Office of the HEALTH OMBUDSMAN
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Complaint about decision to grant credentialing privileges to a medical practitioner

Executive summary

Background

On 5 August 2014, I received a complaint about a Hospital and Health Service (HHS) concerning a decision to grant clinical privileges to a medical practitioner. Concerns were raised about the practitioner's recency of practice and clinical experience.

The scope of my investigation was not to determine if the practitioner had the appropriate skills, experience or recency of practice to obtain credentialing, but rather whether the appropriate process was undertaken by the HHS credentialing committee in granting the practitioner credentialing.

Summary of findings

My investigation concluded that the requirements of the *Credentialing and Defining Scope of Clinical Practice for Medical Practitioners and Dentists in Queensland Health Policy 2012* had been met.

Requirement of the policy	Adherence with the policy
Appropriate registration with the Australian Health Practitioner Regulation Agency (AHPRA).	The practitioner held appropriate specialist registration with AHPRA.
Qualifications and training required for the position.	The practitioner held Fellowship with the relevant Royal Australian and New Zealand College.
Two referee reports who can attest to the applicant's clinical performance within the previous 12 months.	Two referee reports were provided with the last clinical contact being July 2014.

My review of the information noted the practitioner had attended one week of voluntary clinical practice in July 2014, otherwise the referees appeared not to have had any professional clinical contact with the practitioner since November 2013. However, I also note that the policy did not specify any parameters around who can be a referee or around the timeframes within which the last professional clinical contact should occur.

While the HHS submitted it had no reason to question the practitioner's recency of practice, in my view, the following factors should have been considered as triggers for a more detailed examination:

- The practitioner's recency of practice had been raised by the unit directors and a committee member as an issue.
- The practitioner's *curriculum vitae* (CV) stated that their last clinical role finished in November 2013, nine months prior to the credentialing decision. Given that it was a requirement under the policy's terms of reference that the committee review the applicant's CV, that review should have prompted further inquiry.
- There was a lack of clarity about the nature and scope of the referees' clinical contact with the practitioner, apart from the one week in July 2014.

In the circumstances, and particularly considering the highest level of credentialing (level 6) was being requested, I consider a more prudent approach would have been for the credentialing committee to

undertake further validation regarding the practitioner's referees and recency of practice before determining the outcome of their interim and full credentialing application. An option was available to the credentialing committee to implement special conditions or supervisory requirements on the practitioner's scope of clinical practice. There is no information to suggest that the credentialing committee considered these options, but it would have afforded the highest level of protection to patients while still allowing the practitioner to undertake a clinical role pending further discussion and/or information into the suitability of the credentialing application. Nevertheless, in making these observations, it is clear that the consideration of the practitioner's application for credentialing did not depart from the relevant policy.

While it was not a requirement of the policy, the HHS said it was common practice to obtain a director's recommendation in support of a credentialing application. Due to a perceived conflict of interest by the unit directors at the health service facility, a decision was made to obtain a recommendation from a member of the relevant Royal Australian and New Zealand College representative outside of the HHS. While the decision to obtain an independent opinion from an equivalent director in a separate HHS appears reasonable and prudent in lieu of the unit directors' recommendation, this issue was not appropriately communicated to the unit directors, which caused internal unrest within the unit. In my view, this issue would have been better dealt with by the HHS and the chair of the credentialing committee by clearly communicating the reasons behind the decision making to the unit directors and all committee members.

Conclusions

Given that my investigation determined that the committee did not deviate from the Queensland Health policy, my decision in relation to this matter was to take *no further action* in accordance with section 44(1)(a)(ii) of the *Health Ombudsman Act 2013,* as I reasonably consider the complaint lacked substance.

Leon Atkinson-MacEwen
Health Ombudsman

13 October 2016