

Private Health Facilities (Standards) Notice

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| **Credentials and clinical privileges standard (version 5)** | | | |
|  | Compliance StatusC - CompliantNC - Non-compliantN/A - Not applicable | Evidence of Compliance | Assessment of evidence(PHRU to complete) |
| 1. A credentials and clinical privileges committee is established. |  | Terms of reference for relevant committee, include version and most recent review date. |  |
| 1. The members of the committee include:  * the Director of Medical Services, or equivalent; * at least one member of the nursing staff; and * suitably qualified peers of the practitioners whose credentials or clinical privileges are to be considered by the committee. |  | Name of credentialing system used e.g. e-Mercury  List of committee members, positions and /or specialties |  |
| 1. The majority of the members of the committee are medical practitioners. |  | As above |  |
| 1. Any member of the committee whose credentials or clinical privileges are being considered by the committee is excluded during such consideration. |  | Terms of reference for relevant committee, include version and most recent review date. |  |
| 1. The functions of the committee include:  * evaluating the credentials of all medical practitioners providing, or seeking to provide health services at the facility, having regard to * advice received from appropriate clinical colleges and/or health professional registration authorities; * Australian Commission on Safety and Quality in Health Care requirements |  | Terms of reference include functions listed, include version and most recent review date. |  |
| * considering applications for the granting of specific clinical privileges requested by medical practitioners or for the extension of existing clinical privileges; * evaluating the particular health services available at the facility including those services required to support the clinical privileges requested or held; * reviewing clinical privileges at least every five years; * making recommendations to the licensee of the facility in relation to the granting or reviewing of clinical privileges. These recommendations must include the scope of activities to be undertaken by the medical practitioner and the duration of clinical privileges; and * monitoring and reviewing, when necessary, the continuing practice of the individual medical practitioner. |  |  |  |
| 1. The licensee only grants clinical privileges to medical practitioners recommended by the committee as clinically competent to provide the health services. |  |  |  |