



Credentialing Requirements for Non-Specialist Surgeons Guideline

1. Guiding Principles

The purpose of this document is to assist WA Country Health Service (WACHS) in ensuring appropriate credentialing requirements are met with respect to medical practitioners who provide non-specialist clinical services in General Surgery.

2. Guideline

2.1 Surgical Credentialing

All medical practitioners requesting credentialing for non-specialist clinical services in General Surgery must complete a [Non-Specialist Surgical Credentialing Summary Form](#) at time of application. Medical practitioners requesting non-specialist General Surgery credentialing are expected to work within local procedures at each site with respect to agreed scope of practice.

Approval for the provision of surgical services within WACHS facilities will be provided for between one (1) and three (3) years depending upon the applicant's recent surgical experience, surgical caseload mix, evidence of any upskilling, references from surgical colleagues, Continuous Professional Development (CPD) and Quality Assurance (QA) activities.

If questions arise regarding the application for credentialing, the Clinical Director Surgical Services (CDSS) will contact the requesting medical practitioner to discuss their application. The CDSS will also contact the Regional Director Medical Services (RDMS) of the region in which the surgical credentialing has been requested to discuss the application, where required.

A surgical scope of clinical practice may be granted on initial application or after completion of directed specific upskilling, CPD and QA activities.

2.2 Categories of Surgical Privileges

Successful credentialing applications are dependent upon presentation of evidence outlining:

- Recent surgical caseload (within previous 12 months).
- Recent CPD and QA activities.
- Professional references.
- Appropriate level of indemnity insurance.

The categories for medical practitioners requesting surgical credentialing privileges are:

1. Level 1 (Office based)
 - a) These are simple procedures that could be carried out in the rooms but due to local practice are performed in a WACHS facility.

2. Level 2 (Hospital based)
 - b) Simple procedures that due to anaesthetic reasons require utilisation of a WACHS theatre facility.
3. Level 3 (Extended)
 - c) Level 3 procedures require training that must be documented and maintained. In most circumstances these will be in facilities whose clinical services framework include emergency surgery.

Each category has been defined according to the procedures that will be credentialed to be performed by the medical practitioner ([Appendix 1](#)).

In emergency or life-threatening situations, it is understood that practitioners may need to work outside of their credentialing, as per Section 9.4.2 of the [WA Health Credentialing and Defining Scope of Clinical Practice for Medical Practitioners Standard](#). Where possible, it is expected that telephone advice be sort from a tertiary hospital surgeon of the appropriate discipline or the CDSS. This advice should be documented in the patient notes along with notification to the RDMS. If time does not permit, the RDMS and the CDSS should be notified as soon as practically possible along with the appropriate documentation completed for an 'Emergency Situation'.

2.3 Recent surgical experience

WACHS recognises recent surgical practice as an important component for credentialing. It is expected that medical practitioners who perform non-specialist surgical scopes will keep a logbook of their operative experience for the year which will be provided to the CDSS upon approval for credentialing.

2.4 Highly valued CPD and QA activities

A medical practitioner's participation in CPD and QA activities is a core component when determining credentialing outcomes. Regular participation in CPD relevant to scope of practice is a requirement by the Australian Health Practitioners Regulation Agency (AHPRA) for ongoing registration.

The following activities are highly valued CPD and QA activities which are considered when reviewing applications:

- Up-skilling alongside consultant Surgeons with an assessment report provided as part of the credentialing application
- Practice visit by consultant Surgeon
- Presentation of a workload audit to a surgical colleague

2.5 Assessment

Initial credentialing of non-specialist Surgeons is to be completed as per the [WACHS Medical Credentialing and Compliance Requirements Guideline](#) by completing a professional profile on the WA Health credentialing database, CredWA and accepting the position invitation provided. This will include provision of:

- A Curriculum Vitae detailing recent and relevant experience
- Evidence of primary degree and any subsequent degrees and qualifications on the AHPRA website

In addition, when submitting a new application for credentialing the following evidence is to be provided to the medical administration staff in the nominated WACHS region:

1. A completed non-specialist surgical credentialing summary form clearly identifying the credentialing category being applied for
2. A logbook or equivalent indicating surgical experience, procedures completed, locations and supervision
3. The name and contact details of two (2) relevant surgical referees
4. Evidence of completed CPD relevant to a surgical caseload including professional courses or training obtained
5. Evidence of observation of surgical practice at the requested level by a General Practice (GP) surgeon or consultant Surgeon

When submitting an application for re-credentialing, the medical practitioner will be asked to review their current professional profile on the credentialing database, CredWA and accept the position invitation provided.

The medical practitioner will also be asked to submit the following to the medical administration staff in the nominated WACHS region:

1. A completed non-specialist surgical credentialing summary form clearly identifying the credentialing category being applied for
2. A logbook or equivalent indicating the type and number of surgical procedures completed, locations and supervision received
3. The name and contact details of one (1) surgical referee and one (1) theatre nurse manager at the primary health facility.
4. Evidence of CPD relevant to the credentialing level requested including:
 - Presentation of their surgical audit
 - Completion of their college based CPD
5. Evidence of observation of surgical practice at the requested level by a GP Surgeon or consultant Surgeon.

Credentialing applications in the first instance will be assessed by the relevant RDMS and/or Surgical Regional Head of Department before being forwarded to the CDSS for final approval. Recommendations will then be made and provided to the Credentialing and Scope of Practice (CASOP) Committee for endorsement. Following assessment and consultation, the CASOP Committee will make the final decision on the scope of practice to be granted.

3. Definitions

Continuous Professional Development	Formal assessed activities undertaken to further develop skills and qualifications related to a specific clinical area
Credentialing	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 patient care

	within a health care facility
Non-Specialist Surgeon	A medical practitioner who is credentialed by WACHS to perform procedures but does not hold an FRACS
Non-Specialist Doctor	Medical Practitioner that has not gained additional specialty qualifications
Quality Assurance	Activities reviewing and assessing clinical practice to instigate best practice
Scope of Practice	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

The CASOP Committee 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 surgical services.

Regional Director Medical Services (RDMS)

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

Clinical Director, Surgical Services (CLSS)

The CDSS is responsible for assessing all credentialing applications based on level of experience and qualification of the medical practitioner and the appropriateness of the procedure being performed at the location requested. The CDSS is responsible for providing a recommendation to the CASOP Committee based on this assessment.

Surgical Regional Head of Department

The Surgical Regional Head of Department is responsible for providing initial assessment of the credentialing request in respect to local surgical need, capacity and appropriateness.

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 [Integrity Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (HSA) 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). Failure to comply, and any disputes in respect of clinical privileges, conduct and governance should be dealt with under the terms of the MSA and the WA health system [Disputes About the Professional conduct of a Contracted Medical Practitioner Engaged Under a Medical Services Agreement Policy](#) (MP 0083/18).

6. Records Management

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

[Records Management Policy](#)

All WACHS clinical records must be managed in accordance with [Health Record Management Policy](#).

7. Evaluation

Evaluation of this policy is to be carried out by the Policy Owner (refer below). The following means / tools are to be used:

- The number of non-specialist surgeons providing clinical services will be reviewed and reported annually.

8. Standards

[National Safety and Quality Health Service Standards](#) – 1.22, 1.23, 1.24

9. Legislation

[Health Services Act 2016](#)

10. References

1. [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](#)
2. [Medical Board of Australia – Good Medical Practice: A Code of Conduct for Doctors in Australia](#)
3. [Medical Board of Australia Continuing Professional Development Registration Standard](#)
4. [Medical Board of Australia – Recency of Practice Registration Standard](#)
5. [Medical Board of Australia - Registration Standard for Specialist Registration](#)
6. [Avant Insurance, Category of Practice Guide](#)

11. Related Forms

WACHS [Non-Specialist Surgeons Credentialing Summary Form](#)

12. Related Policy Documents

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

13. Related WA Health System Policies

MP 0084/18 [Credentialing and Defining Scope of Clinical Practice Policy](#)

MP 0083/18 [Disputes About the Professional Conduct of a Contracted Medical Practitioner Engaged Under a Medical Services Agreement Policy](#)

Related document

[WA Health Credentialing and Defining Scope of Clinical Practice for Medical Practitioners Standard](#)

14. Policy Framework

[Clinical Governance, Safety and Quality Policy Framework](#)

15. Appendix

Appendix 1: [Surgical Credentialing Guidelines](#)

**This document can be made available in alternative formats
on request for a person with a disability**

Contact:	Area Director Clinical Lead, Surgical Services		
Directorate:	Medical Services	TRIM Record #	ED-CO-21-426419
Version:	2.00	Date Published:	24 January 2022

Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the *Copyright Act 1968*, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.

Appendix 1 – Surgical Credentialing Guidelines

Level 1 – Office based

Procedures to be included:

- Simple fractures and dislocations manipulation not under GA
- Suprapubic tap
- Cautery of nose
- Hydrocele drainage by needle
- Excision of skin lesions and small skin flaps
- Perianal haematoma incision
- Wedge excision toenail
- Surgical assisting
- Diathermy of Warts
- Superficial abscess drainage
- Proctoscopy / Rigid sigmoidoscopy

Level 2 – Hospital based

Procedures to be included:

- Skin grafts
- Incision of lymph node abscess
- Vasectomy
- Skin flaps
- Deep abscess drainage
- Nail bed repair
- Terminalisation distal phalanx

Level 3 - (all 3 procedures are to be credentialed for individually and not as a group)

Procedures to be included:

- Wedge excision ear, eyebrow, lip
- Manipulation under GA
- Extensor tendon repair
- Dilatation salivary duct
- Haemorrhoid banding and injection
- Appendectomy
- Hernia repair
- Minor orthopaedics (including carpal tunnel release)
- Dupuytren's contracture
- Joint washout
- Flexor tendon repair
- Arthrotomy
- Amputation digits
- Primary nerve repair

Printed or saved electronic copies of this policy document are considered uncontrolled.
Always source the current version from [WACHS HealthPoint Policies](#).