

S2.1

Credentialing

14:30 Convention Hall C

**Development of Credentialing***O'Sullivan D**Metro North Hospital and Health Service, Brisbane, Australia*

Ensuring patient safety and high standard of care has always been, and remains, a valid professional concern of doctors. Many of us recited a version of the Hippocratic Oath as we embarked on our medical careers. The undertaking to “utterly reject harm and mischief”, often translated as “Primum non nocere”, forms a part of that oath. An essential, often intuitively understood, element of fulfilling this commitment is ensuring that our colleagues possess the qualifications, skills and training that are necessary for the safety of our patients and, with the elapse of time, continue to maintain these skills.

As medicine has become more complex, dependent for its delivery on multidisciplinary teams and amazing technical gadgets, and the hospitals more bureaucratic, it is increasingly difficult to fulfill this professional responsibility without formalised processes. These processes form a critical element of a hospital's governance structures of safety and quality. Clinical governance, as these structures have become known, emerged as a concept in the National Health Service in the late 1990s. Queensland leads the formalisation process in Australia by introducing a policy on checking credentials and approving clinical privileges in August 1993. A national Standard was promulgated in 2004 and the Australian Council of Healthcare Standards (ACHS) EQuIP4 included a specific standard on credentialing and scope of clinical practice in 2007. The number of recommendations relating to credentialing and scope of clinical practice standard during the round was significant with 13 AC60 recommendations related (n=153). This standard remained identified as an “area requiring further improvement” by ACHS in its most recently published report on accreditation performance (2011-2012) and remains a focus of continuous improvement within Australia with many jurisdictions publishing regular updates of policy and procedure frameworks.

With increasing complexity in our hospitals, we require development of formalised processes to maintain our clinical qualifications, skills and experience so as to fulfill our professional responsibility with regard to patient safety and standard of care.