



Service Priorities and Programmes
Electronic Presentations

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Medical credentialing in the O&G Department of Queen Elizabeth Hospital- a preliminary experience

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reduce litigation

Introduction

In line with the direction of the Hospital Authority, and Queen Elizabeth Hospital, we started credentialing after discussion within our department, and took reference to the standards set by the Hong Kong College of Obstetricians and Gynaecologists (HKCOG). It was not known whether the credentialing was acceptable to colleagues and how it affected our clinical work.

Objectives

The objectives were to (1) create a database for registering staff medical qualifications, and (2) assign day-time clinical and supervisory duty with reference to the database.

Methodology

A database in form of an excel file was developed by doctors and executive assistants. Staff information registered in the database included dates of obtaining medical degrees; dates of passing postgraduate examinations including HKCOG structured oral examination, membership examination of the Royal College of Obstetricians and Gynaecologists (RCOG) and HKCOG, HKCOG fellowship examination, subspecialist examinations (Maternal feto-medicine, urogynaecology, gynaecology, reproductive medicine); and dates of completing the ten OSATs Objective Assessment of Technical Skills). OSATs are standards set by the HKCOG and RCOG to assess trainees' development of clinical competence in common procedures such as hysteroscopy, laparoscopy, laparotomy, Caesarean section, and operative vaginal delivery. Dates of colposcopic accreditation, completion of ultrasound training and endoscopic surgery training were also registered. We would update the database half-yearly to ensure information accuracy. The credentialing was used to assign day time clinical duty as far as possible. Only subspecialists were assigned to perform procedures requiring specific skills related to their subspecialty, e.g. only maternal feto-medicine subspecialists were allowed to perform amniocentesis independently. Only specialists were allowed to perform artificial insemination of husband semen, in compliance with

the regulations. A questionnaire was sent out to all colleagues to seek for feedback.

Result

A total of 24 colleagues (88.9%) were interviewed and all provided positive feedback concerning credentialing. The criteria used were acceptable. It was believed that credentialing also facilitated staff education through more effective arrangement of learning opportunities. Credentialing helps improve patient safety, reduce individual and organizational risk and reduce litigation, which is important in this high-risk discipline. However, the draw-back would be that during on-call hours in emergency situations, duty arrangement would rely more on the clinical experience of the on-call team.