



## Short title: Anaesthesia credentialling and scope of practice BP

### 1. Introduction

ANZCA released its previous position statement on credentialling and defining the scope of clinical practice in 2006 and updated it in 2020. At the time the process of credentialling was relatively new and in the process of being implemented across New Zealand and Australia. Over the past 18 years, hospitals and regions have instituted credentialling committees and the processes they use have evolved to the extent that *PS02 Position statement on credentialling and defining the scope of clinical practice in anaesthesia* requires updating.

ANZCA, RACGP and ACRRM are the professional organisations in Australia that, together, are responsible for the education, training, assessment, and certification of rural general practitioners and rural generalists providing anaesthesia services in rural locations. ANZCA oversees the training program and awards the RGA qualification.

ANZCA is responsible for training and awarding of specialist anaesthesia qualifications (FANZCA). ANZCA is integral in setting standards for CPD and offers its CPD program to all medical practitioners in Australia and New Zealand who provide anaesthesia services. This position statement is intended to assist Fellows, Rural Generalist Anaesthetists and other medical practitioners in understanding the process involved in credentialling and defining the scope of clinical practice, both from the point of view of the medical practitioners undergoing the process as well as practitioners participating in credentialling committees.

The definitions listed are intended to be consistent with those used by national authorities in Australia and New Zealand and refer to medical practitioners in the generic sense. Where they specifically refer to an “anaesthesia practice” it is intended that they refer to the broader nature of anaesthesia, as defined in *PS57(A) Position statement on duties of specialist anaesthetists* for the specialist anaesthetist. Similarly, “anaesthetist” is used in the broader sense to include clinicians providing anaesthesia, noting that many also provide acute pain management, and perioperative medical services.

### 2. Background

The process of credentialling is the verification that individual medical practitioners possess the qualifications, experience and currency required for a particular role, have maintained current registration and medical indemnity, and have satisfied other relevant pre-employment checks.

Determination of the scope of clinical practice is intended to ensure that medical care provided in any particular facility is undertaken by a suitably qualified and registered practitioner in an environment where it is safe to do so.

### 3. Issues

#### 3.1 Context of clinical scope of practice

A medical practitioner’s scope of clinical practice cannot be determined without understanding the resources provided in any particular facility, and is therefore, context dependent. As such, it is not within the scope of this document to specify the detail of the scope of clinical practice applying to every anaesthesia practitioner in every clinical environment. Specifically, training and standards for the practice of complex and chronic pain medicine provided by anaesthetists is managed by the Faculty of Pain Medicine, while specialised paediatric anaesthesia is covered in *PG29(A) Guideline for the provision of anaesthesia care to children*.

### **3.2 Narrowing of clinical scopes of practice**

Anaesthesia training covers a broad spectrum of anaesthesia, acute pain management, and perioperative medical practice, to support the provision of a range of these services in appropriately resourced environments. Subsequently, medical practitioners' scopes of clinical practice will change over time as they become more focussed in particular areas with subsequent reduction in recency of experience in others. Re-skilling in some areas may also occur. Similarly, this may also arise as a result of changes in circumstances at any particular hospital.

### **3.3 Imposed limitations on clinical scope of practice**

Limitations to any practitioner's scope of practice that are imposed due to local changes within an institution such as withdrawal of paediatric services will result in exclusion of paediatrics from affected practitioners' scope at that site. However, this should not affect their scope at other sites. Similarly, anaesthetists may seek to expand their scope of clinical practice at an institution by additional training and/or addressing aspects of the institution to ensure the provision of a new service is safe.

### **3.4 Credentialling committees**

Credentialling committees are high level committees of hospitals that provide governance over the clinical practices being performed within their institution. As such, anaesthetists participating on these committees must comply with all legal and professional requirements and conduct themselves according to the rules of natural justice, without unmitigated conflicts of interest or bias. Where jurisdictional requirements for credentialling committees exist, these must be followed.

Conflict of interest is particularly pertinent on these committees and must be addressed transparently within the committee and with clarity for those seeking credentialling, with strong consideration given to engaging anaesthetic representation external to the institution. Conflict of interest notifications should be included with the agenda for each meeting.

Anaesthetists acting on credentialling committees should familiarise themselves with their legal standing and the provision of support afforded by the institution for decisions made by the committee.

In rural or regional settings when credentialling of RGAs is being undertaken with a FANZCA (or equivalent) present on the committee, they should ideally have rural or regional anaesthesia practice experience.

### **3.5 To whom the accompanying statement should apply**

PS02 is not intended to apply to specialist pain medicine physicians whose credentialling and scope of clinical practice should be guided by the Faculty of Pain Medicine. As indicated by the title, the statement is intended to apply to medical practitioners within clinical practice in anaesthesia. It is not intended to apply to those solely in non-clinical practice such as research and education.

## **4. Summary**

PS02 is intended to assist Fellows, Rural Generalist Anaesthetists, and other medical practitioners in understanding the process involved in credentialling and defining the scope of clinical practice, both from the point of view of the medical practitioner undergoing the process and the practitioner asked to participate in a credentialling committee. It should be read in conjunction with other ANZCA professional documents and local, regional and national legislative requirements. Credentialling is used as a tool for verification of an individual's qualifications, currency and professional standing, while scope of practice requires an understanding of the individual's skills and the resources and needs of the institution in which they work. Anaesthetists participating on credentialling committees must understand the legal requirements of the Committee and conduct themselves with the highest level of professional standards.

## **Related ANZCA documents**

PG29(A) Guideline for the provision of anaesthesia care to children

PS57(A) Position statement on duties of specialist anaesthetists

Regulation 23 Recognition as a specialist in anaesthesia or pain medicine; and eligibility for admission to fellowship by assessment for specialist international medical graduates (SIMGs)

Regulation 37 Training in anaesthesia leading to FANZCA, and accreditation of facilities to deliver this curriculum

Regulation 44 Training in rural general anaesthesia leading to qualification in RGA

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