monitor and review the performance of individual healthcare providers practicing in the said disciplines.

6. PROCEDURE FOR CREDENTIALS & MEDICAL PRIVILEGES (Please refer to flowchart 2)

6.1. Application for Credentials

- 6.1.1. All practitioners wishing to be credentialed must make an application by writing to the UKMMC Credentialing & Medical Privileges Committee together with their CV which should include;
 - a) Qualifications, training, experience and the details of the procedures or services they wish to perform.
 - b) Evidence that he or she has satisfactorily completed a residency programme which incorporates experience in procedural skills or;
 - c) Documentary evidence that he or she has satisfactorily completed structured training for a particular procedure.

- d) Eligibility for professional registration held from MMC and current annual practicing certificate.
- e) Satisfactory reports from professional referees and supervisor.

6.2. Recommendations of Credentials

- 6.2.1. All applications will be tabled by the Secretariat and submitted to the UKMMC Credentialing & Medical Privileges Committee for verification and decisions. In considering an application:
- a) The committee may verify information concerning the practitioners through the National Specialist Registry, the relevant college or other appropriate sources such as the previous place of practice.
 - b) The process of credentialing will be a one- off procedure. However the committee shall have the right to review the credentials at any time. Review of credentials should only be instituted when legitimate and verifiable concerns are expressed concerning an individual practitioner's clinical performance.
 - c) On approval of the recommended credentials, the committee should inform the applicant in writing of the final decision.
 - d) Practitioners may continue practicing and shall be reviewed periodically, provided that clinical competence has been maintained, in line with criteria used by the National Credentialing Committee.
 - e) The information of recommended credentials will be maintained in the database (SMK).

6.3. Application for Clinical Privileges

- 6.3.1. All healthcare providers working in UKMMC shall follow the following procedures;
- a) Application for clinical privileges must be made in the Application for Clinical Privileges form **(CP1)**. The applicant will be responsible for providing the appropriate documentation necessary to establish his or her qualifications and clinical competency for the privileges being requested. Documentation should include:
 - (i) Supporting documentation of professional training and/or experience.

- (ii) Documentation of continuing medical education related to the area and scope of clinical privileges.
 - (iii) Names of other hospitals at which privileges are being granted.
 - (iv) Copies of the privileges held.
 - (v) Copy of NSR certificate if available.
- b) Documented references must be submitted by the referees including one from the current or most recent employer or institution where the applicant practiced or had privileges. Statements must verify clinical competence by references that are personally knowledgeable of the applicant professional conduct and performance using Applicant Appraisal form **(CP2)**.
- c) Those practitioners who have been exercising particular skills proficiently and have built up considerable clinical experience, but may not have formal qualifications consistent with current requirements shall be recommended credentials to continue his or her practice.

6.4. Delineating Clinical Privileges

6.4.1. All applications will be tabled to the committee for verification and decisions. In considering the application:

- a) The committee may verify information concerning the healthcare provider from the central database or other appropriate source such as place of practice.
- b) Relevant information relating to the professional and clinical competence of the applicant in the areas in which clinical privileges are sought can be obtained from the Applicant Appraisal form **(CP2)**.
- c) The Committee should consider;
 - (i) The application for clinical privileges with supporting documents.
 - (ii) The approved service level of the hospital and other relevant factors (e.g. availability of OT time, the degree of available support and supervision) before granting the privileges.

6.4.2. All initial clinical privileges for new healthcare providers will be provisional for a period of six months. During this period, the performance and clinical competence of the healthcare provider must be directly observed, at least periodically, by the appropriate Head of Department or appointee and a formal evaluation of the provider's performance should be submitted to the UKMMC Credentialing &

Medical Privileges Committee using the **proctor evaluation form** at the end of the six months period.

- 6.4.3. The UKMMC Credentialing & Medical Privileges Committee will consider the evaluation and either remove the provisional status assigned to the privileges, extend the provisional status for an additional six months, or take other appropriate actions.
- 6.4.4. Clinical privileges will be granted for a **period of three years** and will be **reviewed and renewed every three years** at the time of completion. However the committee shall have the right to review, vary or withdraw privileges at any time.
- 6.4.5. The Committee may grant all of the privileges requested or limit or deny some privileges. Any limitations or denial of privileges must be based on sound objective grounds, such as;
 - a) The evaluation of valid evidence.
 - b) Substantiated complaints.
 - c) The needs of the Medical Centre.
- 6.4.6. The Committee's evaluation must be consistent from individual to individual.
- 6.4.7. The Committee must ensure that all its decisions are objective and fair.
- 6.4.8. The Committee must have a definite written policy for any denial of privileges.
- 6.4.9. The information pertaining to clinical privileges will be maintained in the SMK database.
- 6.4.10. An appeal mechanism allowing healthcare provider to appeal against any decision on granting privileges shall be made through the UKMMC Credentialing and Medical Privileges Appeals Committee
- 6.4.11. The Committee may revoke or reduce privileges relating to the performance of clinical activity, subject to the person obtaining further training or may choose to only allow him to perform the procedure under supervision.
- 6.4.12. The business of the Committee should be formally conducted and all decisions properly recorded. Minutes should be kept in the form of decisions and formally approved and signed.
- 6.4.13. A practitioner, notwithstanding the categories of privileges granted to him or her by the committee, would, in an emergency situation, be entitled to perform whatever acts or procedures which are deemed necessary to preserve the health and life of a patient, if no other suitably privileged practitioner is available.

6.5. Reduction and Revocation of privileges

- 6.5.1. **Reduction** of privileges may include but not limited to restricting and/or prohibiting performance of specific procedures. Reduction of privileges may be time limited and/or have restoration contingent upon some condition of recovery from a medically disabling condition or further training in a particular area. In such cases, the committee shall require proof of satisfactory completion of the training; failure to provide such proof shall result in the immediate revocation of those privileges related to the required training.
- 6.5.2. **Revocation** of privileges refers to the permanent loss of clinical privileges. The committee shall exercise their discretion as to the recommend period of effect of any amendments to the privileges (e.g. following the attainment of additional credentials or the reduction in privileges pending refresher training).
- 6.5.3. Nothing in these procedures restricts the authority of the Dean of the Medical Faculty and Director of UKMMC to detail or reassign temporarily an employee to non-patient care areas, or activities, thus suspending privileges, during pending of any proposed reduction of privileges. Further, the Dean of the Medical Faculty and Director of UKMMC, on the recommendation of the Credentialing & Privileging Committee, may summarily **suspend** privileges, on a temporary basis, when there is sufficient concern regarding patient safety or a specific problem.
- 6.5.4. The Dean of the Medical Faculty and Director of UKMMC should report any reduction /revocation/suspension to the Vice Chancellor.

7. REAPPRAISAL / RE- PRIVILEGING

- 7.1. **Reappraisal** is the process of reevaluating the professional credentials and clinical competence of healthcare providers who have been granted clinical privileges and will include evaluation of professional performance, clinical judgment, technical competence and skills.
- 7.2. **Re-privileging** is the process of granting privileges and should be conducted at least every three years.
- 7.3. As part of administrative responsibility, healthcare providers must request **renewal of privileges** in a timely manner **six months prior to the expiry** date of current privileges. If clinical privileges are to be renewed, the forms required are;
- a) Reappraisal/ Re-privileging Checklist (**CP3**)
 - b) Application for renewal of Clinical Privileges (**CP4**)
 - c) Reappraisal by Head of Department for Renewal of Clinical Privileges (**CP5**)
 - d) Peer Appraisal of Medical Staff Member (**CP6**)

7.4. The Head of Department is responsible for verifying and assessing professional performance, peer recommendation, clinical judgments and/or technical skills. In addition, information must be obtained regarding any voluntary or involuntary limitation, reduction, or loss of clinical privileges at the hospital and other reasonable indicators of continuing qualifications. Peer recommendations are part of the basis of recommendation for approval of clinical privileges.

7.5. Issues such as documented changes in the hospital facilities and resources, failure to perform operations and/or procedures in sufficient number or frequency to maintain clinical competence or failure to use privileges previously granted will affect the Head of Department's recommendation for granting clinical privileges.

8. APPLICATION FOR ADDITIONAL CLINICAL PRIVILEGES (Please refer to flowchart 2)

8.1. As hospital practice and clinical techniques change over time, it is normal that **clinical privileges** will also **change**. The Head of Department will review specific procedures and treatments that are being requested using Application for Additional Clinical Privileges form (**CP7**). These issues will be considered as changes and will not be construed as a reduction, restriction, loss or revocation of clinical privileges.

8.2. The process of reappraisal and granting new clinical privileges within the core privileges will be the same as outlined above. The healthcare provider's request for privileges will be reviewed, and a recommendation made by the relevant Head of Department responsible for the particular specialty area for which the privileges have been requested.

8.3. The healthcare provider may submit a request for **modification of clinical privileges** at anytime. Requests must be accompanied by the appropriate documentation which supports the healthcare provider's assertion of competence. Requests for other changes should be accompanied by explanatory statements. The Head of Department will consider the additional information in the entire credentialing and privileging folder before making a recommendation to the Credentialing & Privileging Committee. After consideration, the committee will present its recommendation for action.

9. MONITORING AND REVIEW OF PRIVILEGES

9.1. This monitoring and reviewing functions to;

- a) Ensure that the services performed are within the set of privileges granted to the healthcare provider.

- b) Ensure that the healthcare provider performs sufficient procedures to maintain their skills in their special area of practice.
- c) Record the completion of any additional training of a healthcare provider which may entitle him/her to apply for additional privileges.
- d) Ensure that the healthcare provider periodically undertakes appropriate refresher training where necessary.
- e) Investigate complaints against a healthcare provider concerning treatment or care of patients.
- f) Bring to the attention of the committee any matter which may reflect on healthcare provider's ability to effectively exercise the clinical privileges.
- g) Revoke, suspend, reduce and amend clinical privileges where the hospital is satisfied that a healthcare provider's ability to exercise the clinical privileges is compromised.
- h) Feedback any changes pertaining to competency of a healthcare provider's privileges are updated accordingly.

9.2. Methods of monitoring may include:

- a) Review of patients' complaints
- b) Logbook
- c) Through the hospital quality management committee
- d) Periodic external review/audit
- e) Audits/complications rates
- f) CME Points
- g) Peri- operative mortality and morbidity reviews

10. EXTENSION OF PRIVILEGES

10.1. **Extension of Privileges** (e.g. on completion of additional training) can only recommended by the UKMMC Credentialing & Medical Privileges Committee.

11. TERMINATION OF PRIVILEGES

11.1. **Clinical privileges will be terminated** immediately if the practitioner ceases to be legally entitled to practice.

12. PROCEDURE FOR APPEALS

12.1. A Formal Appeal Mechanism

12.1.1. A formal mechanism shall be established to allow a practitioner to appeal against any decision of the UKMMC Credentialing and Medical Privileges Committee which may include;

- a) Denial of privileges as requested
- b) Enforcement of conditions to the granting of privileges
- c) Withdrawal or varying of privileges

12.1.2. The process of defining clinical privileges is a vital factor for the ability of a healthcare provider to practice medicine in a form, which is satisfactory and rewarding to that individual. The denial of privileges may have a very real effect on the livelihood of a practitioner. For this reason the process is to be taken most seriously and carefully. The appeal process is intended to allow for reconsideration of any adverse decision and for new information to be brought forward if available.

12.1.3. All appeals shall be made to the UKMMC Credentialing & Medical Privileges Appeals Committee being the highest level with executive and advisory power.

12.2. Appeal Procedure

12.2.1. Appeals shall be made in writing to the UKMMC Credentialing & Medical Privileges Appeals Committee within two weeks of receipt of the first notification that credentials/privileges had not been granted.

12.2.2. The committee shall be requested to reconsider its decisions within 28 days of receipt of the appeal. A submission should be sought from the appellant seeking reasons as to why credentials should be recommended and also addressing any issues raised by the committee.

- a) If the decision is favourable to the applicant, an offer of altered recommended credentials/privileges shall be made.
- b) If the decision is not acceptable to the applicant, he/she may discontinue the appeal or appeal against the decision within 28 days of being notified of the decision. In the latter case, the committee should convene within three months. During this time the healthcare provider should not have clinical privileges.

- 12.2.3. Decisions (with reasons if the appeal is refused) from the UKMMC Credentialing & Medical Privileges Appeals Committee shall be given in writing to the appellant.
- 12.2.4. The appellant may reapply for credentials/privileges when he/she is able to satisfactorily demonstrate clinical competence in the field involved.
- 12.2.5. The UKMMC Credentialing & Medical Privileges Appeals Committee may recommend remedies to restore clinical privileges such as period of supervised practice or a period of training.
- 12.2.6. Appeals can only be made once for a particular privilege.

12.3. Hearing Procedures

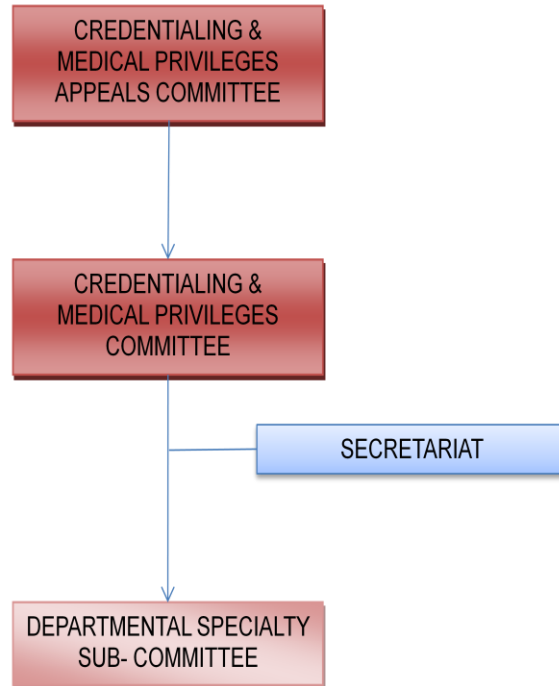
- 12.3.1. The committee should restrict its considerations to either written evidence or verbal testimony given at hearings.
- 12.3.2. The committee must have access to all documents and testimonial evidences which was considered by the UKMMC Credentialing & Medical Privileges Committee prior in making a decision regarding the appellant's privileges. The following points should be noted;
 - (a) all reports presented to the committee must remain confidential to the members of the committee and be treated accordingly.
 - (b) all hearing will be in closed sittings.
- 12.3.3. The appeal committee will provide the UKMMC Credentialing & Medical Privileges Committee with a report on the hearing and make a recommendation that the appeal be either upheld or dismissed.
- 12.3.4. Upon receipt of the appeal committee's report and recommendations, the UKMMC Credentialing & Medical Privileges Committee should as soon as possible thereafter notify the appellant of its decision. The decision of the committee is final.
- 12.3.5. Where possible the committees should explore any scope for mediation to resolve any dispute.

REFERENCES

1. Principles For The Recommendation Of Clinical Privileges And Granting Of Admitting Privileges In Rural Public Hospitals (SAHC 1997)
2. Mesyuarat Credentialing Kementerian Kesihatan Malaysia (1997)
3. Opus Communication, The Credentialing File (1999)
4. Department of Veterans Affairs Medical Center, Policy Memorandum (1992)
5. Dato' Dr. P. Kandasami, The Credentialing System
6. Queensland Health, Guidelines For Rural Medical Practitioners (1998)

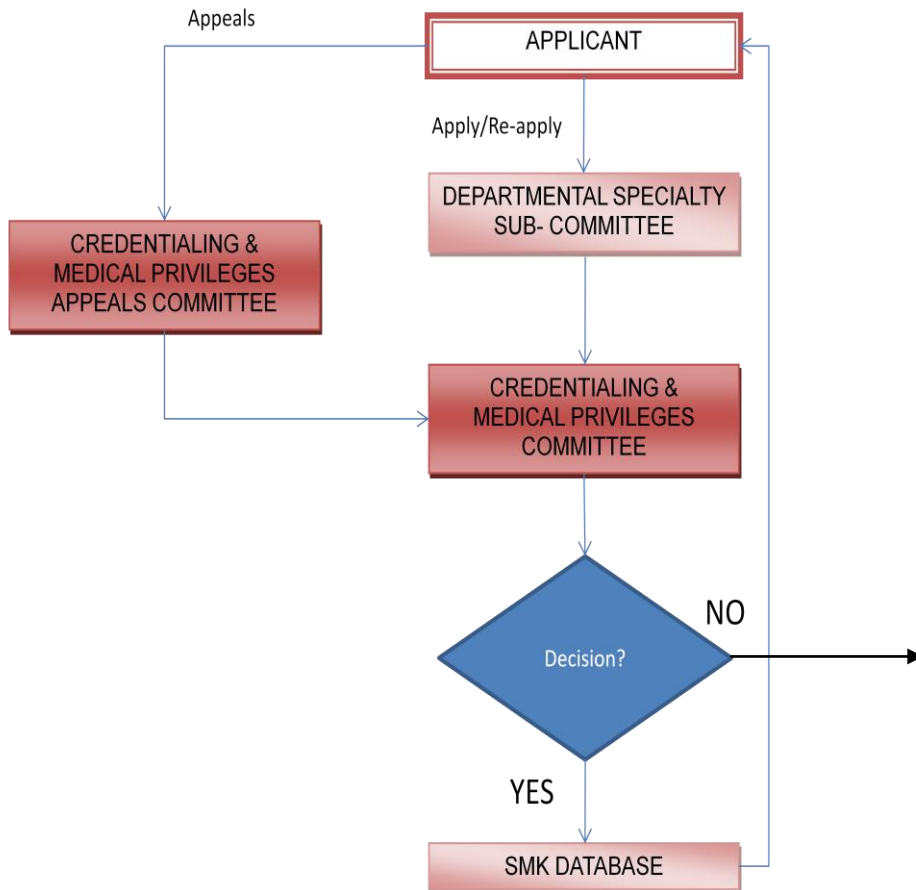
Flowchart : 1

ORGANISATIONAL STRUCTURE FOR CREDENTIALING AND MEDICAL PRIVILEGES IN UKMMC



Flowchart : 2

PROCESS FOR CREDENTIALS AND MEDICAL PRIVILEGES





APPLICATION FOR CREDENTIALING

CHECKLIST FOR SUBMISSION

The committee will only process your application if all the documents below are submitted. Please (✓) in the box.

- | | |
|--|--------------------------|
| 1. Curriculum Vitae | <input type="checkbox"/> |
| 2. A copy of Current Annual Practising Certificate (APC) | <input type="checkbox"/> |
| 3. A copy of Basic Degree | <input type="checkbox"/> |
| 4. A copy of Postgraduate Qualifications | <input type="checkbox"/> |
| 5. A copy of MOH Gazettement (if any) | <input type="checkbox"/> |
| 6. Borang E.P.K. 2 – for a new specialist (<i>Perakuan Sebagai Pakar Klinikal</i>) | <input type="checkbox"/> |



**APPLICATION
FOR CLINICAL PRIVILEGES
UKM MEDICAL CENTRE**

Department/ Unit : _____

Personal Details

UKM (PER) : _____ NRIC/Passport No : _____

Name : _____

Specialty : _____

Correspondence Address : _____

Tel No: Home: _____

H/P : _____

Staff Position:

Senior Consultant Consultant Specialist

Medical Officer Allied Health

Others (please state): _____

Current Professional Status

Professional Qualifications:

Bachelors Degree/Masters/ Fellowship/Diploma etc.	University/College etc.	Year of Qualification

Other Training :

Date of Gazettement (*Clinical Specialist*) : _____ (if available)

Previous Appointment (Hospitals/Institutions)

(List chronologically, attach separate list if insufficient space)

CONTINUING EDUCATION

(Educational meetings, seminars, courses, etc., attended during the past year. If more room is needed list on a separate sheet)

Papers Published / Presentations / Special Interests

Registration

MMC Full Registration No : _____

NSR Registration No : _____

Have you any physical or other condition which may limit your ability to practice your discipline (*If yes, comment on a separate piece of paper*)

Yes No

Request for Approval of Privileges

I request approval of the Clinical Privileges indicated below for the period of _____ to _____ (***Please indicate date***) I certify that the information provided on this application is complete and accurate.

Core Privileges : _____
(Broad area, e.g. Medicine)
Special Privileges (in area) : _____
Other (e.g. Research) : _____

Have the privileges you are requesting been granted to you at previous place of employment?

Yes No

If **Yes** please specify :

Have completed additional education, certification or training in addition to CME in the past years? (*If YES, please specify on a separate sheet*)

Yes No

In the past have you had voluntary or involuntary termination of medical staff appointment or voluntary or involuntary limitation, reduction or loss of clinical privileges at another hospital? (*If YES, please give details on a separate sheet*)

Yes No

Please list at least two referees familiar with your clinical skills

Name	:	_____	Name	:	_____
Position	:	_____	Position	:	_____
Address	:	_____	Address	:	_____
		_____			_____
		_____			_____

Postcode : _____ Postcode : _____
City : _____ City : _____

I authorize the UKMMC Credentialing & Medical Privileges Committee to consult with all persons or places of employment or education who may have information bearing on professional qualifications and competence to carry out the privileges I have requested. I release from liability all those who provide information in good faith and without malice in response to such inquiries.

I hereby certified all the above information is true.

Signature of Applicant

Date

Note:

- 1. First time applicants please attach certified copies or other evidence of any qualifications detailed in the application form.*
- 2. A separate typed curriculum vitae may be attached in support of this application.*
- 3. Attach referees reports*



**APPLICANT APPRAISAL FOR CLINICAL PRIVILEGES
BY HEAD OF DEPARTMENT/ REFEREE**

Applicant Appraisal

Name:

1. _____ has requested privileges in _____ . Please provide information relative to the scope and level of professional and clinical competence in the areas in which privileges are sought, health status and fulfillment of responsibilities as a member of the medical staff.
2. How long have you known the applicant professionally and what is your relationship to him/her?

3. Staff category of applicant/Grade

4. Period for which applicant has been previously granted medical privileges from _____ to _____
5. What specific privileges were granted? See attached requested privileges – you may use this form to specify.

If the answer is yes to any of the following questions, provide details on a separate sheet.

6. Has this applicant ever been suspended, disciplined or has his/her privileges voluntarily or involuntarily restricted or not renewed?
 Yes No
7. To your knowledge, does this applicant have any existing health problems that could affect his/her medical practice?
 Yes No

Please provide the following information

8. The number and types of procedures performed by the applicant on record (attach separate sheet).

The skill and competence demonstrated in performing invasive procedures (include information on appropriateness, outcome and the number of procedures performed).

General Comments:

9. Please address the applicant's clinical judgment and technical skills as reflected in the results of quality assurance activities and peer review.

10. Please complete the following assessment of the applicant's ethical and professional qualifications.

Please tick (✓) at the appropriate box.

	Average	Above Average	Below Average	No Knowledge
Clinical knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Clinical judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of clinical responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethical conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Co-operative, ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation/Medical record timelines & quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaching skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compliance with hospital rules & regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall Recommendation for Privileges Requested

- _____ Recommend highly
- _____ Recommend without reservation
- _____ Recommend with some reservation
- _____ Do not recommend

Recommendation Based on: (May Choose More Than One)

- _____ Close personal observation
- _____ General impression
- _____ Composite of evaluation by supervisors
- _____ Other _____

Please provide additional comments on this applicant within the framework of the attached privileges.

COMMENTS:

I hereby certified all the above information is true.

Signature of Head of Department/
Referee

Date



**REAPPRAISAL/REPRIVILEGING
CHECKLIST**

Applicant's Name : _____

PLEASE SUBMIT THE FOLLOWING INFORMATION

1. Application for renewal of Clinical Privileges
2. Reappraisal by Head of Department
3. Peer recommendation (two required)

PRIMARY SOURCE DOCUMENTATION

7. Written verification of education/certification/training, since last privileging
8. Written verification of past and concurrent professional employment (dates and indication that employee is in good standing) since last privileging within the last three years.



APPLICATION FOR RENEWAL OF CLINICAL PRIVILEGES

Department/ Unit : _____

SECTION A: Personal Details

UKM (PER) : _____ NRIC/Passport No : _____

Name : _____

Specialty : _____

Correspondence Address : _____

Staff Position:

- Senior Consultant
 Consultant
 Specialist
 Medical Officer
 Allied Health
 Others (please state): _____

Request for Approval of Privileges

Type of Request: Triennial Renewal

a) I request privileges in:
(See attached for specific privileges)

b) Have you completed additional education, certification or training in addition to CME in the past two years? *If YES, please specify on a separate sheet.*

Yes No

SECTION B: Current Professional Status

The following information is offered in support of the request for renewal of clinical privileges. Please answer each question as it applies to the period of the period of time since your last approval of privileges.

For any questions answered **YES** please provide complete information on a separate sheet of paper and attach to this request.

Since Your Last Approval of Privileges

Membership in professional organization (Membership, Fellowship, Medical society)

Current appointments in a teaching institution

Have you been granted privileges at any additional hospitals? If so list.

Please provide a listing of CME that support requested clinical privileges. *(Attach a separate sheet if necessary).*

Please list at least two peers familiar with your clinical skills

Name : _____

Position : _____

Address : _____

Postcode : _____

Contact No : _____

Name : _____

Position : _____

Address : _____

Postcode : _____

Contact No : _____

Other Information

(Include any additional information that you wish to bring to the attention of the Hospital Privileging Committee)

Physical and Mental Health

Have you had any problems with your health status, which might affect your ability to carry out your clinical privileges at this hospital? *If YES, comment on a separate sheet.*

Yes No

Have you been hospitalized in the last two years for anything that would interfere with your ability to carry out your duties?

Yes No

Name of Personal Physician if you have answered YES to above. *(Give address and phone number).*

Name : _____

Address : _____

Postcode : _____

Contact No. _____

In the past have you had voluntary or involuntary suspension, limitation, reduction or loss of clinical privileges at another hospital, not renewed or voluntarily relinquished? *If YES, please give details.*

Yes No

I request approval of the Clinical Privileges indicated below for the period of _____ to _____ **(Please indicate date)** I certify that the information provided on this application is complete and accurate.

I hereby certified all the above information is true.

Signature of Applicant

Date

Request reviewed by peer/physician: Competency of this applicant has been considered and the individual healthcare provider's declaration of health status has been confirmed. The full range of privileges for high risk procedures, evaluation of professional performance, judgment and clinical and/or technical skills in areas specified has been completed. The individual is entitled to retain the required privileges based on available, relevant results of ongoing appraisals of clinical performance and practices.

As the head of department, I have reviewed with the applicant the specific procedures and/or treatments that are being requested. Issues such as documented changes in the hospital/facility mission, failure to perform a sufficient number of operations and/or procedures to maintain proficiency, or failure to use privileges previously granted have been taken into consideration in the recommendation for renewal of privileges.

Narrative or current proficiency attached.

RECOMMENDATION BY HEAD OF THE DEPARTMENT:	
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
_____ Signature (Head of the Department)	_____ Date

DECISION BY THE UKMMC CREDENTIALING & MEDICAL PRIVILEGES COMMITTEE:	
Date Reviewed:	Date Approved:
Modifications to above privileges; <input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ Signature (Chairman of the Committee)	_____ Date



**REAPPRAISAL BY HEAD OF DEPARTMENT
FOR RENEWAL OF CLINICAL PRIVILEGES**

SPECIALIST NAME : _____

DEPARTMENT : _____

PERIOD COVERED : _____

ADDITIONAL INFORMATION REQUIRED FOR NO ANSWERS

Please tick (✓) the appropriate box.

	Yes	No
1. Have the individual's clinical and / or technical skills been observed and evaluated?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the individual exercise appropriate professional judgment and performance?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the individual show positive evidence of contributions to patient care and quality assurance?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the individual have an acceptable attitude towards patients, medical and other members of the Hospital Staff?	<input type="checkbox"/>	<input type="checkbox"/>
5. Timely completion and preparation of medical and other required patient records	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the individual actively participate in Department and Hospital activities?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the individual attend at least 60% or more of all scheduled department/committee meetings?	<input type="checkbox"/>	<input type="checkbox"/>
8. Should be individual's requested clinical privileges be approved?	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the individual exercise ethical conduct?	<input type="checkbox"/>	<input type="checkbox"/>
10. The individual is free of physical or mental disability or a change in health status, which would impact professional functioning?	<input type="checkbox"/>	<input type="checkbox"/>



PEER APPRAISAL OF MEDICAL STAFF MEMBER

Using the items listed below as guidelines, please provide your evaluations of Dr..... for his/her clinical practice at this centre.

	Yes	No
1. Has exercised good clinical judgment in the care of patients in this hospital. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>
2. Participates actively in department activities. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has an acceptable attitude towards patients, medical staff and other members of the hospital. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has this applicant ever been suspended, disciplined or had his/her privileges voluntarily or involuntarily. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>
5. To your knowledge does this applicant have any existing health problems that could affect his/her medical practice?	<input type="checkbox"/>	<input type="checkbox"/>
6. Please provide the following information: (a) The skill and competence demonstrated in performing procedures (include information on appropriateness, outcome and the number of procedures performed). <i>Give details on separate sheet.</i>		

(b) Please address the applicant's clinical judgment and technical skills as reflected in the results of patient's outcome and peer observations.

.....

8. Please complete the following assessment of the applicant's moral, ethnical and professional qualifications: Please tick (✓) the appropriate box.

	Above Average	Average	Below Average
Current medical knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional clinical judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of clinical responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethical conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperativeness, ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical record timeliness & quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaching skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physician-patient relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physician-physician understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compliance with hospital rules and regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OVERALL RECOMMENDATION

- Recommend highly
- Recommend without reservation
- Recommend with some reservation

RECOMMENDATION BASE ON : (May choose more than one)

- Close personal observation
- General impression
- Composite of evaluation by supervisor
- Other

Please provide additional comments on this applicant in evaluating him/her for the granting of privileges requested.

Comments:

.....
.....
.....
.....
.....

Signature: _____

Name : _____

Position : _____

Department : _____

Institution : _____

Postcode: _____ City: _____

Contact No: _____

Date: _____



ADDITIONAL CLINICAL PRIVILEGES APPLICATION

1. NAME : _____
2. SERVICE/SPECIALITY : _____

I REQUEST ADDITIONAL PRIVILEGES IN:
(See attached specific requests)

Core Privileges : _____
(Broad area, e.g. Medicine)

Special Privileges (in area) : _____

Other (e.g. Research) : _____

SIGNATURE

DATE

As the head of department, I have reviewed with the applicant the specific additional privileges that are being requested. The education training, and/or experience identified support this specialist's assertion of competence in privileges requested. The education, training and/or experience has been verified with the primary source, see attached.

RECOMMENDATION BY HEAD OF THE DEPARTMENT:	
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
_____ Signature (Head of the Department)	_____ Date

DECISION BY THE UKMMC CREDENTIALING & MEDICAL PRIVILEGES COMMITTEE:	
Date Reviewed:	Date Approved:
Modifications to above privileges; <input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ Signature (Chairman of the Committee)	_____ Date



PROCTORING EVALUATION FORM

Proctoring applies to all new staff members and existing members requesting additional privileged regardless of specialty or category of membership so long as direct patient care is involved.

APPLICANT'S NAME : _____

DATE OF PROCTORING : _____

1. Procedures : _____

2. Was direct observation maintained? Yes No

Number of cases observed = _____

3. Describe the type of cases observed.
(There should be a sufficient variety and number of cases reviewed, depending upon the scope of clinical privileges requested)

4. Please evaluate the applicant's performance.
(Proctoring involves evaluation of all aspects of the management of any case)

(a) Direct observation in the case of invasive procedures:

(b) Diagnostic and treatment techniques:

(c) Case notes review:

(d) Overall performance and assessment:

(e) Comments/Recommendations:

Signature of Proctor
Date :

Signature of Applicant
Date :

RECOMMENDATION BY HEAD OF THE DEPARTMENT:	
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
_____ Signature (Head of the Department)	_____ Date

DECISION BY THE UKMMC CREDENTIALING & MEDICAL PRIVILEGES COMMITTEE:	
Date Reviewed:	Date Approved:
Modifications to above privileges; <input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ Signature (Chairman of the Committee)	_____ Date