

Position statement

Accreditation of Anaesthetists by Healthcare Facilities

What is accreditation and what is it for?

Accreditation is an administrative process which permits an anaesthetist to practise within a hospital or other healthcare facility. This process has previously been described as the 'credentialing' or 'granting of clinical privileges'. Accreditation of individual practitioners is at the discretion of the healthcare facility. Anaesthesia should be provided where possible by those registered as specialist anaesthetists by the Medical Board of Australia, or by non-specialists such as General Practitioners who have undertaken the training programme for 'Rural General Practitioners proposing to administer anaesthesia', when specialists are not available.

The purposes of accreditation include the following:

1. To provide safe healthcare to all patients.
2. Ensuring that anaesthetists are appropriately experienced, trained and qualified.
3. Verifying credentials including current registration, medical indemnity and continuing professional development¹ in the application and re-appointment process as well as the re-introduction into workplace after a period of absence³.
4. Defining the scope of clinical practice, with particular reference to subspecialty practice, where appropriate².
5. Confirming fitness to practice and good character reflected through the ability to practice in a competent and ethical manner³. This will include a documented process for checking references, compliance with the National Law, other relevant documents such as police, Working With Children Checks, and special documents for international graduates.

Following initial facility accreditation, compliance is monitored through periodic reviews, including performance review, peer review, audit, routine governance processes and managing changes in scope of practice³. The time between reviews may vary, but should not exceed five years.

Once accredited, the practitioner is bound by the facility's "Accredited Practitioner By-laws" that may specify particular rights, responsibilities or restrictions of practice. The By-laws may include an exception for practice outside of scope of practice in emergency situations.

The process of accreditation

Assessment of anaesthetists seeking accreditation is frequently delegated to an accreditation sub-committee with clearly delineated terms of reference³, which will in turn advise the Accreditation/Medical Executive/Medical Advisory Committee. This sub-committee should be appropriately resourced and include experienced members of the anaesthetic community who are accredited at that facility, along with representatives of the facility's Medical Executive/Medical Advisory Committee and facility administration to ensure diligence, procedural fairness and transparency.

The composition of these committees is at the discretion of the facility but should reflect the organisational capabilities, be appropriately resourced, experienced and be consistent with local jurisdictional requirements³.

Individuals involved in the process of accreditation must be indemnified by the facility to undertake their duties free from the risk of legal action. It would be prudent for those invited to join a facility's committee

(in whatever guise) to ascertain the legal indemnification provided by the facility for their activity on that committee.

Health care organisations with multiple sites with similar capabilities may implement systems to approve accreditation across multiple sites³.

The provision of anaesthesia services in private healthcare facilities

Anaesthetists usually work in a self-employed 'fee for service' model in private healthcare facilities. The ASA believes that this model is flexible and efficient.

Elective and emergency anaesthesia services are required in a variety of clinical contexts. It is the responsibility of the private healthcare facility to negotiate with accredited anaesthetists to provide appropriate anaesthesia cover for the clinical services being offered.

Facilities also need to recognise the subspecialty areas of anaesthesia (and surgery) practiced, and provide accordingly for their organisational capabilities³. There may be additional documentation required to verify the anaesthetist's subspecialty scope of practice.

In order for anaesthetists to practice optimally, the provision of appropriately trained and credentialed assistants is required, as well as the provision of appropriate and well-maintained equipment, and a range of pharmaceuticals and disposables consistent with the clinical workload. The accredited anaesthetists must be involved in the selection of equipment, pharmaceuticals and disposables.

Any rostering arrangements must recognise the 'safe hours guidelines' of relevant professional organisations.

Teaching and training of medical students and anaesthesia trainees in private healthcare facilities is increasingly common. Accredited anaesthetists must be consulted in relation to this development, which has numerous professional, industrial and organisational implications. Anaesthetists supervising trainees should have the appropriate scope of practice for the clinical practice being supervised and appropriate experience, training and resources to provide this supervision³.

The provision of anaesthesia services in public healthcare facilities

Similar accreditation principles of maintaining standards, quality and safety, scope of practice and review by peers applies to the public healthcare sector. These are described by ACSQHC documents "Credentialing of clinicians"³. Local By-laws and individual contracts may also be relevant and context specific.

Complaints, reviews and appeals

The process for assessing complaints, reviews and the appeals process should be detailed in the facility's "Accredited Practitioner By-Laws". These processes are not universal, but the principles of natural justice should apply. To that end, a robust appeal procedure must be available to those who fail to obtain accreditation, or who have their accreditation suspended or terminated.

It should include independent members of the anaesthetic community who were not involved in the original accreditation determination. This may comprise of, but not be limited to, the following:

- An anaesthetist nominated by the healthcare facility.
- An anaesthetist nominated by the appellant.
- An anaesthetist with expertise in the sub-specialty related to the incident that has given rise to the complaint (if applicable).

Non-specialist anaesthetists

Non-specialist anaesthetic practitioners should be accredited under the appropriate accrediting body, currently the Joint Consultative Committee on Anaesthesia (JCCA)^{4,5}, and these practitioners should meet the CPD requirements of the JCCA.

Non-specialist anaesthetists are referred to ANZCA PS01⁶ and PS57⁷.

In all other matters, there should be no distinction between specialist and non-specialist anaesthetists with regard to the facility's accreditation process.

The accreditation process should reflect the mutual commitment of the anaesthetist and the healthcare facility to provide safe care to patients.

References

1. Medical Board of Australia Registration Standard: Continuing Professional Development, 1 October 2016. <<http://www.medicalboard.gov.au/Registration/Obligations-on-Medical-Practitioners.aspx>>
2. ANZCA PS02 Statement on credentialing and defining the scope of clinical practice in anaesthesia. (2006) <<http://www.anzca.edu.au/documents/ps02-2006-statement-on-credentialling-and-defining.pdf>>
3. Australian Commission Safety and Quality in Healthcare. Credentialing of clinicians. (2017) <<https://www.safetyandquality.gov.au/our-work/credentialling/>>
4. RACGP: Joint Consultative Committee on Anaesthesia <<http://www.racgp.org.au/yourracgp/organisation/committees/joint-consultative-committees/jcca/>>
5. Joint Consultative Committee on Anaesthesia Curriculum (2010) <<http://www.racgp.org.au/download/documents/JCC/2011anaesthesiacurricstatement.pdf>>
6. ANZCA PS01 Recommendations on Essential Training for Rural General Practitioners in Australia Proposing to Administer Anaesthesia (2010) <<http://www.anzca.edu.au/documents/ps01-2010-recommendations-on-essential-training-fo.pdf>>
7. ANZCA PS57 Statement on Duties of Specialist Anaesthetists (2014) <<http://www.anzca.edu.au/documents/ps57-2014-statement-on-duties-of-specialist-anaest.pdf>>

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