Credentialing

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Credentialing

- The credentialing and privileging process involves a series of activities that are designed to collect, to verify, and to evaluate data (and/or events) that are relevant to a practitioner's professional performance and serves as the foundation to providing care, treatment or services to a patient. (JCI 2010)

- **Experience of a College**
- **Work in a Private Hospital**
- **Suggestions on way ahead**

HKCOG Efforts

How far is O&G along credentialing ?

- Early efforts, breadth widening
- Did only slightly more
- Small scopes of coverage
- Initial review to weakness
- Improvement pending

- We'd better be humble!

HKCOG Credentialing Efforts

Credentialing

- **Workload**
  - Colposcopy
  - Operative Laparoscopy
- **Competence Assessments**
  - Subspecialties

Credentialing
Present Vehicles in O&G

- Workload as major vehicle for credentialing in O&G
- Numbers reflect measure on experience
- Education: CPD, special experience

Operative Laparoscopy

Widely accepted by doctors and hospitals

- Induced by procedural risks
- Vetting by Gynae Endoscopy Subcommittee of HKCOG
- Case counting straightforward
- Recognized by hospitals
- Fellows recognize importance
- No re-accreditation enforced
  - The way to do reaccreditation: additional recognition

Competence Based Assessment

- Periodic assessment to competence to procedures by trainers to trainees
- Adopted from Royal College of O&G
- **OSATS** (Objective Assessment of Technical Skills)
  - Breakdown of procedure-skill to components
  - Structured formats, box-ticking plus teaching

Urogynaecology

An example on workloads

- 900 new cases
- 450 urodynamics
- 120 continence operations
- 60 pelvic floor reconstructions

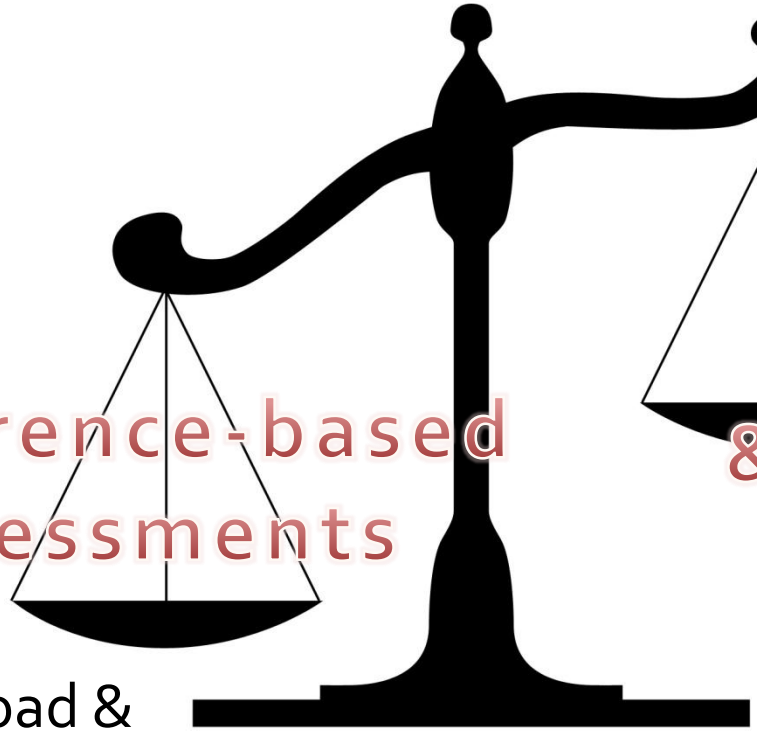
- 200 cases per year for reaccreditation

Subspecialty

Effects

- Welcome by fellows
- Workload rules in accreditation and reaccreditation associated with problems with changes in technology & epidemiology
- Wastage
- Limitation to manpower flexibility
- Implies need for supply of manpower from trainee levels

Credentialing: current



Occurrence-based Assessments

- ✓ Workload & assessments
- ✓ Objective
- ✓ Evidence-based

Performance Evaluation & adaptability

- ? Counting measures or not…
- × Outcome of doctors' performance
- × Contingency planning of adverse outcomes
- × Appropriateness of patient care
- × New skills/technologies
- × Adaptability to changes in epidemiology

Credentialing

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Work in a private hospital

Private Hospital Credentialing

Quality assurance monitoring & Governance directives

Special Treatment Credentialing

New Procedures

QA & Governance

- Adherence to credentialing system
  - Fair
  - Objective (evidence based)
  - Consistency
- Vetting by various committees

New Procedures

Ethics

Ethics committee

Disclosure to patients

Clinical

Risk measure by NIP committee*

First assessment

Track performance & Summary reports

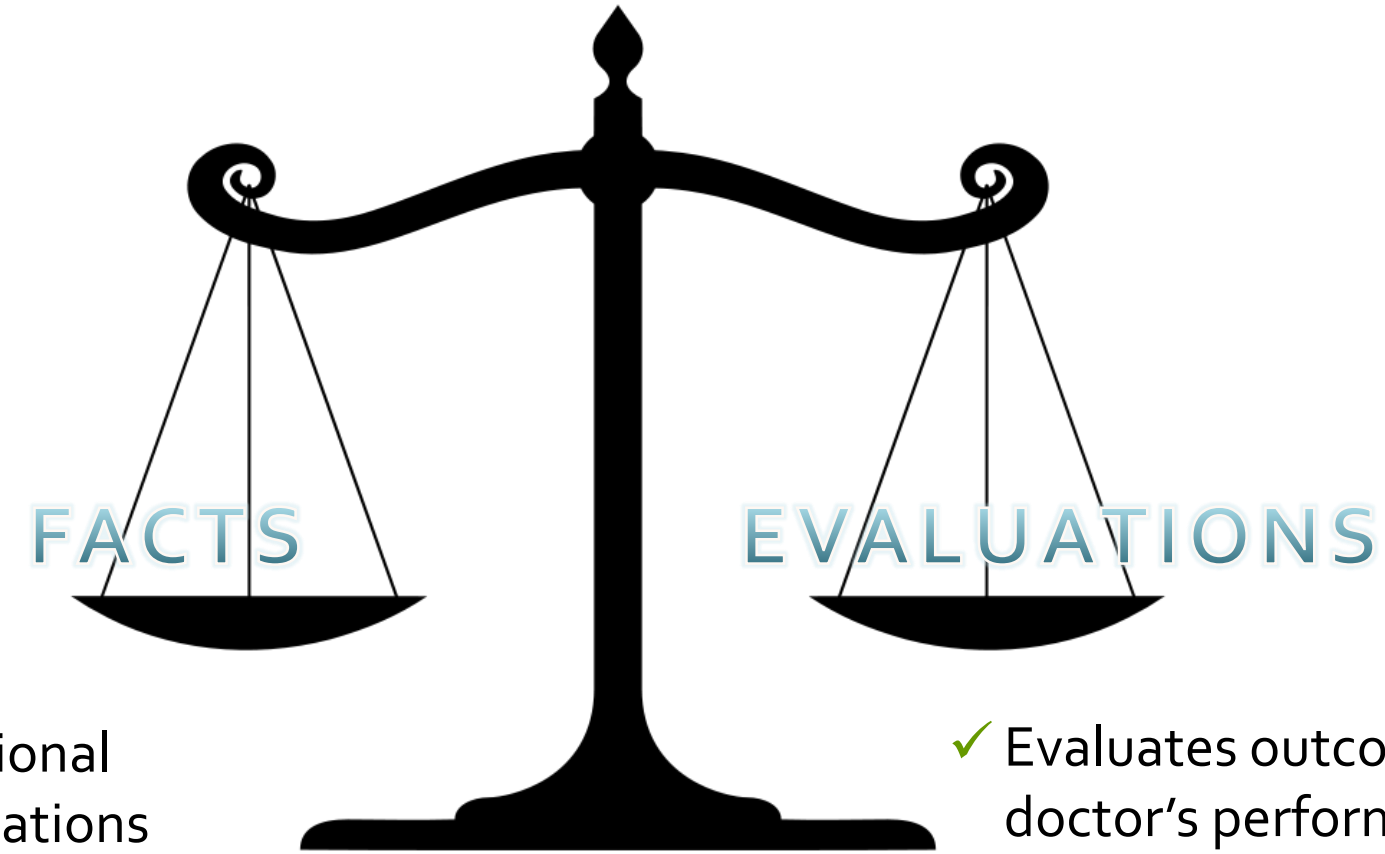
Confirmed new intervention/procedures

Periodic review of new procedures

* NIP committee – New interventions and procedures committee

Credentialing for very high risks (procedure risky / the less obvious)

Work in Private Hospital



- ✓ Professional Qualifications
- ✓ Past experience measured by workloads

- ✓ Evaluates outcomes of doctor's performance
- ✓ Patient-centered evaluation

Work in Private Hospital

- ✓ More comprehensive
- ✓ Evaluation of performances
- ✓ Handling of new procedures

- ? However…
- × Objectivity needs further development
  - ➢ Need for appeal system
  - ➢ Role of external advisors

Credentialing

- Experience of a College
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Donut or Waffle?

Two prongs to credentialing

- Longs & shorts on either side

- Questions asked:
  - Expectations to a doctor?
    - Expectations from within professionals
    - Society and other stakeholders
  - What shall we measure?
    - Doctor's exposure reflected by workload
    - Performance outcome?
    - End-user reflection?

Considerations ahead…

- **Principles** more important than reality
- Person vs team credentialing
- Exceptions may be catered, merely under explicit declaration & special monitoring
- Credentialing supervision down to general but **experienced professionals** possible
- Feedback essential: M&M, continual assessment, KPIs such as operative duration
- Patient- and Society-centreness important
- Choice of mechanism may depend on risk and frequency

Balance – so as to be sustainable

- Seek a balance between both subjective and objective measures
  - Appeal system
  - Periodic review by internal & external advisors
  - Changes in epidemiology, treatment modality & manpower

→ Huge Work!

- Prioritization necessary

Determinants to Utility: Risk & Volume

- **High Risk & High Volume – markers for attention**
- **Risk** - High risk treatment in one field not necessarily even rivaling low risk care in another field
- **Volume** - Workload based accreditation and reaccreditation may attract problems
- May refer to MPS, facts and past data on performed procedures

Thank you!

Q? A! Comments?