



Excellence in Healthcare

BY-LAWS FOR CREDENTIALLED PRACTITIONERS

WELCOME TO CHURCHILL

It is our pleasure to welcome suitably qualified medical practitioners to our hospital.

This publication contains the terms, conditions, and by-laws to help you understand how our hospital operates. It outlines the practices, standards and policies which form the foundation of our service to ensure our patients receive the very best care during their stay. They also help us both to meet our legal responsibilities and commitment to our patients. These standards and policies apply to all medical practitioners practising at Churchill Hospital (Churchill).

Also included is a guide to our policy and process for credentialing and defining scopes of practice.

As part of our quality management process, all medical practitioners who wish to operate or provide inpatient services with us are required to complete a formal approval process, known as credentialing. This process begins prior to being able to practise in our facilities. Note that any senior medical officer who is credentialed with Nelson Marlborough Health (NMH) will immediately be able to practise within our hospital in accordance with Churchill Private Hospital Trust's policies and by-laws once the NMH credentialing status has been reviewed, agreed and endorsed by the Churchill Private Hospital Trust Credentialing Committee.

We intend that our relationship with our credentialed practitioners be built on mutual trust, ongoing open communication 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 forms for both credentialing and defining scope of practice.

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

Nicki Stretch, General Manager

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DEFINITIONS AND TERMS

Board / Board of Trustees	Board of Trustees of Churchill Private Hospital Trust
Credentialing Committee / CCC	<p>The core members of the credentialing committee are the 4 appointed trustees of the Churchill Private Hospital Trust. The Chair of the Board is also the Chair of the Credentialing Committee.</p> <p>Should relevant clinical expertise not be represented on the committee, then the committee may co-opt specialists with relevant clinical expertise as required.</p> <p>The committee may also co-opt a consumer representative as required.</p>
Credentialed Practitioner	Those practitioners credentialed by Churchill Private Hospital Trust
Hospital	Churchill Hospital
NMH	Nelson Marlborough Health (or Nelson Marlborough District Health Board)
Practitioner	Refers to a suitably qualified medical consultant, surgeon, anaesthetist or other specialist registered with the medical council of New Zealand, or any other registered health practitioner.
The Trust	Churchill Private Hospital Trust

ABOUT CHURCHILL PRIVATE HOSPITAL TRUST

Established in November 1994, Churchill Private Hospital Trust (the Trust) is a charitable trust whose purpose is to provide private healthcare facilities in Blenheim. Funds are reinvested into improving facilities, developing our employees, supporting the ongoing education of healthcare professionals, and supporting community initiatives with a focus on health and wellness.

The Trust is governed by a board of four trustees (the Board). Two of the trustees are elected representatives of the Churchill User Group (those medical specialists credentialed to operate at our hospital), while the remaining two trustees include the Chief Executive of Nelson Marlborough Health (NMH), and another who is appointed by Nelson Marlborough Health.

Churchill's hospital facilities include a 9 bed inpatient ward and 5 bed day stay facility. Presently we support a number of surgical specialties, including:

- Colorectal Surgery
- Endoscopy
- General Surgery
- Gynaecology
- Ophthalmology
- Otolaryngology (ENT)
- Orthopaedics
- Plastics
- Urology

Importantly, the Trust has a significant relationship with NMH. Joined by link corridor to Wairau Hospital, the Trust purchases fully resourced operating theatre sessions from NMH. Private patients are taken through to the Wairau Hospital Theatre suite and return to Churchill's in-patient ward and day stay facilities following their procedure and immediate post-anaesthetic care. Whilst credentialed practitioners operate in a private capacity, they are supported in theatre and PACU by the dedicated and professional Wairau Hospital Theatre Team.

In addition to our hospital facilities, the Churchill Specialist Centre has several consulting rooms available for hire. Our Specialist Centre staff provide a range of secretarial services for those consulting from the centre including medical typing, referral and clinic management.

Marlborough Medical Imaging also operates from the Trust's facilities, offering Ultrasound, x-ray and MRI Imaging services.

HOW CHURCHILL PRIVATE HOSPITAL TRUST OPERATES

The Trust is committed to operational excellence and patient-focused care, and we maintain a close working relationship with our credentialed practitioners. The framework for our success in these areas includes the involvement of credentialed practitioners both on our Board and as part of the development of clinical pathways that guide all clinical care at our hospital.

HOSPITAL MANAGEMENT

The General 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 the General Manager with suggestions about how we can improve the service we provide you or your patients, or if you have any concerns or comments.

CLINICAL GOVERNANCE AND QUALITY COMMITTEE

We strive to create an environment which fosters excellence in clinical care. An electronic quality and risk system is maintained to ensure currency of policies, procedures, risks, surveillance and monitoring of activities. Our relationship with NMH extends to inclusion on committees such as health and safety and infection prevention and control. Our Quality Committee comprises the General Manager, Clinical Team Leader, Quality Advisor and Board representation and is central to our clinical governance. With regular monthly meetings, the Quality Committee is consistently monitoring, reviewing and improving quality of our service and the standards of care. The minutes of these meetings are available on request from the General Manager.

Clinical Risks are assessed as part of the Trust's Risk Management Process. The General Manager is responsible for monitoring all risks to ensure adequate controls are in place. Practitioners shall notify the General Manager immediately if they feel a clinical risk is not being managed effectively. Risks are elevated to the Board as necessary which has at least 2 members with clinical/medical background.

CREDENTIALING

Credentialing is an ongoing process, the purpose of which is to define the health practitioner's scope of practice to ensure safe practice for practitioners and their patients.

This means:

- Patients receive quality care from approved hospital staff and practitioners
- Risks are identified and managed
- Practitioners understand legislative responsibilities, hospital policies and procedures and follow best practice
- Practitioners are protected by clear and defined processes
- Hospital facilities and support services match the practitioner's scope of practice.

All Practitioners choosing to provide surgical, anaesthetic or other medical procedures at Churchill Private Hospital shall be credentialed to work within an agreed scope of practice.

Full details of the Trust's credentialing process can be found in the attached "Credentialing and Defining Scopes of Practice Guide".

HEALTH AND SAFETY AT WORK ACT 2015

All consulting specialists and medical practitioners are regarded as a Person Conducting a Business or Undertaking (PCBU), and as such have obligations under the Health and Safety at Work Act 2015. Both the hospital and the credentialed practitioner are responsible for identifying and managing

risks within the working environment (e.g. in-patient ward, operating theatre) to ensure as far as is reasonably practicable the health and safety of hospital staff, patients, visitors and contractors.

Under the legislation, the credentialed practitioner and Hospital must consult, cooperate and coordinate with each other and work together on health and safety matters. Neither party can contract out of these responsibilities or transfer them to the other party. A guideline for medical practitioners is provided with this guide, or available on our website www.churchillhospital.co.nz

PRACTISING AT CHURCHILL HOSPITAL (BY-LAWS)

The Trust is committed to working with its credentialed practitioners to provide quality care. This section outlines the responsibilities of practitioners operating at Churchill Hospital, as well as the support and processes you can expect.

Both the Trust and the credentialed practitioners have responsibilities to patients within the hospital and this is the basis for a clinical relationship both parties will value and respect.

A credentialed practitioner shall practice on their own account. Nothing in the credentialing process or contained in these bylaws and accompanying forms creates any relationship of employer/employee or principal/agent or partner or independent contractor between the hospital and any credentialed practitioner.

A credentialed practitioner is solely responsible for exercising his or her own medical judgement and his or her own conduct and to the maximum extent possible the Trust is not liable for any act, error or omission of any credentialed practitioner.

Teamwork and co-operation are essential in any situation involving safety. We expect all hospital employees to respect and acknowledge the talents and abilities of all credentialed practitioners. Practitioners shall also respect the talents and abilities of those assisting them and acknowledge the valuable part they play in the patients' rapid recovery and return to health.

The terms and conditions set out in these bylaws and including the credentialing and defining scope of practice guide form part of the terms of the credentialing agreement between the practitioner and Churchill Private Hospital Trust. Please read these carefully and raise any matters of concern with the General Manager.

CONDITIONS OF PRACTISING AT CHURCHILL PRIVATE HOSPITAL

At Churchill Private Hospital, the patients' rights, welfare and care are paramount. For this reason, a practitioner's continuing use of Churchill's facilities is dependent on the practitioner:

- i. Maintaining appropriate professional registration and having a current Annual Practicing Certificate.
- ii. Maintaining indemnity cover to the satisfaction of Churchill Private Hospital Trust.

- iii. Maintaining registration with an appropriate medical or surgical college or practitioner association and undertaking appropriate levels of continuing professional development.
- iv. Complying with all applicable laws, regulations, professional, ethical and other standards and codes of conduct, 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.
- v. Performing and behaving in a manner consistent with accepted professional practice and to the expectations of Churchill Private Hospital Trust.
- vi. Performing procedures, or providing treatment and care, within the practitioner's agreed scope of practice only. It is the practitioner's own responsibility to monitor compliance with their own scope of practice.
- vii. 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 call-outs including emergencies, it is the practitioner's responsibility to arrange appropriate cover (refer viii and ix below).
- viii. Ensuring that one practitioner has taken the lead role as a patient's admitting practitioner where a patient's treatment and care is being shared by multiple practitioners. It is the responsibility of the admitting practitioner to ensure that the patient understands and consents to these arrangements.
- ix. Ensuring that alternative care arrangements are in place if the practitioner will be absent and unavailable to attend to patients. Such arrangements require:
 - a. arranging a suitably credentialed practitioner with an appropriate agreed 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. any alterations or additional arrangements to be detailed in the patient's hospital clinical records.
 - d. notifying the General Manager, Clinical Team Leader 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.
- x. Ensuring the General Manager is informed immediately of any changes to their contact details.
- xi. Taking all reasonable steps to ensure the safety of practitioners, hospital employees, the healthcare team and patients at all times.
- xii. Participating in quality improvement activities including clinical audit and peer review, sentinel or serious adverse event processes.

- xiii. Proactively collecting quality and audit data as evidence of their competence.
- xiv. Reporting their own and others' diminishing competence as part of their professional responsibilities.
- xv. Accepting evidence-based medicine and implementing it as current best practice where appropriate.
- xvi. Being familiar with and complying with the relevant hospital policies and the shared NMH policies and procedures, as amended and updated from time to time, with particular reference to:
 - Admission Criteria Policy
 - Complaints Policy
 - Contacting Specialists for Advice or Patient Review
 - Fire Evacuation Procedure
 - Health, Safety and Wellbeing Policy
 - Incident Management Policy
 - Informed Consent Policy
 - Information Management Policy
 - Medication Management Policy
 - Privacy and Release of Patient Information
 - Risk Management Policy

These and other relevant policies can be accessed on the Churchill Hospital website at www.churchillhospital.co.nz

All practitioners will be informed of any changes to relevant hospital policies, procedures or by-laws. In the interests of patients and others, failure to comply with any of these conditions could lead to the amendment of a practitioners agreed scope of practice, imposition of conditions on a practitioners credentialed status or agreed scope of practice, suspension or termination of credentials.

SCHEDULING

ALLOCATION OF THEATRE LISTS

Through an Agreement for Services with NMH, the Trust purchases fully resourced operating lists from NMH. To ensure resources and facilities are well-planned within the entire Wairau Hospital Theatre Complex, the Trust maintains a regular 4 week theatre roster cycle. Newly credentialed practitioners will be offered theatre lists based on list availability. Due to existing list allocations, the Trust cannot guarantee a credentialed practitioner's preferred day/s will be available. Being credentialed with Churchill Private Hospital Trust does not confer on the practitioner any entitlement to specific theatre time or lists.

CANCELLATION OR REDUCED UTILISATION OF THEATRE LISTS

Credentialed practitioners will have non-operating periods each year, for example, when they are on holiday. In such circumstances the General Manager must be advised well in advance; at least 4

weeks' notice is appreciated so that operating or procedure room list access can be offered to other credentialed practitioners.

Credentialed practitioners may also have instances where their operating lists are under-utilised. In such circumstances we ask that the Trust is advised by the credentialed practitioner as soon as practical so that unallocated theatre time can either be offered back to NMH or to another credentialed practitioner.

Wastage of overheads from failure to fully utilise lists or cancel lists in a timely manner directly adds to the cost of procedures for the patients.

ADMITTING AND TREATING PATIENTS

The admitting practitioner takes responsibility for appropriate patient selection for admission and suitability for Churchill Hospital care.

To enable a patient's admission to Churchill Hospital the admitting practitioner must complete a patient admission form and submit this to the hospital at least 10 ten working days prior to admission.

Both the patient and the admitting practitioner together with the attending Anaesthetist shall sign the Agreement to Treatment Informed Consent form prior to surgery. Any additional consent process and other documents needing to be in place e.g. blood transfusion consent, advanced directives (especially not for resuscitation orders) and enduring power of attorney or personal orders appointing a welfare guardian must also be provided to the hospital.

When a patient has special needs that require additional supervision, care, equipment or staffing, the admitting practitioner shall provide at least seven days' notice to allow time for additional safety arrangements.

Patients are rarely refused admission to Churchill Private Hospital. However, the General Manager may refuse admission when:

- a. The interests of the hospital are best-served by refusing admission.
- b. The type of hospital license limits the category of patient.
- c. Admission may constitute an unacceptable risk to hospital staff or other patients.
- d. The facilities or resources required for the safe treatment and care of a particular patient are not available.
- e. The patient does not meet the hospital's admission entry criteria.
- f. An Anaesthetist has assessed the patient with an ASA score of 4 or more.

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 practitioner surgeon or physician. The Anaesthetist shall remain contactable for the duration of the patient's stay in hospital, and available for advice or patient review as required. Anaesthetists will ensure admitting surgeons are kept 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 shall document it, inform the patient and relevant staff, get expert clinical management advice as appropriate, and ensure follow up.

TRANSFER TO WAIRAU HOSPITAL

If a patient requires transfer to Wairau Hospital's high dependence unit (HDU) or any other area within Wairau Hospital it is the admitting practitioner's responsibility to contact the appropriate area and arrange the transfer. The admitting practitioner is also responsible for contacting the patient's next of kin to inform them of the transfer. The staff at Churchill Hospital will ensure full medical records and patient's belongings accompany the patient.

DISCHARGE FROM HOSPITAL

Practitioners should discuss discharge as part of the pre-admission process. The usual time of discharge is before 10:30 am, after which additional fees may be charged for an extended hospital stay.

Each patient is provided with discharge information which is individualised to the patient's needs and the practitioner's instructions. This states that if they become unwell or develop signs and symptoms of complications, they are to contact their admitting practitioner, general practitioner, after hour's urgent care centre or in an emergency to dial "111" for an ambulance in an emergency. Practitioners may also provide additional discharge instructions to patients.

HOSPITAL FEES AND PAYMENTS TO CREDENTIALLED PRACTITIONERS

For many patients, entering hospital can be stressful. As we focus 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 shall be familiar with the likely hospital costs for their patients and ensure that patients are fully informed of their obligations to settle accounts when billed by the Trust following their stay, 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 shall advise patients who have health insurance that they must contact their health insurer to confirm eligibility of their possible claim prior to admission. If a patient is admitted under the hospital's ACC Elective Surgical Services Contract, Southern Cross Affiliated Provider Contracts or any other contract, then prior approval must be obtained. Failure to do so will result in the patient being responsible to settle the account in full with the hospital.

Credentialed Practitioners who undertake surgery as a named provider under one of the hospital's contracts will be paid by the Trust no later than the 20th of the month following receipt of full payment.

PATIENT'S HOSPITAL CLINICAL RECORDS

It is the responsibility of the practitioner to maintain adequate clinical records for each patient in line with legislation, guidelines and accepted practice and to make these records available to medical, nursing and other hospital staff.

The hospital clinical record consists 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 General Manager's permission. If hospital clinical records are required by other healthcare providers, or the patient, copies will be actioned in a timely manner in accordance with applicable legislation and hospital policy.

TREATMENT ORDERS, NOTES AND PRESCRIPTIONS

It is essential for the welfare and safety of patients that hospital staff 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. These entries should be legible, with the practitioners name and designation.
- ii. Clearly write all medication orders in the National Medication Chart (NMC), according to the MoH guidelines. It is essential that the anaesthetist reviews the patient's current medications and clearly indicates which medications are to be continued or withheld during the patient's hospital stay.
- iii. Clearly write any changes to medications or care orders in the patient's hospital clinical record or NMC. A member of the nursing staff must also be alerted to the change.
- iv. Ensure that the ward and theatre nurse manager have instructions in writing and signed by the practitioner, outlining the routine care and treatment orders specific to the particular procedures being performed. Occasionally practitioners will be asked to review clinical pathways and clinical procedures to ensure that they meet the practitioner's needs. Importantly, practitioners must advise Churchill of equipment and supplies the practitioner may require in the event of complications so that these are available.
- v. Advise the team of any changes to emergency, preferred and routine methods.
- vi. 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 practitioner's responsibility to ensure that verbal orders are counter-signed as soon as practicable and within 24 hours.

BLOOD AND BLOOD PRODUCTS, BONE AND OTHER TISSUE DONATIONS

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.

PATIENT CONFIDENTIALITY

The rights of patients to privacy and privacy of information are protected under privacy and consumer rights legislation and by hospital and medical protocols. Trust employees are mindful of the need to respect patients' rights and credentialed practitioners are also required to uphold patients' privacy by complying with applicable legislation and Trust policies.

OPEN COMMUNICATION

The Trust supports the rights of patients to be informed in an open and timely manner about any unplanned, or untoward events (regardless of harm) through open communication.

OPERATING AND MEDICAL PROCEDURES

OPERATING THEATRE AND PROCEDURE ROOM BEST PRACTISES

Both the Trust's and NMHS' policies mandate that nurses follow set instructions for the safety and comfort of the patients and for the protection of all staff. The practitioners shall facilitate and be involved in these processes.

CHECKS AND SURGICAL COUNTS

These policies include Time Out checks to ensure correct person, correct site and correct procedure, pre-defined surgical counts throughout all stages of a surgical procedure, attention to positioning of the patient and safe use of equipment.

To minimise the risk of surgical error, where appropriate all sites must be marked by the practitioner undertaking the surgery 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, NMH and the Trust procedures include the requirement for 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 responsibility of the practitioner undertaking the surgery to document in the patient's hospital clinical record and inform the patient, as per open communication.

INTRA-OPERATIVE CLINICAL RECORDS

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 the event of an untoward event full details including findings, and

requirements of nurses to monitor and follow up shall be documented. An incident form must also be completed and given to the General Manager, Clinical Team Leader or, in their absence, a Registered Nurse.

EMERGENCIES AND CRITICAL ILLNESS

Should any emergency or critical illness arise and the admitting practitioner, or nominated alternative practitioner, is not immediately available, the General 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 practitioner, calling "111" for ambulance support and/or transferring the patient to Wairau Hospital or other facility.

Churchill Hospital is equipped to deal with emergencies and all credentialed practitioners are required to be familiar with emergency procedures and the equipment and supplies available. Practitioners shall advise the General Manager of any additional supplies considered to be necessary in the event of a clinical emergency.

All patients are monitored using the NMH Adult Vital Signs Chart (EWS). Where a patient's condition is assessed and the score indicates escalation, then the escalation process will be initiated. All practitioners shall be aware of this process. Where the patient has a chronic condition which may incorrectly trigger an escalation then the anaesthetist shall be responsible for modifying the EWS triggers. The overall responsibility for the patient's care is the responsibility of the admitting practitioner.

If any patient requires a level of nursing or clinical care including monitoring beyond that provided in the in-patient ward, defined models of care (e.g. high dependency care) will guide prescribing appropriate patient care. Timely transfer to a higher level of care may be required.

HOSPITAL AND OPERATING EQUIPMENT

Occasionally practitioners may prefer to operate with their own electrical or medical equipment. Any such preference shall be discussed with the Theatre Charge Nurse to ascertain if the request can be accommodated. Each request is considered on a case-by-case basis by the General Manager who will require confirmation that equipment complies with current biomedical, electrical and any other legislation.

NMH and the Trust share a policy not to flash autoclave instruments and therefore time needs to be set aside for full processing. Pre-sterilised instruments from other organisations will require re-processing prior to use.

INFECTION PREVENTION CONTROL AND DISEASE PREVENTION

The Trust has the safety of patients in mind. Air-conditioning systems and environmental conditions are maintained to high standards. The very nature of hospital activities, however, means a risk of infection is always present. For this reason, practitioners must adhere to standard and transmission precautions and infection control practices to decrease the risk of patients and others being exposed to major transmissible infections, including:

- i. Personally perform hand hygiene before and after each patient contact to comply with the World Health Organisation's '5 Moments' of hand hygiene.
- ii. Wear suitable attire for the protection of themselves and others.
- iii. Apply accepted infection prevention and control practices to create and maintain a clean, therapeutic environment.
- iv. 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. Practitioners who may be infected with a transmissible major viral infection shall not perform exposure-prone procedures.
- v. Ensure there is no possibility of any action which may admit contaminants to the operating theatre suite or procedures rooms.
- vi. Prior to admission being accepted, provide the hospital with 'clear swab' results from any patient who meets the current hospital infection prevention and control admission criteria. Examples are if the patient is known to have previously tested positive for MDRO, or been in an overseas hospital or country of high risk in the past year.
- 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 booking/admission form should any patient who may pose a risk of transmissible major viral infections or other infections, so the hospital may instigate prudent precautionary and alert procedures.
- ix. Follow best practice infection control management and monitoring processes including use of antimicrobials, wound surveillance and infection monitoring programmes. Immediately advise the General Manager if they become aware of a discharged patient being identified as testing positive, for example; Multidrug Drug Resistant Organisms (MDRO), virus or other communicable disease, or other epidemiologically significant 'high risk organism' positive.

In compliance with the Standards for Infection Prevention and 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 the Trust's specific approval.

ORDERING PRACTITIONER MEDICAL SUPPLIES

Practitioners shall advise the Theatre Charge Nurse and/or General Manager of any specific requirements for particular operations or procedures at least 5 working days in advance to ensure their needs can be met.

The Trust will endeavour to supply practitioners' preferred choice of products and materials, but the requirements of NMH and the hospital's procurement programmes mean that it may not always be

possible. In such cases, the closest-possible and most appropriate substitute product or material will be supplied.

OTHER PRACTITIONERS, ASSISTANTS AND VISITORS

PROFESSIONAL ASSISTANTS OR VISITING EXPERTS

The Trust recognises that a practitioner may sometimes require the services of a professional assistant or visiting expert. Such personnel will need special purpose credentialing by arrangement with the General Manager. The recommending practitioner must provide direct supervision. Patient consent shall be gained as a part of the operating consent process.

MEDICAL PRACTITIONERS CONSULTING OR PROVIDING OUTPATIENT TREATMENTS ONLY

The Churchill Specialist Centre welcomes medical and other practitioners who choose to limit their scope of practise to consulting or providing non-surgical outpatient treatments only. Such personnel will need to complete the relevant Application and Practise Agreement Form for Visiting Specialists - Non Surgical. The decision to approve an application to use the Churchill Specialist Centre is determined by the General Manager.

MEDICAL TECHNOLOGY SUPPLIERS

Medical technology suppliers whose technical services are required by the surgeon in theatre should approach the General Manager. The General Manager shall seek special purpose credentialing or, where credentialing is not appropriate, agree that written consent of the patient, the surgeon, other appropriate health team members and the General Manager is obtained. The right to demonstrate or supervise new technology is granted where this is essential for the procedure and there is no conflict of interest. Suppliers shall not be involved in any way in direct patient care.

PATIENT SUPPORT VISITORS

At the patient's request, or where deemed appropriate by the practitioner or other staff member, a support person or other visitor may be granted limited access. Approval from the surgeon, anaesthetist and theatre charge nurse is needed for any visitor to be permitted into the operating room during a surgical procedure. 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.

OBSERVERS AND TRAINEES

The presence of other surgeons, practitioners, observers, trainees or students can only occur with the prior consent of the surgeon and patient.

OTHER MATTERS

Careful monitoring of performance is a feature of Churchill Private Hospital Trust.

The Trust encourages a culture of safety supported by continuous quality improvement. This "no blame" approach ensures practitioners and employees feel supported when incidents are being managed, without in any way diminishing their professional accountability.

Quality activities include:

CASES FOR REVIEW

Where there is an opportunity to learn from cases, a review of systems and processes may be initiated. The review procedure includes the relevant practitioners, the General Manager and Trust Chair and/or peer review.

CLINICAL INDICATORS

A range of clinical indicators may be monitored at the Hospital. These are used as benchmarks to identify opportunities for improvement

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 General Manager who will obtain approval from the Trust Chair. Additional access and credentialing may need to be arranged if a third party collects data.

CLINICAL RESEARCH

Clinical research is an integral and valued part of clinical medicine. As a private surgical hospital, the Trust has a role in supporting health research where appropriate. As such, the Board of Trustees will consider requests for resources to support a clinical research project which has received both NMH and Ethical Committee Approval (in accordance with current NMH policy).

Application for assistance with resources must be made to the Board of Trustees through the General Manager.

COMPLAINTS AND FEEDBACK

The Trust sees all feedback as helpful. If a credentialed practitioner or their patient wishes to give feedback they can do so by discussing it with the General Manager, a staff member, via the website churchillhospital.co.nz, or email or in writing. These are discussed at the monthly quality meetings and any actions required are undertaken.

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 General Manager. The Trust is committed to open disclosure and patients, employees and practitioners must be fully informed of any incident that may affect them. 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 plans to improve the quality of patient care and contribute to organisational learning. It is a requirement that practitioners participate in these procedures as necessary.

ONGOING EDUCATION

The Trust fully supports continuing education for practitioners and employees. The active involvement of practitioners is welcomed to ensure that hospital staff maintain knowledge and competencies and have the capability to support new procedures, treatment and technology.

PEER REVIEW, BENCHMARKING AND SELF-AUDIT

The Trust supports practitioner self-audit including benchmarking of performance and peer review of cases. Such activities are encouraged within the hospital and the professional community.

POLICIES AND PROCEDURES

Policies and procedures, including these bylaws, will be updated and evolve over time. The Trust has the right to amend the bylaws and the terms of the Credentialing and Defining Scope of Practice Guide by giving practitioners written notice of any such amendment. Any changes or concerns may be discussed with the General Manager or addressed to the Board.

OTHER MATTERS NOT SPECIFIED IN THESE BY-LAWS

Practitioners may discuss any matter of concern with the General Manager, who may refer them to the members of the Board.

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Claro Law, Auckland New Zealand

Credentialing Policy and Processes approved by Board of Trustees August 2012. Reviewed by General Manager December 2015

APPENDIX 1 – CREDENTIALING AND DEFINING SCOPE OF PRACTICE GUIDE

Credentialing is the formal process used to verify the qualifications, experience, professional standing and other relevant professional attributes of medical practitioners, 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 completion of the initial application form, the first step in the credentialing process, and defines the extent of a medical practitioner's permitted clinical practice at Churchill Hospital. This is based on the individual's credentials, competence, performance and professional suitability. The scope of practice is hospital-specific and the capability of the Trust to support the medical practitioner's scope of clinical practice is considered as part of the process.

The Medical Council or other professional authority's scope of practice can be accepted or modified if desired and as considered appropriate by the Trust's credentialing committee. The current scope of practice with a District Health Board may be transportable.

All Medical Practitioners providing surgical, anaesthetic or other medical procedures at Churchill Hospital are required to be credentialed within an agreed scope of practise.

Only Medical Practitioners who have current credentials within an agreed scope of practise will have access to Churchill's Hospital facilities.

As the Trust leases theatre facilities from NMH, any Senior Medical Officer credentialed with NMH can request that their credentials are endorsed by the Trust's credentialing committee. Once endorsed, the medical practitioner will be deemed to be credentialed by Churchill Private Hospital Trust.

The agreed scope of practice enables a practitioner 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 Churchill Hospital. Each individual practitioner is 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 suitably qualified medical practitioner registered with the Medical Council of New Zealand, and holding a current practising certificate, or any other registered health practitioner with a current

practising certificate, is welcome to apply for temporary or permanent credentialing with Churchill Private Hospital Trust.

Other Practitioners

Other practitioners may be granted special credentialing for a period of up to three months. The General Manager can renew special credentialing if a longer period is required.

APPLICATION PROCESS

- Appendix 1a provides the full details of the credentialing policy and processes.
- Appendices 2 and 3 detail the scope of practice guidelines.
- The following provides an outline of Credentialing and Defining Scope of Practice and the application process.
- All practitioners applying for credentialing must complete Steps A & B.

Step A covers:

- All aspects related to the Medical Council Annual Practising Certificate (vocational specialty, any special conditions)
- Current professional indemnity insurance
- Initial Credentialing Application Form (Form 1)
- Health and Personal Status Form (Form 3)
- Agreement (Form 4)
- Associated information.

DEFINING SCOPE OF PRACTICE

In relation to practice at Churchill Hospital

Step B covers:

- Stated 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, detailed in Step C below and Appendix 3: Tables i and ii
- Completion of the Defining Scope of Practice Application Form (Form 2 and Agreement sections)
- Approval confirmed by the credentialing committee

DEFINING SCOPE OF PRACTICE

Applicable to Specific Medical Service, Procedure or Technique

Step C covers:

- All aspects for credentialing (Step A above) and scope of practice (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 (Form 2 Step C)
- Confirmation of collegial support from 2 referees
- Approval confirmed by credentialing committee

APPLYING FOR CREDENTIALING AND SCOPE OF PRACTICE PROCESS

1. Applicant completes application forms and submits with accompanying documents to the General Manager.
2. In receiving an application, Churchill Private Hospital Trust has no obligation to:
 - consider any application;
 - grant credentials; or
 - give reasons for any decisions made in relation to any application.
3. If the applicant holds credentialed status with Nelson Marlborough Health (NMH), then evidence of this will be sought from the NMH Chief Medical Officer.
4. For all other applicants, the General Manager will obtain 3 references from medical practitioner colleagues in current practise.
5. The General Manager may grant temporary credentialing after verbal references and consultation with a medical practitioner on the Credentialing Committee.
6. General Manager forwards applicant's application forms and accompanying documentation to the Credentialing Committee.
7. The Credentialing Committee considers application forms (may request further information) and accompanying documentation and makes a decision.
8. The Credentialing Committee notifies the applicant and General Manager in writing, of approval or decline decision.

APPROVAL

General Manager ensures orientation.

DECLINES

A practitioner whose credentialed status is denied, terminated or limited has the right to appeal the decision. The process is outlined in Appendix 1a.

TERM OF CREDENTIALING AND RE-CREDENTIALING

Practitioners can be credentialed for a maximum of five years, or one year if a practitioner is aged 70 and over. Practitioners undergo a re-credentialing process that includes verification of changes since the previous declaration at the end of each credentialing period. All practitioners must also undergo re-credentialing at age 65.

Where the practitioner has a physical or mental condition which may impair their 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 the practitioner's fitness to return to practice.

In some situations, additional monitoring of health status may be a condition of ongoing credentialed status. The Trust's approach to health issues is collaborative, open and rehabilitative.

The General Manager will contact the practitioner to initiate the re-credentialing process.

MAINTAINING CREDENTIALLED STATUS

Credentialed practitioners are required to provide evidence of the following on an annual basis and at any time on request:

- An appropriate vocational registration with the Medical Council;
- Proof of a current annual practising certificate;
- Professional indemnity insurance with an insurer and for an amount acceptable to Churchill Private Hospital Trust;
- Registration with an appropriate medical or surgical college or specialist association; and
- A declaration that the practitioner has made all relevant disclosures regarding their status, practicing rights and competency.

RESIGNATION, SUSPENSION AND TERMINATION OF CREDENTIALING

Any practitioner may resign their credentialed status by giving notice in writing to the General Manager.

The Trust may suspend or terminate a practitioner's ability to practise within the Trust's facilities by suspending or terminating the practitioners credentialed status. Suspensions or terminations may be temporary or permanent. (See Appendix: 1a for more details).

MODIFYING SCOPE OF PRACTICE

REDUCING THE RANGE OF SERVICES, PROCEDURES OR TECHNIQUES

The Credentialing Committee may modify a medical practitioner's right to perform particular procedure/s by reducing the range of service, 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 the Trust
- Concerns about the practitioner's performance and or behaviour.

At any time, a medical practitioner can choose to modify his or her scope of practice by notifying the General Manager in writing.

The Credentialing Committee may at any time introduce additional restrictions or conditions depending on circumstances.

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 practitioners 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 (please refer to Appendix: 3 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 shall provide assurances on the safety, efficacy to patients and role of the new clinical service. This should be discussed with the General Manager in the first instance. The Credentialing 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. The Trust is under no obligation to allow services to be provided that the Trust 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

Churchill Private Hospital Trust may modify and or suspend a practitioner's scope of practice. Modifications or suspensions may be temporary or permanent (see Appendix 1A for more details).

DISCLOSING 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 General Manager immediately should any of the following occur:

- i. Circumstances or a health issue (including mental and emotional issues and addictions) or disability which may affect the practitioner's competence, conduct or ability to perform procedures within his or her agreed scope of practice or practise safely;
- ii. The practitioner starts to practise at another facility;
- iii. The practitioner has an application for a role at another facility denied;
- iv. There is an investigation into the practitioner's competence, conduct or clinical practice by any other facility at which the practitioner practises;
- v. Limits or constraints that are placed on the practitioner at another hospital or facility, including any self-imposed restrictions;
- vi. A practitioner chooses to personally limit or constrain their own scope of practice;
- vii. Professional complaints, investigations, disciplinary proceedings, reviews, significant ACC treatment injury claims, or significant untoward events, that might be relevant to their credentialed status, including actions by the Medical Council, a practitioner college, the

Health and Disability Commissioner, a coroner, the Ministry of Health, an employer, or any other organisation;

- viii. A finding, result or decision is given in any investigation, review, proceeding or similar forum of the type described in paragraph (vii);
- ix. A claim or allegation is made against the practitioner, whether or not proved, that it might be relevant to the practitioner's relationship with the hospital;
- x. The practitioner has conditions imposed on their ability to practise, is suspended from, or struck off the Medical Register or equivalent, or for any reason is deemed unfit to practise, or has their ability to practise restricted;
- xi. The practitioner is charged with (or convicted of) a criminal offence or is the subject of a criminal investigation;
- xii. The practitioner has notified their indemnity organisation of a potential issue.

The General Manager will advise the Credentialing Committee. The Credentialing Committee will decide whether changes to the practitioner's credentialing or scope of practice are required.

If the practitioner has not disclosed any required information to the Trust or if any information provided by the practitioner is untrue or inaccurate, then the practitioner's credentials could be terminated, suspended or restrictions or conditions could be imposed on their right to practice at Churchill Hospital.

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 General Manager will contact the practitioner to clarify the situation, and confirm that the practitioner has notified other hospitals and facilities. The General Manager may contact other providers, persons or organisations to provide or obtain relevant information as necessary.

By applying for credentialing with the Trust the practitioner agrees to co-operate fully with the exchange of such information, and to the Trust obtaining and disclosing such information.

APPENDIX 1A - CREDENTIALING APPLICATION PROCESS

1. Application for Credentialing and Defining Scope of Practice

1.1 Initial Application (Form 1)

- 1.1.1 By submitting an application for credentialing, the applicant agrees to be bound by, and have the application considered in accordance with, the terms set out in the Churchill Private Hospital Trust By-laws and Credentialing and Scope of Practice Guide, including this appendix and application forms, as amended from time to time.
- 1.1.2 By submitting an application for credentialing, the applicant consents to Churchill Private Hospital Trust:
 - 1.1.2.1 using personal information about the practitioner
 - 1.1.2.2 disclosing personal information about the practitioner to third parties (such as previous or current employers, other private surgical hospitals and facilities where the practitioner has worked or does work, Southern Cross and ACC with whom the Trust has contractual obligations and regulatory authorities), and
 - 1.1.2.3 third parties (such as previous or current employers, other private surgical hospitals and facilities where the practitioner has worked or does work, professional colleges and regulatory authorities), providing personal information about the practitioner to Churchill Private Hospital Trust for the purposes of credentialing, patient safety, business planning and any other purpose that Churchill Private Hospital Trust wishes to specify.
- 1.1.3 The practitioner submits the application to the General Manager at Churchill Private Hospital Trust by completing:
 - Initial Credentialing and Defining Scope of Practice Application form;
 - Health and Personal Status form;
 - Should the applicant not be currently credentialed by Nelson Marlborough Health (NMH), then the applicant must also provide the names of three referees of appropriate standing, two of whom are currently practising in the same clinical specialty, and providing associated documentation.
- 1.1.4 Applications for credentialing can be made by persons other than registered health practitioners at the discretion of the Credentialing Committee.
- 1.1.5 Applications for credentialing will ordinarily include an application for a scope of practice.
- 1.1.6 An application for credentialing will not be accepted until all information required in the application forms together with associated information to the satisfaction of the General Manager is provided.

- 1.1.7 If required, the General 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.
- 1.1.8 The General Manager will verify the information provided by the applicant and provide the Credentialing Committee with a copy of the application forms, evidence of NMH credentialed status, supporting documentation, referees' reports (if required), and any other information the General Manager considers appropriate for the proper consideration of the application.
- 1.1.9 In receiving an application, Churchill Private Hospital Trust has no obligation to consider any application, grant credentials or give reasons for any decisions made in relation to any application.

1.2 Credentialing Committee Consideration of the Application

- 1.2.1 The Credentialing Committee may seek further information from the applicant, or any other source, if the committee considers that such further information is desirable for the proper consideration of the practitioner's application. Evaluative material provided by any other third parties will not be disclosed to the applicant.

1.3 Decision by the Credentialing Committee

- 1.3.1 Upon receipt of a Medical Practitioner's credentialing application, and such Medical Practitioner having already gained credentialed status with NMH as a Senior Medical Officer, and providing Churchill Hospital can support the practitioner's scope of practise, taking into account any restrictions or other matters, the Credentialing Committee may elect to immediately endorse that status therefore deeming the practitioner to be suitably credentialed with Churchill Private Hospital Trust.
- 1.3.2 The Credentialing Committee is solely responsible for approving or declining credentialing applications, determining how long an applicant is credentialed for, and for approving an applicant's scope of practice.
- 1.3.3 In making its decision, the Credentialing Committee shall consider all information which in its opinion is relevant, including checking the applicants competence, interpersonal skills and fit with the skill mix of the team as appropriate
- 1.3.4 The Credentialing Committee 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.
- 1.3.5 The Credentialing Committee shall notify the applicant and the General Manager of their decision.
- 1.3.6 The Credentialing Committee shall agree and document the clinical responsibilities of the applicant, the applicant's scope of practice at Churchill Hospital, any conditions on the applicant's practice and the nature of ongoing reviews.

- 1.3.7 The Credentialing Committee is not required to notify the applicant of the reasons for their decision.
- 1.3.8 Where any question as to the Credentialing Committee's processes arise, that question shall be determined by the Chair of the Credentialing Committee unless that question is raised through the appeal process in accordance with clause 10.

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 shall result in the practitioner's credentialed status being suspended or terminated until it is remedied to the General Manager and Credentialing Committee's satisfaction.
- 2.2 Churchill Private Hospital Trust may verify that a credentialed practitioner has appropriate registration, an annual practising certificate, professional indemnity insurance and registration with an appropriate medical or surgical college or specialist association 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 General 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 Churchill Private Hospital Trust Credentialing and 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, the General Manager will advise the Credentialing Committee. The Credentialing Committee 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 General Manager becomes aware of any information that could affect the credentialed status or scope of practice, or require further review, the General Manager may convey that information to the Chair of the Credentialing Committee.

3. Re-credentialing

- 3.1 At the end of the practitioner's credentialing term, and at age 65, a practitioner will be required to apply again for re-credentialing. From the age of 70 years a practitioner will be required to apply each year for re-credentialing.
- 3.2 Churchill Private Hospital Trust has the right to undertake interim credentialing reviews at any time that the credentialed practitioner requests; or when there are 'non-routine' events such as the introduction of a new treatment or new technology that requires specific competence.

- 3.3 Provided that a valid application is made before the expiry of the practitioner's credentialed status, a practitioner remains credentialed until the Credentialing Committee makes a decision on the reapplication.
- 3.4 Where a practitioner is absent from Churchill Hospital for a length of time, or performs a reduced volume of clinical cases at Churchill Hospital, such that the Credentialing Committee considers the practitioner's scope of practice or credentialed status may not be appropriate, the Credentialing Committee can require a practitioner to reapply for credentialing and/or a scope of practice.
- 3.5 Where a practitioner has a physical or mental condition (or the Credentialing Committee considers that a practitioner may have such a condition) that might impair the practitioner's performance or behaviour, the practitioner's credentials will be deemed to lapse and the practitioner must reapply for credentialing. The Credentialing Committee may require medical reports as part of the re-credentialing application.
- 3.6 Where an application for credentialing has been declined, and either no appeal has been filed within the prescribed time period, or the appeal is unsuccessful, the practitioner may not make a further application for a period of two years from the later of the date of the decline or the date of the appeal decision.

4. Termination of Credentialed Status by Practitioner

- 4.1 A credentialed practitioner may terminate their credentialed status upon giving notice in writing to the General Manager.
- 4.2 Upon receipt of such notice, the General Manager will advise the Credentialing Committee and Board of Trustees.
- 4.3 Upon termination of credentials the practitioner is not entitled to use Churchill Hospital's facilities.

5. Interim Measures

- 5.1 If a practitioners credentialed status with NMH is suspended or otherwise terminated, or in the opinion of any two (or more) members of the Credentialing Committee, action is necessary to ensure employee or patients' welfare, or the good reputation of the organisation, or for any other reason those members consider sufficiently serious (whether or not a practitioners credentialed status or scope of practice are under review) they may, pending an investigation where concerns are raised about risk to patient safety, 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, the Credentialing Committee is required to:
- inform the practitioner in a timely manner of the existence and content of any complaint or concern about them;

- advise the practitioner of their intention to suspend them or impose restrictions or conditions on the practitioner's practice;
- give the practitioner an opportunity to be heard in relation to any complaint or concern;
- consider the practitioner's comments in good faith before making a decision about the suspension;
- advise the General Manager and Board of the decision and the duration of any suspension;
- undertake an investigation in a timely manner;
- advise the practitioner of the report/recommendation made at the end of the investigation; and
- notify other relevant persons, bodies or organisations in the event the Credentialing Committee considers it appropriate to do so.

6. Review of Credentialed Status

- 6.1 The General Manager or Credentialing Committee may receive, or seek, any information that may be relevant to a practitioner's credentialed status or scope of practice, or other issue that may require further investigation.
- 6.2 The Credentialing Committee may review the performance or behaviour of a practitioner, the scope of practice, or the appropriateness of a practitioner continuing to be credentialed with Churchill Private Hospital Trust, at any time.
- 6.3 In undertaking any investigation or review, the Credentialing Committee may convene a Clinical Task Committee (CTC) which may include any of the following;
- the General Manager;
 - an externally appointed practitioner from the relevant specialty;
 - any other person deemed appropriate.
- 6.4 The practitioner will be advised of the members of the CTC and provided an opportunity to identify any perceived conflicts of interest. If a conflict of interest is identified then the practitioner and the Credentialing Committee will agree on how to manage a conflict of interest prior to the commencement of the investigation or review.
- 6.5 If convened, the CTC is responsible for making a nonbinding recommendation to the Credentialing Committee.
- 6.6 The Credentialing Committee or CTC has the right to gather whatever information it deems necessary from whatever source it deems necessary (including third parties) in the course of the investigation, and
- 6.7 The Credentialing Committee will notify the practitioner of its decision, which may include amendment of scope of practice, imposition of conditions on credentialed status or scope of practice, suspension or termination of the practitioner's credentialed status, or any other action which the Credentialing Committee considers appropriate.
- 6.8 Credentialed practitioners are required to co-operate fully with any investigation.

7. Scope of Practice Changes and Review

- 7.1 A practitioner may restrict their scope of practice at any time by notifying the General Manager in writing. The General Manager will then notify the Credentialing Committee.
- 7.2 The Credentialing Committee may initiate a review of a practitioner's scope of practice at any time.
- 7.3 In undertaking any review, the Credentialing Committee may convene a CTC.
- 7.4 If convened, the CTC is responsible for making a nonbinding recommendation to the Credentialing Committee.
- 7.5 The Credentialing Committee will notify the practitioner of its decision in writing (without needing to give reasons), which may include permanent modification of the scope of practice, or any other action which the Credentialing Committee considers appropriate.

8. Temporary and Special Purpose Credentialing

- 8.1 Temporary Credentialing - Registered Health Practitioner Pending Decision of Credentialing**
 - 8.1.1 The General Manager may grant a practitioner temporary credentials, and a temporary scope of practice, at any stage after the practitioner has applied for credentialing and before the credentialing committee has made a decision on the application.
 - 8.1.2 Before granting temporary credentials to any practitioner, the General Manager and at least one medical practitioner member of the Credentialing Committee whom the General Manager has consulted, must be satisfied that the practitioner ought to receive temporary credentials; and to that end the General Manager may require such references as may be necessary to be so satisfied.
 - 8.1.3 The General Manager may grant a practitioner temporary credentials for a period of up to three months. In exceptional circumstances this may be extended by the General Manager for up to a further three months.
 - 8.1.4 A practitioner who is granted temporary credentials will not necessarily be granted full credentials.
 - 8.1.5 A practitioner's temporary credentialed status automatically terminates upon the Credentialing Committee advising of its decision on the practitioner's application, whether or not that decision is appealed.
 - 8.1.6 The General Manager will keep a record of temporary credentials granted.

8.2 Special Purpose Credentialing - Other Practitioners, Assistants, Technical Experts and Professional Visitors

8.2.1 Where a credentialed practitioner invites another practitioner or other visitor ('invitee') to be present or to assist in any procedure, then that credentialed practitioner is responsible for:

- informing the General Manager in advance
- ensuring that the invitee is properly qualified and competent to carry out the required tasks
- ensuring the invitee completes and signs the special purpose credentialing form
- supervising the performance and behaviour of the invitee at all times.

8.2.2 Special purpose credentialing is generally intended for persons who will not have regular ongoing attendance at Churchill Hospital. Practitioners, assistants, technical experts and professional visitors who do not intend to have a regular ongoing relationship with Churchill Private Hospital Trust may apply for special purpose credentialing.

8.2.3 The granting of special purpose credentialing is solely at the General Manager's discretion.

8.2.4 The General Manager may grant special purpose credentials for a specified period with at least one satisfactory reference from a credentialed practitioner inviting the invitee, or in the case of a technical expert, the General Manager being satisfied that the invitee represents a reputable organisation.

8.2.5 The General Manager will keep a record of special purpose credentials granted.

8.3 Termination of temporary and special purpose credentialing

8.3.1 The General Manager or Credentialing Committee may terminate any person's temporary or special purpose 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 or special purpose credentials.

9. Termination on Notice

9.1 The Board may terminate a practitioner's credentialed status at any time without cause by giving the practitioner three months' notice in writing.

9.2 If a practitioner's credentials are terminated, then the practitioner is not entitled to use Churchill Hospital's facilities.

10. Appeals

10.1 A practitioner may lodge an appeal to the General Manager of Churchill Private Hospital Trust whenever the Credentialing Committee:

- declines an initial application or reapplication for credentialing;

- is not satisfied with the practitioner's scope of practice as defined by the Credentialing Committee;
- terminates the practitioner's credentialed status;
- modifies the practitioner's scope of practice for a period longer than three months; or suspends the practitioner's credentialed 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 credentialing committee was unfair.

10.3 There is no right of appeal from a decision:

- related to temporary credentialing;
- by the credentialing committee to modify a practitioner's scope of practice for a period less than three months; or
- by the credentialing committee to suspend a practitioner's credentialed 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 Credentialing Committee's process was unfair, and must be accompanied by all information the practitioner relies on to support the practitioner's appeal.

10.6 The General Manager will notify the practitioner in writing within 7 days of receipt of the appeal, whether the appeal will be considered. The General Manager may refuse to accept the appeal where:

10.6.1 The appeal does not disclose any issues relating to procedural fairness or incorrect, misleading or incomplete information having lead the credentialing committee to their decision.

10.6.2 The appeal is outside the 30 day timeframe and the General Manager decides it is not appropriate to grant an extension.

10.7 If the General Manager decides to uphold an appeal, he/she must:

10.7.1 Give written reasons to the practitioner identifying the procedural unfairness that in their opinion justifies the decision to allow the appeal; and

10.7.2 Remit the matter to the Credentialing Committee for re-hearing in accordance with 6.2 - 6.7.

10.8 If the General Manager decides to decline an appeal they must notify the practitioner of the decision.

10.9 The General Manager will advise the Credentialing Committee and the Board that there has been an appeal, and the outcome of the appeal.

APPENDIX 2 - APPLICATION TO MODIFY SCOPE OF PRACTICE GUIDELINES

ADDITIONAL SERVICES, PROCEDURES OR TECHNIQUES (STEP B)

INTRODUCTION

Should the practitioner be credentialed with NMH, then any extensions to their scope of practice by NMH will be immediately reviewed by Churchill Private Hospital Trust.

Should the practitioner not be credentialed with NMH, then this guideline is designed to assist 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 Churchill Private Hospital Trust.

This process is designed to ensure that there are no unnecessary constraints or time delays with respect to extending the credentialed practitioner's agreed 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 3.

APPLICATION AND APPROVAL PROCESS

Any changes to an applicant's scope of practice with the NMH will be notified to the General Manager by the NMH Credentialing Committee.

For non NMH credentialed practitioner's, as a first step in the process of adding additional services, procedures or techniques to the credentialed practitioners scope of practice, please contact the General Manager.

The General Manager will provide you with the form for completion (Defining Scope of Practice Application Form 2 Step B, Table i of Appendix 3). The credentialed practitioner shall attach relevant supporting documentation e.g. relating to your recent training, practice and quality assurance and what may be required by the hospital. The General Manager may seek a recommendation from the Chair of the Credentialing Committee in support of the application and may provide temporary approval pending confirmation by the Credentialing Committee.

The following provides an overview of the process.

- General Manager receives updated scope of practice from NMH Credentialing Committee; or
- General Manager provides copy of Form 2 STEP B (and previously completed form) which practitioner completes.
- General Manager may:
 - consult with the Chair of the Credentialing Committee
 - provide temporary approval
 - forward with recommendation to the Credentialing Committee.
- The Credentialing Committee considers and advises the credentialed practitioner and General Manager.
- General Manager updates records.

APPENDIX 2 - APPLICATION TO MODIFY SCOPE OF PRACTICE GUIDELINES

NEW OR ADVANCED SERVICES, PROCEDURES OR TECHNIQUES (STEP C)

INTRODUCTION

Should the practitioner be credentialed with NMH, then any extensions to their scope of practice by NMH will be immediately reviewed by the Trust.

Should the practitioner not be credentialed with NMH, then this guideline is designed to assist credentialed practitioners to modify their existing scope of practice to include new, advanced techniques, procedures and services at Churchill Hospital.

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 practitioners and their patients. This means:

- Patients receive top-quality care from hospital staff and practitioners
- Practitioners understand hospital procedures and follow best practice
- Practitioners are protected by clear and defined processes
- Hospital facilities and support services match the practitioner's agreed scope of practice.

APPLICATION AND APPROVAL PROCESS

Any changes to an applicant's scope of practice with NMH will be notified to the General Manager by the NMH Credentialing Committee.

For non NMH credentialed practitioners, as a first step in the process of extending their scope of practice, they should contact the General Manager.

The General Manager will provide the practitioner with the required form for completion (Defining Scope of Practice Application Form 2 Step C). The practitioner shall attach relevant supporting documentation e.g. relating to their recent training, practice and quality assurance and other information that may be required by the hospital (Appendix 3 Tables i and ii).

The following provides an overview of the process.

Applicant completes Application Form to STEP B and STEP C (refers Appendix 3, Tables i and ii) and submits with accompanying supporting documents to the General Manager.

1. General Manager obtains 2 references.
2. General Manager may grant temporary extension after
 - undertaking verbal references,
 - ensuring hospital facilities and support services match proposed extended scope of practice,

- consultation with the Chair of the Credentialing Committee.
3. General Manager forwards applicant's application and accompanying documentation to the Credentialing Committee.
 4. Credentialing Committee considers application (may request further information) and makes decision.
 5. Credentialing Committee notifies applicant and General Manager, in writing, of approval or decline decision.

APPROVES

The General Manager ensures extended scope of practice is matched with:

- clinical care pathway treatment and care orders in place
- documentation of specific additional requirements
- availability of facilities, equipment, supplies and other requirements
- training and competency of staff and availability of support services.

DECLINES

- Applicant may lodge appeal within one month of the date of the Credentialing Committee's decision by setting out grounds in writing to the General Manager
- The General Manager decides appeal, but may nominate appeal body to make recommendations.
- The General Manager notifies applicant and advises Credentialing Committee of decision.

TABLE I - DEFINING SCOPE OF PRACTISE (STEP C)

Vocational Specialty – suggested examples of extension from standard scope of practice

Vocational Specialty	Suggested examples of extension from standard scope of practice
Anaesthetics	<ul style="list-style-type: none"> • Paediatrics (neonates < 6 months) • Paediatrics (>6 months < 3 years)
General Surgery	<ul style="list-style-type: none"> • Bariatric surgery • Colorectal surgery (laparoscopic and open) • Thoracic surgery • Advanced Laparoscopic and laser surgery
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 • Vitreoretinal surgery
Orthopaedics	<ul style="list-style-type: none"> • Use of spinal implants including pedicle screws • Anterior spinal fusion • Hip arthroscopy • Peri-acetabular osteotomy (e.g. Ganz) • Major tumour surgery
Otolaryngology Head and Neck Surgery	<ul style="list-style-type: none"> • Advanced head and neck tumour resections • Advanced endoscopic sinus surgery requiring navigation equipment
Urology	<ul style="list-style-type: none"> • Laparoscopic urology • Radioactive seed insertion • Total cystectomy
Other	<ul style="list-style-type: none"> • 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

THIS IS A 'LIVING DOCUMENT' AND IS SUBJECT TO REVIEW

TABLE II - APPLICATION TO MODIFY DEFINED SCOPE OF PRACTISE

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)?
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 risk for adverse events, are there criteria for reviewing outcomes before any further procedures are performed? Your application shall 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 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 your medical insurance 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 any time? 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	Other questions may be included.

(Adapted from ASERNIPS-S)

FORM 1 - INITIAL CREDENTIALING APPLICATION

Step A

Churchill Private Hospital Trust welcomes credentialing application from 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.

Churchill Private Hospital Trust has no obligation to consider any application, grant credentials, or give reasons for any decisions made in relation to any application.

Please complete all applicable areas of the application form in full. Incomplete applications may be returned for completion prior to consideration.

Personal Details

Preferred title:

Prof Dr | Mr Mrs Ms Miss Other Gender: Male Female

First name(s): _____ Known as: _____

Surname: _____ Email: _____

Date of birth: _____ Mobile: _____

Contact: Postal

Street/PO Box: _____

Suburb/City: _____ Postcode: _____

Contact: Private Rooms

Practise Name: _____ Unit Number: _____

Street: _____

Suburb/City: _____ Postcode: _____

Phone: _____ Email: (if different from above): _____

Contact: Residential

Street: _____

Suburb/City: _____ Postcode: _____

Phone: _____ Email: (if different from above): _____

Professional Details

Registration

Medical Council/other Registration Number: _____ Practising Certificate Expiry: _____

MOH Health Practitioner Index Number: _____

Medical / Council of NZ Registration type:

General Vocational Special purpose Provisional General Provisional Vocational

Please tick to confirm copy of Annual Practising Certificate is attached

Professional Details

Indemnity

Indemnity Organisation: _____

Membership no: _____ Expiry date of membership: _____

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

College or Professional Society Memberships

Detail: _____ Place Obtained: _____ Year: _____

Detail: _____ Place Obtained: _____ Year: _____

Detail: _____ Place Obtained: _____ Year: _____

Current and Previous Positions Held

Do you hold a current DHB appointment?

Yes No - please provide details of how you manage your collegial relationships

If your DHB scope or practise differs to the scope applied for in this application please provide details

State the names of other organisations or locations at which you practise. If your scope of practise differs at those organisations please provide details

Please list previous positions held and reasons for leaving:

Other Applications

Are you currently applying for credentialing at other organisations?

Yes - please provide details No

Have you been declined credentialing at any other organisations?

Yes - please provide details No

Current and Previous Investigations, Reviews, Complaints and/or Disciplinary Matters

Please provide details of any and all HDC, ACC, Medical Council, Office of the Privacy Commission, Coronial, DHB or other facilities or organisations

PREVIOUS Investigations, Reviews, Complaints and/or Disciplinary Matters including suspension or termination or your right to practise at any other organisation

CURRENT Investigations, Reviews, Complaints and/or Disciplinary Matters

Please tick if additional pages are attached

Education and Activities

Qualifications: include undergraduate, postgraduate and recognised training for specialist qualifications

Qualification _____ Place Obtained: _____ Year: _____

Qualification: _____ Place Obtained: _____ Year: _____

Qualification: _____ Place Obtained: _____ Year: _____

Additional training and clinical experience:

With respect to the credentials you are applying for please advise additional training that has been undertaken for procedural skills or subspecialties outside of basic training and attach supporting documentation e.g. certificates.

Please provide details of relevant clinical learning experience.

Continuing professional development: enter details of current college/organisation

DHB or other hospitals or specialty quality assurance meetings you attend regularly:

e.g. peer review, mortality and morbidity, case review meetings

Please tick if CV or additional pages are attached

FORM 2 - DEFINING SCOPE OF PRACTICE APPLICATION

Vocational Specialty

Please state:

If you are currently credentialed with Nelson Marlborough Health, then, once endorsed by the Credentialing Committee of Churchill Private Hospital Trust, the scope of practise as outlined within your NMH credentialed status will also be applicable to you within this Hospital. If you are not currently credentialed with NMH, or would like to extend your scope of practise beyond that approved by NMH, then please complete the remainder of this form.

Step B - Within your vocational specialty, please state or define your scope of practise including

The range and type of procedures you are applying to perform:

The range and type of procedures you do not intent to perform:

Any procedures or anatomical areas you wish to exclude from this scope:

Do you wish to perform any procedures listed in Table i, 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, then Step C is not required. Please proceed to competency below

Step C

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: _____

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 are 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 are attached

Are you performing sufficient numbers to maintain your competency? Yes No

Confidential Referees

(To be completed by those practitioners not currently credentialed with Nelson Marlborough Health)

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. Information from your Credentialing Application (excluding your Health and Personal status form) may be provided to your referees.

Referee		
Name:	Position:	
Email:	Mobile:	Phone:
Physical Address:		

Referee		
Name:	Position:	
Email:	Mobile:	Phone:
Physical Address:		

Referee		
Name:	Position:	
Email:	Mobile:	Phone:
Physical Address:		

Referees in support of advanced, complex, highly specialised, controversial, complementary, alternative, unconventional, emerging or new technique, procedure or service are **required for all applicants**.

Referee		
Name:	Position:	
Email:	Mobile:	Phone:
Physical Address:		

Referee		
Name:	Position:	
Email:	Mobile:	Phone:
Physical Address:		

FORM 3 - HEALTH, PERSONAL STATUS

(Private and Confidential)

Personal Details

Name: _____

As you are applying to practise in a position of professional responsibility within Churchill Private Hospital Trust 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 the subject of any criminal charges or if you are awaiting the hearing of any such charges?

No Yes - please provide details _____

Health Details

Do you have any current or previous mental, physical or emotional conditions (including substance abuse or other addictions), or are you at present receiving medical treatment and/or medication which may affect your ability to safely and effectively carry out your functions and responsibilities?

No Yes - please provide details _____

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

No Yes - please provide details _____

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?

No Yes - please provide details _____

I agree to notify the General Manager if my health status changes in a way that could affect my practice and/or the safety of others. No Yes

I agree to a medical examination if required No Yes

Declaration

I understand that all personal information supplied on this form may be used by Churchill Private Hospital Trust to assess my fitness to practise and may be accessed by the General Manager, Credentialing Committee or any member of the Board of Trustees 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 Churchill Private Hospital Trust. I acknowledge that if I have falsified or withheld any information this may be grounds for termination of my credentialed status at Churchill Hospital.

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 Churchill Private Hospital Trust for the purposes of considering any future applications or re-credentialing, unless I advise otherwise.

Signature: _____ Date: _____

Name: _____

FORM 4 - AGREEMENT

Credentialing and Defining Scope of Practice Agreement

1. I understand that by submitting an application for credentialing, my application will be considered in accordance with the processes set out in Churchill Hospitals Credentialing and Defining Scope of Practice Application Guidelines as amended by Churchill Private Hospital Trust from time to time.
2. I understand that all information supplied, collected and held by Churchill Private Hospital Trust may be used by Churchill Private Hospital Trust for purposes related to my credentialed status and scope of practice, and for business planning purposes.
3. I authorise Churchill Private Hospital Trust to make enquiries and obtain information from **Nelson Marlborough Health (NMH) and other sources where necessary for decisions on my credentialed status or scope of practice**. I consent to these persons and institutions providing any such information required by Churchill Private Hospital Trust. I also understand and agree that this material may be provided in confidence as evaluative material and might not be disclosed to me pursuant to section 29(1) (b) of the Privacy Act 1993 or successor legislation.
4. I consent to Churchill Private Hospital Trust providing information about me to other organisations, where that information is provided for the purposes of credentialing, patient safety or business planning.
5. I understand that Churchill Private Hospital Trust may consider information from any source in making its decision regarding my credentialed status or scope of practice.
6. I understand that information I provide will be kept secure and that I am entitled to have access to that information (except where it relates to any exception provided by the Privacy Act 1993) and to correct that information. I agree that this information may be retained by Churchill Private Hospital Trust for the purpose of considering any future issue relating to my credentialed status and scope of practice.
7. I confirm that I am competent and trained to perform the procedures in the broad groups that I have stated.
8. I agree to advise of any plans to change my defined scope of practice and I agree to follow the procedures for modifying my scope of practice.
9. I agree to self-monitor my practise and my state of fitness to practise.
10. I consent to Churchill Private Hospital Trust undertaking safety checks required by the Children Act 2014 and I agree to co-operate with such checks.
11. I understand that any refusal by me to follow Churchill Hospital's policies is entirely at my own risk and Churchill Private Hospital Trust will not be liable for any harm arising.
12. 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 Churchill Private Hospital Trust. I acknowledge that, if I have falsified or withheld any information, this may be grounds for the summary termination of my credentialed status with Churchill Private Hospital Trust.
13. **I have / have not *please delete as appropriate* been the subject of any criminal investigation or prosecution, professional complaint, investigation, disciplinary proceeding, review and/or significant ACC treatment injury claim that might be relevant to my credentialing application.** *Provide details on attached page.*
14. I agree to notify Churchill Private Hospital Trust of any criminal investigation or prosecution, professional complaint, investigation, disciplinary proceeding, review, significant ACC treatment injury claim or issue and if terms or conditions are imposed on my practising certificate.
15. I acknowledge that I have read and understood the terms and conditions set out in the Churchill Private Hospital Trust By-laws for Credentialed Specialists including the Credentialing and Defining Scope of Practice Guidelines. I agree to be bound by and observe those terms and conditions and any subsequent amendments to them at all times while credentialed with Churchill Private Hospital Trust.

Signature: _____

Print Name: _____

Date: _____

FORM 5 - SPECIAL PURPOSE CREDENTIALING APPLICATION

Applicant Details

Name: _____

Address: _____

Phone/Mobile: _____ Email: _____

Organisation/Company or Independent _____

Current practising certificate yes no _____
(please specify organisation)

Current indemnity cover yes no _____
(please specify organisation)

Purpose: Scope of Practice or Activity or Service

Please complete A or B as appropriate

A: I have been invited for the purpose of providing direct patient care

(state scope or of practice or activity)

I have been invited by: _____
(please specify name/s of credentialed practitioner/s)

B: I have been invited for the purpose of providing services to the clinical team (not providing direct patient care)

(state scope or of practice or activity)

I have been invited by: _____
(please specify name/s of credentialed practitioner/s)

Agreement and Declaration

I acknowledge and understand that:

- My special purpose credentialed status is conditional on my compliance with Churchill Private Hospital Trust's expectations set out in its policies, this form, and the Churchill Private Hospital Trust Bylaws for credentialed practitioners as amended by Churchill Private Hospital Trust from time to time, which are available from the hospital or website.
- Churchill Private Hospital Trust is able to terminate my special purpose credentialed status at any time.
- Churchill Private Hospital Trust will rely upon information that I supply, and that if any information is false, misleading or withheld this could lead to the termination of my special purpose credentialed status.
- Churchill Private Hospital Trust may use this information for credentialing, governance and business planning purposes.

Signature: _____ Date: _____