



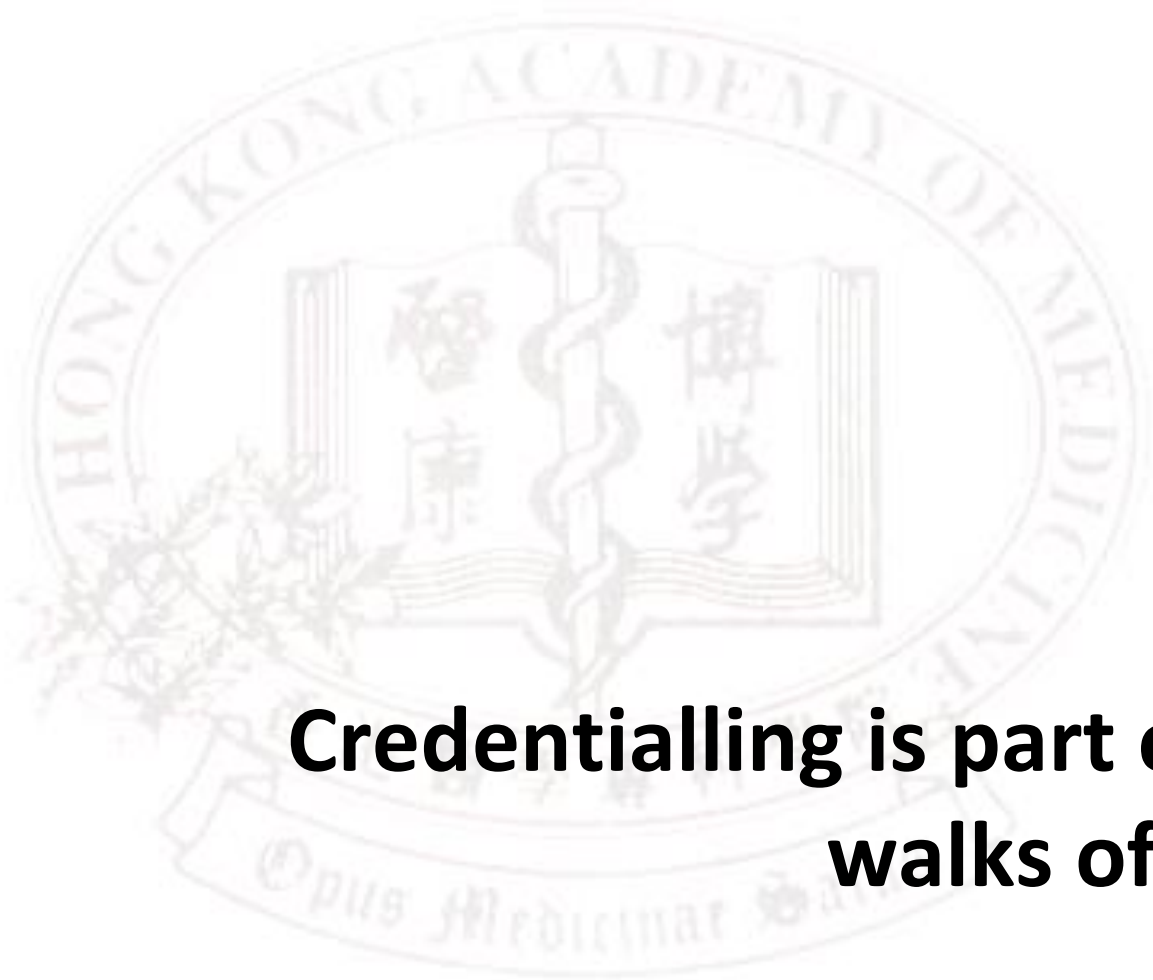
# **Credentiailling: Perspectives from the Academy**

CS Lau

Vice President (Education and Examination)

Hong Kong Academy of Medicine


Hospital Authority Convention 2013



**Credentiailling is part of all  
walks of life!**

# Credentiailling in medicine

It is the formal process used to verify the qualifications, experience, and professional standing of medical practitioners for the purpose of forming a view about their competence, performance and professional suitability to provide safe, high quality health care services within specific organizational environments



**The Academy has indeed been participating in credentialling in medicine through the accreditation of specialist training in Hong Kong**

# Two registers in Hong Kong Medical Council

- General Register
- Specialist Register



# Accreditation, training and registration of specialists are under separate statutory bodies

- The Hong Kong Academy of Medicine is responsible for accreditation and training
- The Medical Council is responsible for registration

# Continuing Medical Education / Continuous Professional Development

- All Fellows must fulfill CME/CPD requirements to maintain their Fellowship
- Currently, Fellows are required to obtain 90 points in a 3-year cycle
- Failure to do so will result in removal of Academy Fellowship (and removal of one's name from the specialist register)

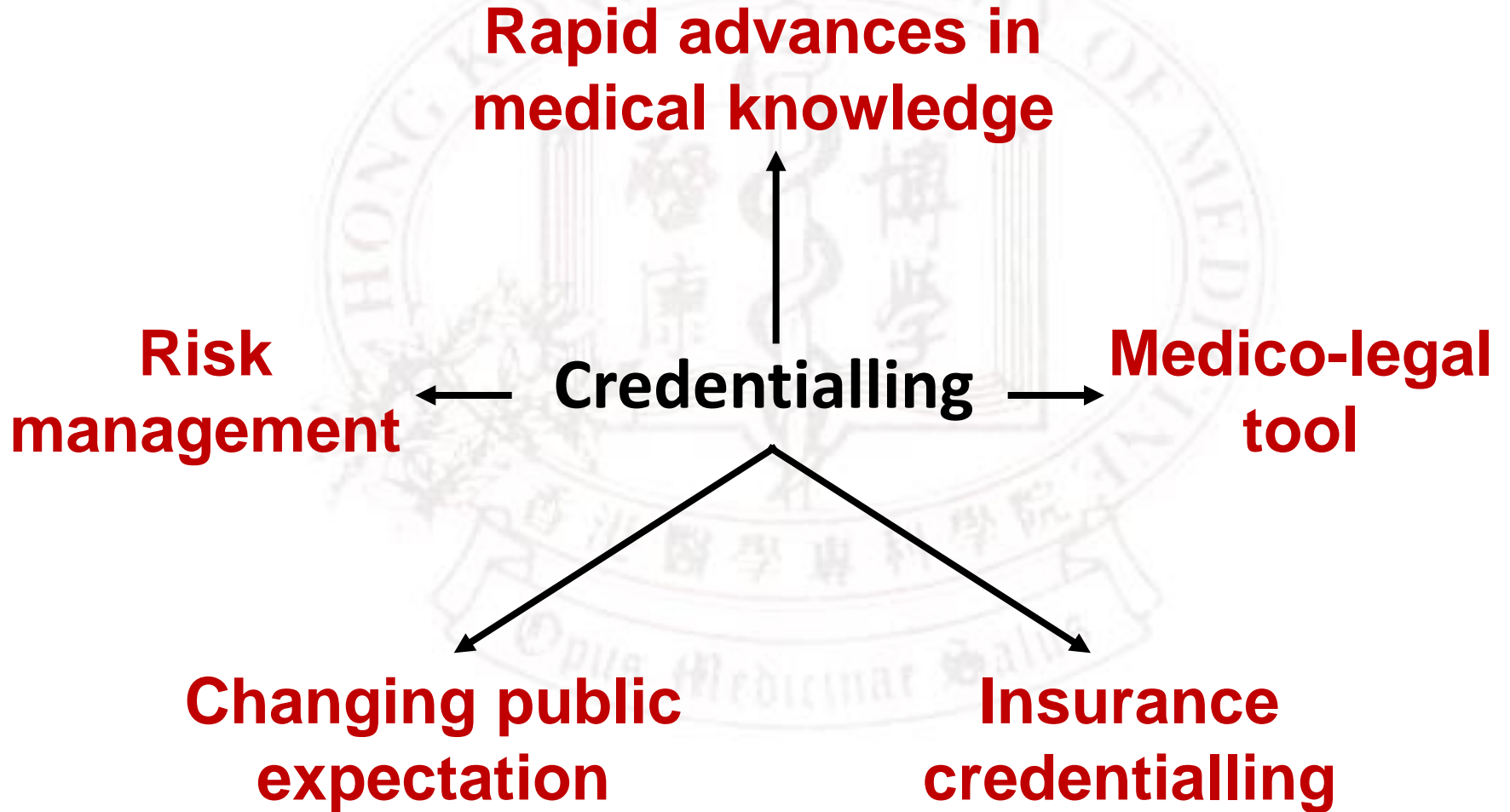
# Academy Colleges

- Hong Kong College of Anaesthesiologists
- Hong Kong College of Community Medicine
- College of Dental Surgeons of Hong Kong
- Hong Kong College of Emergency Medicine
- Hong Kong College of Family Physicians
- Hong Kong College of Obstetricians & Gynaecologists
- College of Ophthalmologists of Hong Kong
- Hong Kong College of Orthopaedic Surgeons
- Hong Kong College of Otorhinolaryngologists
- Hong Kong College of Paediatricians
- Hong Kong College of Pathologists
- Hong Kong College of Physicians
- Hong Kong College of Psychiatrists
- Hong Kong College of Radiologists
- College of Surgeons of Hong Kong

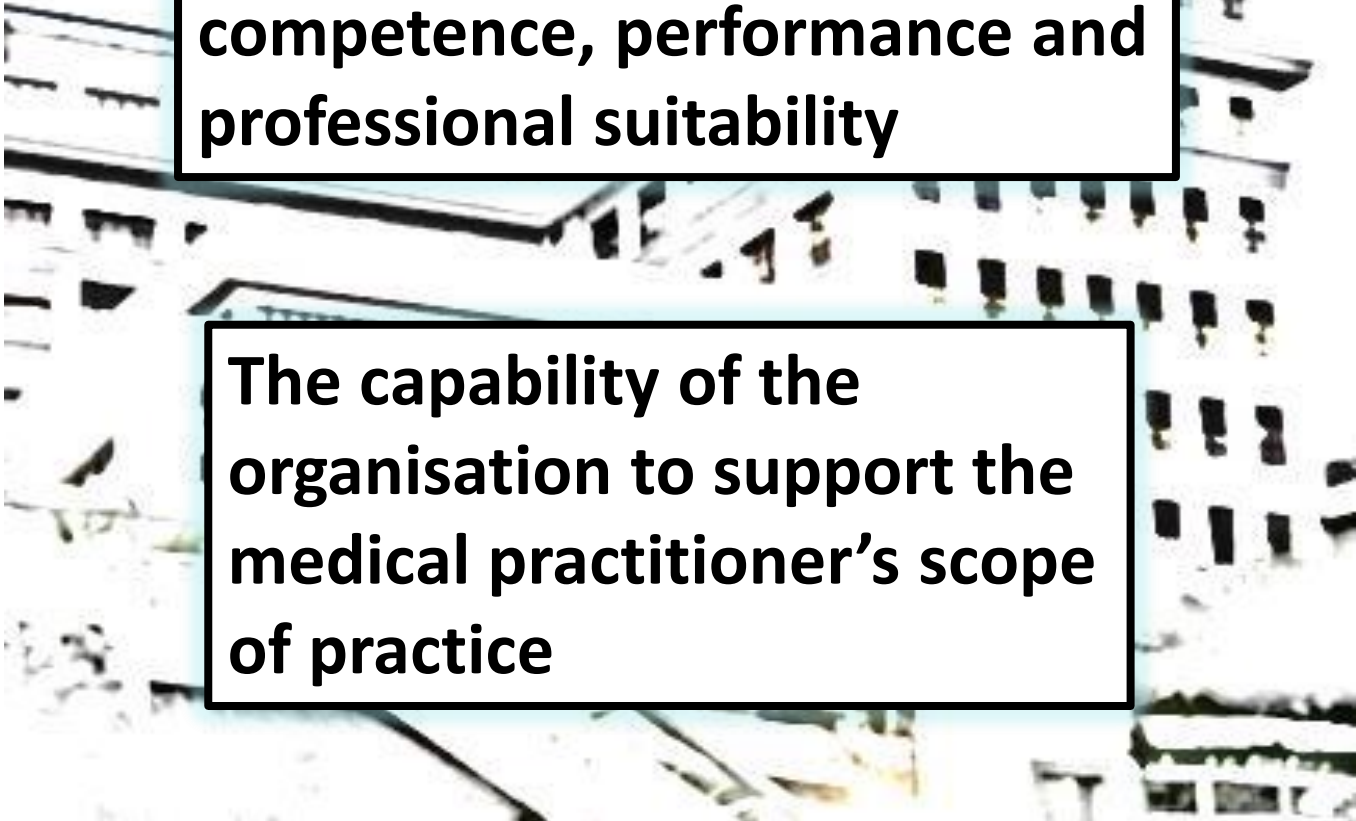
- Medical specialties: 55 specialties
- Dental specialties: 8 specialties
- Total number of Fellows: about 6,500



# Why credentialling?



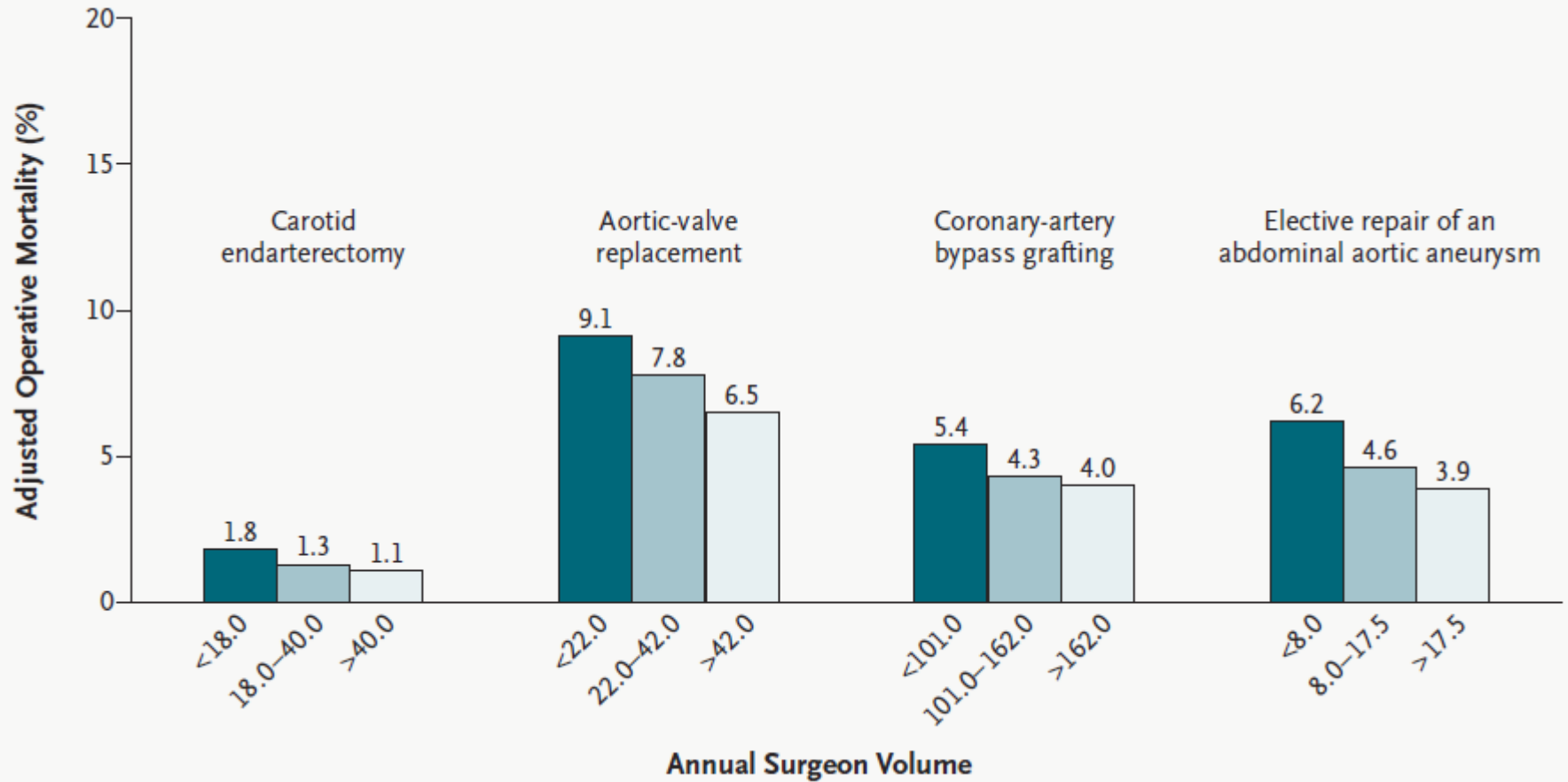
# Defining the scope of clinical practice



**The individual's credentials, competence, performance and professional suitability**

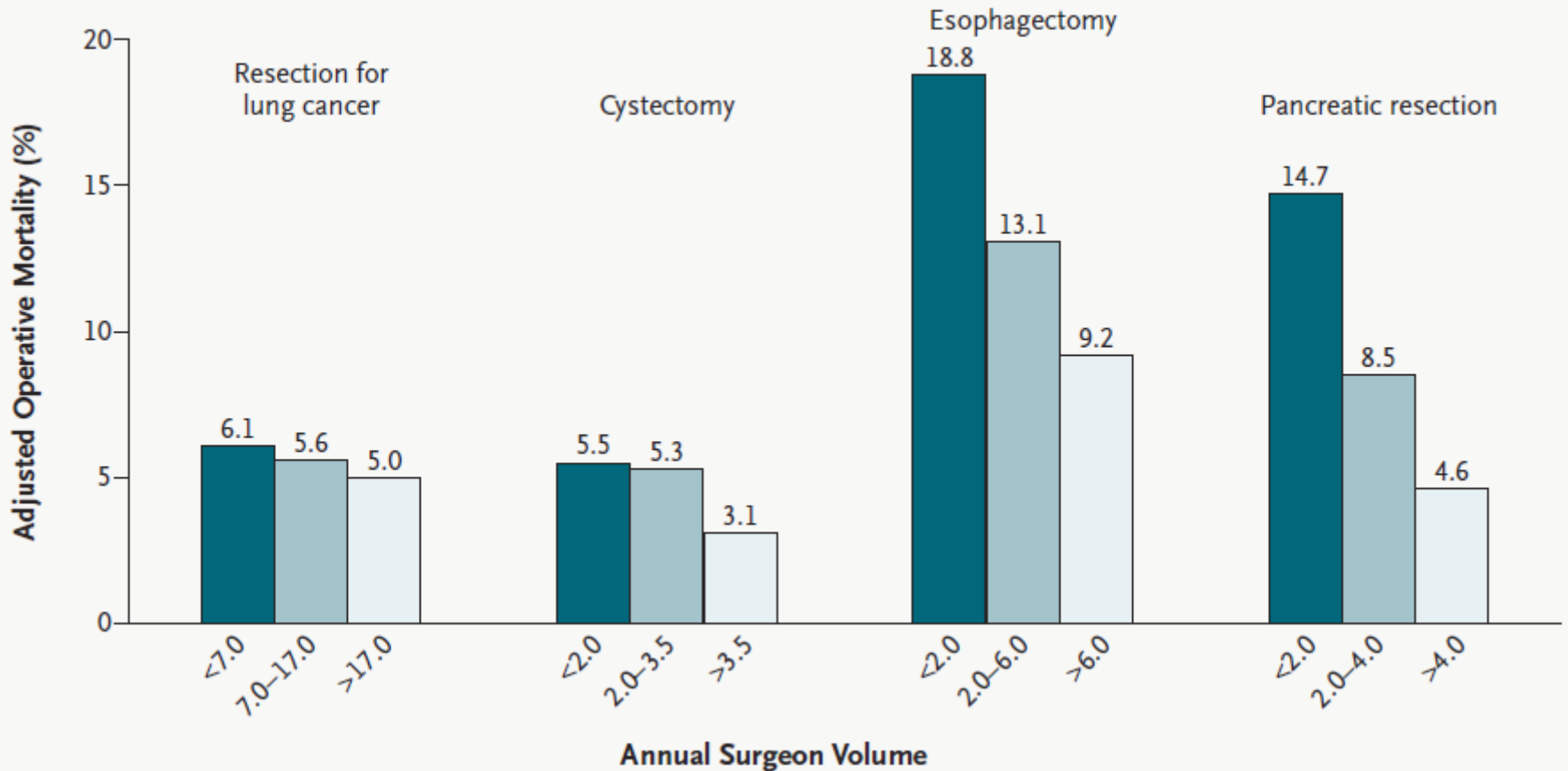
**The capability of the organisation to support the medical practitioner's scope of practice**

### A Cardiovascular Procedures



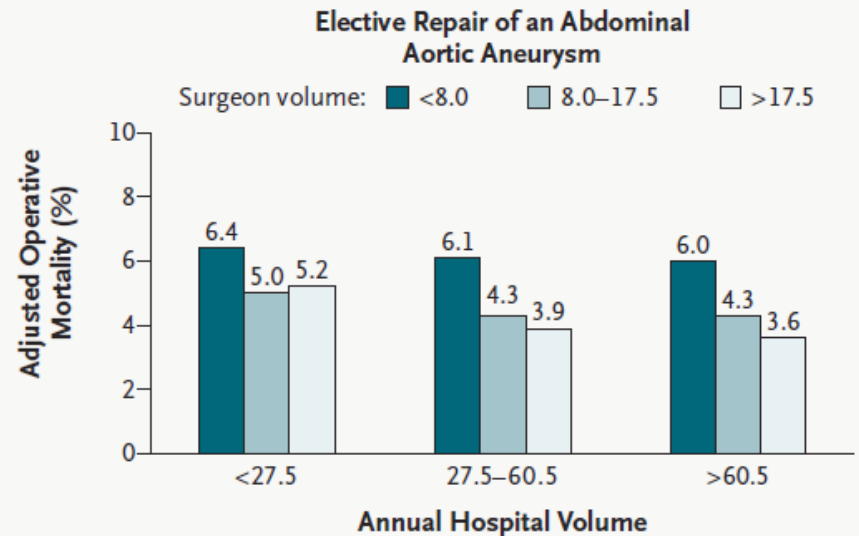
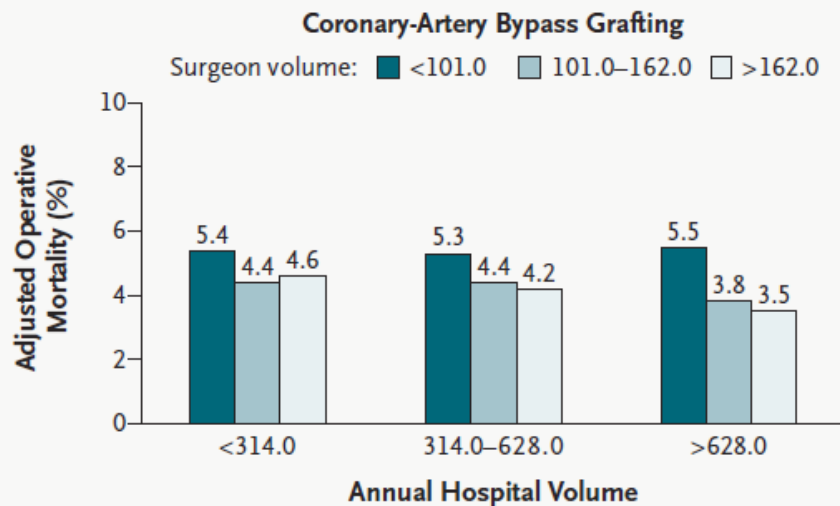
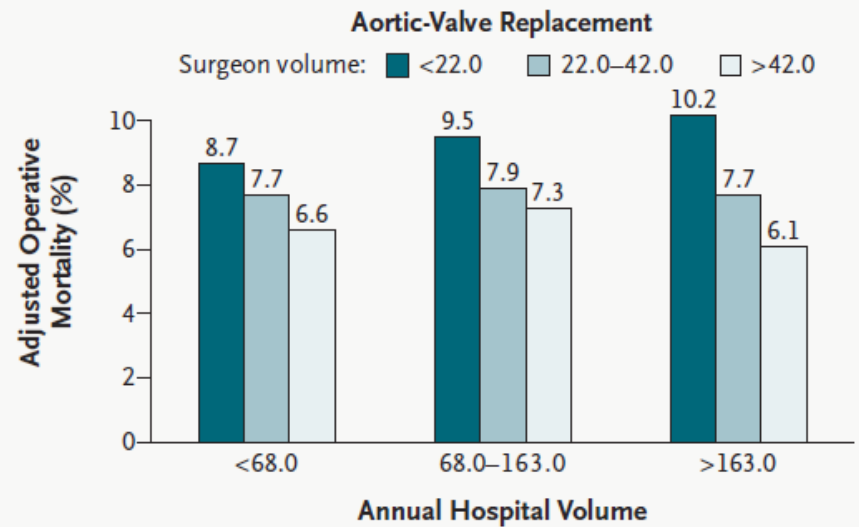
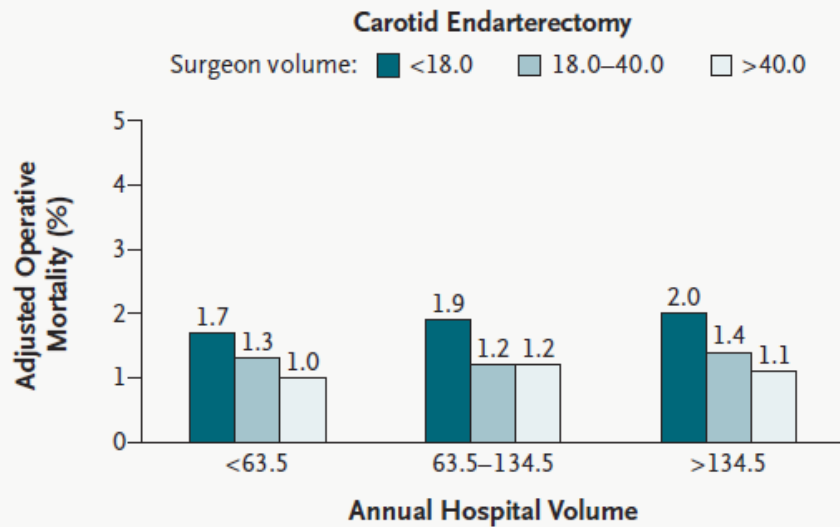
474,108 patients who underwent 1 of 8 cardiovascular procedures or cancer resections: 1998-1999

## B Cancer Resections



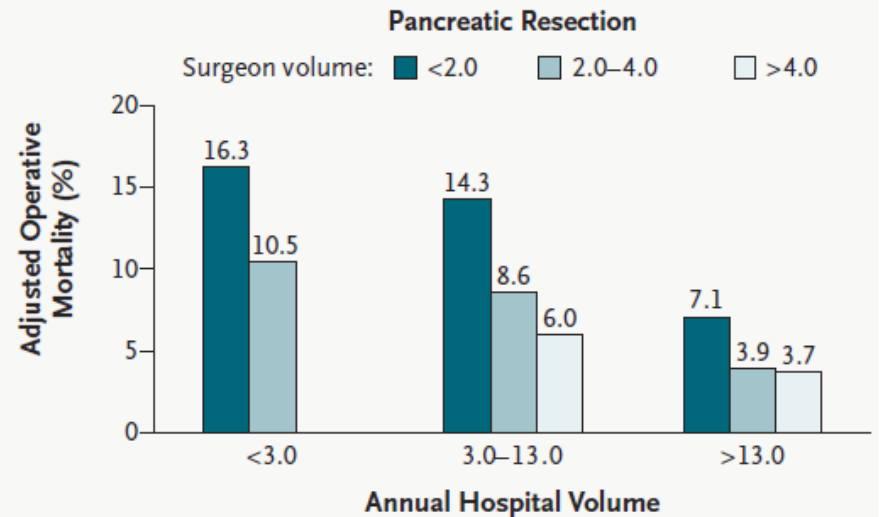
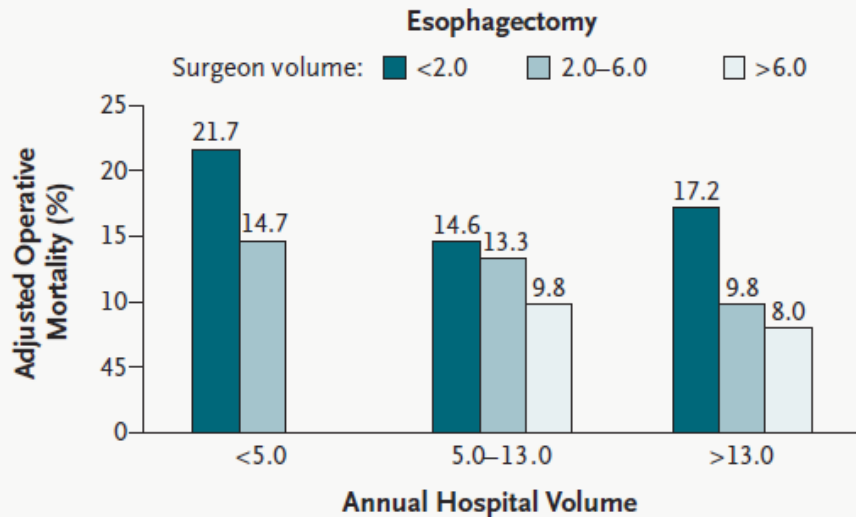
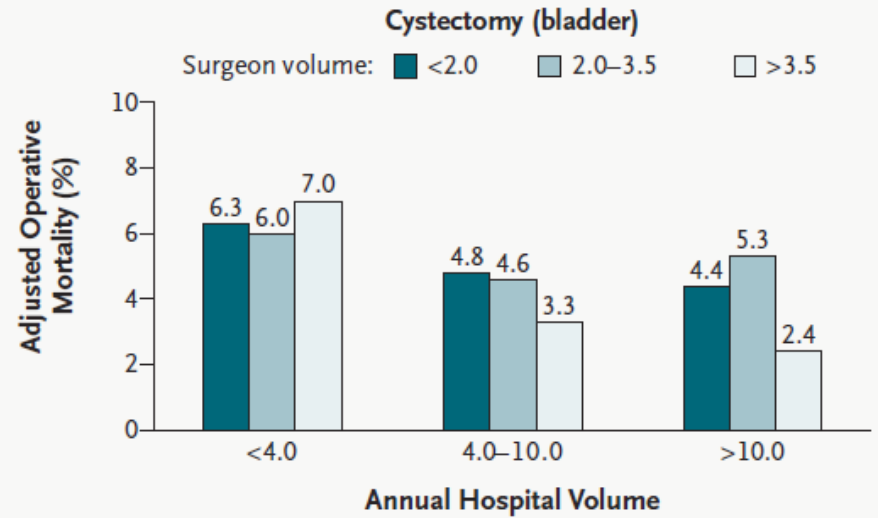
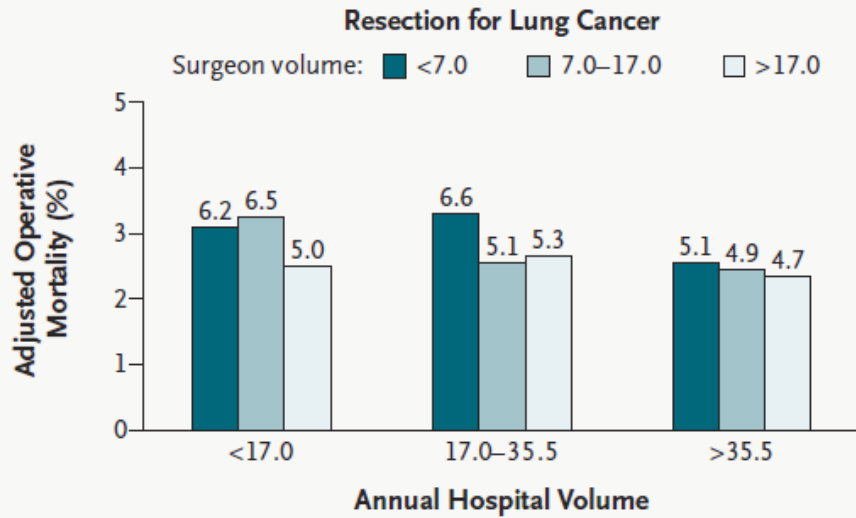
474,108 patients who underwent 1 of 8 cardiovascular procedures or cancer resections: 1998-1999

A



474,108 patients who underwent 1 of 8 cardiovascular procedures or cancer resections: 1998-1999

B



474,108 patients who underwent 1 of 8 cardiovascular procedures or cancer resections: 1998-1999

**TABLE V Associations Between Hospital and Surgeon Procedure Volumes and Select Outcomes of Primary Total Hip Replacements in Medicare Beneficiaries Treated from July 1995 through June 1996**

Outcome	Hospital			Surgeon		
	Annual Volume of Primary Hip Replacements	Rate of Outcome	Adjusted Odds Ratio* (95% Confidence Interval)	Annual Volume of Primary Hip Replacements	Rate of Outcome	Adjusted Odds Ratio* (95% Confidence Interval)
Mortality	1-10	1.3%	1.0	1-5	1.1%	1.0
	11-25	1.0%	0.82 (0.62, 1.07)	6-10	1.0%	0.98 (0.78, 1.23)
	26-50	0.9%	0.72 (0.54, 0.95)	11-25	0.9%	0.97 (0.77, 1.22)
	51-100	0.9%	0.68 (0.51, 0.92)	26-50	0.8%	1.10 (0.95, 1.54)
	>100	0.7%	0.58 (0.38, 0.89)	>50	0.7%	0.95 (0.56, 1.62)
Dislocation	1-10	4.4%	1.0	1-5	4.2%	1.0
	11-25	3.8%	0.96 (0.82, 1.17)	6-10	3.4%	0.85 (0.76, 0.96)
	26-50	2.9%	0.79 (0.67, 0.93)	11-25	2.6%	0.68 (0.59, 0.78)
	51-100	2.5%	0.72 (0.60, 0.87)	26-50	2.4%	0.68 (0.54, 0.86)
	>100	2.2%	0.77 (0.58, 1.03)	>50	1.5%	0.49 (0.34, 0.69)
Deep infection	1-10	0.4%	1.0	1-5	0.3%	1.0
	11-25	0.3%	0.84 (0.52, 1.37)	6-10	0.3%	0.90 (0.59, 1.37)
	26-50	0.2%	0.56 (0.33, 0.96)	11-25	0.2%	0.80 (0.51, 1.26)
	51-100	0.2%	0.74 (0.42, 1.32)	26-50	0.1%	0.64 (0.30, 1.36)
	>100	0.1%	0.52 (0.22, 1.22)	>50	0.1%	0.28 (0.07, 1.11)
Pulmonary embolus	1-10	1.1%	1.0	1-5	1.0%	1.0
	11-25	1.0%	0.86 (0.64, 1.15)	6-10	1.0%	0.98 (0.78, 1.23)
	26-50	1.0%	0.89 (0.66, 1.21)	11-25	0.9%	0.91 (0.72, 1.14)
	51-100	0.8%	0.83 (0.60, 1.14)	26-50	0.7%	0.75 (0.51, 1.08)
	>100	0.8%	0.79 (0.51, 1.23)	>50	0.7%	0.73 (0.44, 1.21)

\*Each odds ratio is adjusted for gender, age, comorbidity, Medicaid eligibility, and arthritis diagnosis. In addition, the odds ratios for hospital volume are adjusted for surgeon volume, and the odds ratios for surgeon volume are adjusted for hospital volume.

# Setting the standard in Hong Kong

**Being the only statutory body in Hong Kong,  
HKAM will set a standard common to hospitals  
for credentialling**

Primary objective

**to maintain and improve the safety and  
quality of health services**



# The principles of credentialling

## – HKAM perspectives

- Organisational governance to be complemented by individual professional responsibilities
- Strong partnership between the organisation and the practitioner is required
- Effective processes benefit patients, communities, health care organisations and practitioners

# The principles of credentialling

## – HKAM perspectives

- The processes must be fair and transparent with ‘no surprises’
  - Professional, individual and organisation specific
- The review process should be non-punitive
- While HKAM and Colleges give advice, service provider organisations have the ultimate responsibility for the credentialling process

# The credentialling process - HKAM perspectives

**It should be conducted in the context of the needs of the community**

- The capabilities of the organisation
- The scope of practice of the practitioner
- Can be applicable to procedures
- Maybe undertaken by an external party

**Regular appraisal is an integral component  
Complemented by a revalidation process**

# What is HKAM doing?

- This is an evolving and continual process
  - An incremental and flexible approach driven by risks and needs
- A Working Group which involves the following has been set up
  - Colleges
  - Hospital Authority
  - Private Hospitals Association

# What is HKAM doing?

- Colleges are asked to
  - Identify existing and emerging high risk procedures for their specialties
  - Develop common guidelines for credentialling
    - Procedure; Institution; Clinician and Team
  - For procedures involving different Colleges, an intercollegiate working group will be formed
    - Only one set of guidelines to be established

# What is HKAM doing?

- HKAM to establish a credentialling committee to develop generic certification and appeal procedures
  - Regular confirmation of credentialled status
    - Distinct from subspecialty certification
  - Periodic formal review of credentials
    - External agents may be involved
  - Establishment of an appeal system
- Establishment of training requirements and provision of training opportunities will be considered at a later stage

# The Academy Building

