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# Credentialing Requirements for Non-Specialist Anaesthetics Guideline

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## 1. Background

The purpose of this document is to assist the WA Country Health Service (WACHS) to ensure that appropriate credentialing requirements are met with respect to non-specialist doctors providing clinical services in elective anaesthesia.

## 2. Policy Statement

### 2.1 Anaesthetics Credentialing

All medical practitioners seeking credentialing and re-credentialing for non-specialist anaesthetic practice must complete the WACHS Non-specialist Anaesthetist Credentialing summary document.

Clinical privileges for anaesthetic services within WACHS facilities will be provided for between one (1) and three (3) years depending upon the applicant's recent clinical experience, clinical caseload mix, references, continuing medical education (CME) and quality assurance activities (QA).

If questions arise regarding the application for credentialing, the Clinical Lead Anaesthetist is to contact the medical practitioner requesting credentialing to discuss their application. The Clinical Lead Anaesthetist is also to contact the Regional Medical Director (RMD) of the region in which the anaesthetic credentialing has been requested to discuss the application.

Anaesthetic privileges may be granted on initial application or after completion of directed specific CME and QA.

### 2.2 Anaesthetic Qualifications recognised by WACHS

The WACHS recognises the following qualifications as a minimum for clinicians wishing to undertake anaesthetics practice:

- Joint Consultative Committee on Anaesthetics
- Diploma of Anaesthetics.

Other equitable qualifications and experience may be accepted in consultation with the Area Director, Clinical Services, Anaesthetics and Director Medical Services.

## 2.3 Categories of Anaesthetic Privileges

Successful credentialing applications are dependent upon presentation of evidence outlining:

- recent anaesthetic caseload
- recent CME and QA activities
- professional referees.

The categories for anaesthetic credentialing privileges include:

1. General Anaesthesia down to age 8 years
2. General Anaesthesia down to age 4 years / 20 kg
3. Obstetric anaesthesia including epidurals and spinals
4. General Anaesthesia under 4 years of age and/or 20 kg.

## 2.4 Recent anaesthetic experiences (case numbers)

WACHS recognises recency of practice as an important component for credentialing.

The following guidelines are to be considered in determining the credentialing outcome for clinicians based on their clinical activity level. However, specific cases and circumstances are also to be taken into consideration, including the applicant's balance of sedation cases relative to general anaesthesia cases.

Cases per annum	Likely credentialing outcome
Greater than 200	Credentialed for 2 - 3 years
150 - 200	2 years
100 – 150	1 - 2 years
Less than 100	1 year

## 2.5 Highly valued CME and QA activities

A clinician's participation in CME and QA activities is a core component when determining credentialing outcomes, and regular participation in continuing professional development, relevant to scope of practice, is a requirement by the Australian Health Practitioners Regulation Agency (AHPRA) for ongoing registration. The following are highly valued CME and QA activities and are considered when reviewing applications:

1. Anaesthetic emergency simulation courses including Emergency Medicine of Anaesthetic Crisis (EMAC), Difficult airway management courses and neo-natal resuscitation courses
2. Up-skilling alongside Senior Anaesthetists with an assessment report provided as part of the credentialing application.
3. Documented and evidenced attendance at a course specifically designed for the non-specialist anaesthetist.

## 2.6 Assessment

Credentialing applications are in the first instance, to be assessed by the WACHS Area Director, Clinical Services, Anaesthetics or delegated appropriate medical practitioner, and by the Regional Medical Director where credentialing is being requested.

Recommendations are made and provided to the Credentialing and Scope of Practice (CASOP) Committee for endorsement. Following assessment and consultation CASOP make the final decision on the scope of practice to be granted.

## 3. Definitions

<b>Clinical Privileges</b>	The scope of professional clinical activity allowed to be undertaken by medical practitioners within a nominated health facility
<b>Continuing Medical Education</b>	Formal assessed activities undertaken to further develop skills and qualifications related to a specific clinical area
<b>Credentialing</b>	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
<b>Non-Specialist Anaesthetist</b>	A Medical Practitioner that holds additional qualifications in the area of Anaesthetics without having obtained the Specialist qualification from the Australian and New Zealand College of Anaesthetists
<b>Non-Specialist Doctor</b>	Medical Practitioner that has not gained additional specialty qualifications
<b>Quality Assurance</b>	Activities reviewing and assessing clinical practice to instigate best practice
<b>Scope of Practice</b>	The type of medical services that an individual medical practitioner is approved to provide at a health care facility.

## 4. Roles and Responsibilities

### Credentialing and Scope of Practice (CASOP) Committee

CASOP is responsible for the review and verification of qualifications and training to ensure the medical practitioner's experience and skills support the scope of practice required to provide anaesthetic services.

### **Regional Medical Director**

The Regional Medical Director is responsible for supervision of the administration of the credentialing process at regional level, including emergency and interim regional credentialing prior to endorsement by CASOP and performance review.

## **5. Compliance**

Failure to comply with this policy document may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Employment Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (WA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

Non-Salaried Medical Practitioners (NSMP) are required to comply with the terms of the Medical Services Agreement (MSA) and the conditions that apply to all Nominated Medical Practitioners (NMP) as set out in Schedule 1A of the MSA. Failure to comply, and any disputes in respect of clinical privileges, conduct and governance should be dealt with under the terms of the Memorandum of Understanding (MOU) between the Minister for Health, the Director General of Health, Boards of Management and the Australian Medical Association (AMA).

## **6. Records Management**

Non-Clinical:

All WACHS corporate records must be stored in the approved Electronic Documents and Records Management System.

[Records Management Policy](#)

Clinical:

[Health Record Management Policy](#)

## **7. Evaluation**

Evaluation of this guideline is to be carried out by the Area Director, Clinical Services, Anaesthetics. The following means / tools are to be used:

- The number of non-specialist anaesthetics providing clinical services are to be reviewed and reported annually.

## **8. Standards**

[National Safety and Quality Health Service Standards](#) – 1.23, 1.24

## 9. Legislation

[Health Services Act 2016](#) (WA)

## 10. References

[Australian Commission of Safety and Quality in Health Care \(ACSQHC\) – Credentialing health practitioners and defining their scope of clinical practice – A guide for managers and practitioners, December 2015, published by ACSQHC.](#)

[Medical Board of Australia – Good Medical Practice: A Code of Conduct for Doctors in Australia March 2014 Published by AHPRA](#)

[Medical Board of Australia Continuing Professional Development Registration Standard July 2010 Published by AHPRA](#)

[Medical Board of Australia – Recency of Practice Registration Standard July 2010 Published by AHPRA](#)

[Medical Board of Australia - Registration Standard for Specialist Registration. July 2011 Published by AHPRA](#)

## 11. Related Forms

WACHS [Non-Specialist Anaesthetics Credentialing Summary Form](#) - ED-CO-15-70618

## 12. Related Policy Documents

WACHS [Medical Credentialing and Compliance Requirements Guideline](#)

WACHS [Medical Practitioners' Manual](#).

## 13. Related WA Health System Policies

[MP0084/18 Credentialing and Defining Scope of Clinical Practice Policy](#)

- See related document: Credentialing and Scope of Clinical Practice for Medical Practitioners

## 14. Policy Framework

[Clinical Governance, Safety and Quality](#)

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