

Doctor Right

A special report on credentialing and defining the scope of clinical practice for doctors employed by Queensland Health

This report

Queenslanders want to be sure their care is provided by 'Dr Right' - that is, the right doctor, with the right skills, doing the right task, with the right support, in the right place. The process of credentialing and defining the scope of clinical practice for doctors helps ensure safe care.

This special report reviews the credentialing of doctors employed by Queensland Health, including progress made since the July 2007 introduction of the Health Quality and Complaints Commission *Credentialing and defining the scope of clinical practice standard*, and details our areas of concern and recommendations for improvement.

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Introduction

Our role

The Health Quality and Complaints Commission is an independent statutory body dedicated to improving the safety and quality of healthcare in Queensland. We regulate health services under the *Health Quality and Complaints Commission Act 2006* (the Act).

We work with healthcare providers, consumers and other organisations to prevent patient harm and improve service quality. To achieve our aim of better healthcare for Queenslanders, we:

- manage complaints about health services
- investigate serious and systemic issues and recommend quality improvement
- monitor, review and report on healthcare quality
- identify healthcare risks and recommend action
- share information about healthcare safety and quality, and
- promote healthcare rights.

We report to Parliament and the Queensland community through the Minister for Health and the Health and Disabilities Committee of State Parliament.

Monitoring, reviewing and reporting on the quality of health services

We have powers to monitor, review and report on the quality of health services.

We aim to help healthcare organisations to:

- ensure the care they provide to consumers is safe
- improve the quality of their care
- build or restore public confidence in healthcare services.

We observe natural justice and act as quickly, and with as little formality and technicality, as practicable. We do not apportion blame, decide negligence or award compensation; nor do we prosecute or discipline healthcare providers.

In presenting the results of quality monitoring and investigation, we offer our opinion and comments, and make recommendations for action. We refer identified issues to appropriate agencies for consideration. We may also recommend no further action be taken.

We provide our reports, containing opinion, comment and recommendations, to named parties to allow them to respond to any adverse comment before we finalise our reports. We review and reflect responses in our reports prior to publication.

About this report

The Health Quality and Complaints Commission was established on 1 July 2006 to independently oversee and monitor healthcare safety and quality, and to manage complaints about health services, in Queensland.

Our establishment was one of the measures taken by the Queensland Government as a result of the landmark reviews of Queensland Health, which were conducted following highly publicised concerns about the practice of Dr Jayant Patel at Bundaberg Base Hospital.

In response to concerns raised by the Patel case and subsequent reviews, in July 2007 we adopted the *National standard for credentialing and defining the scope of clinical practice (3)* as a regulated standard for all doctors working in Queensland hospitals. Since then we have measured self-reported compliance with the standard by all acute and day hospitals in Queensland. (1)

In November 2009, then Deputy Premier and Minister for Health, the Honourable Paul Lucas MP formally advised us of concerns about the circumstances surrounding Queensland Health's employment of a doctor at Emerald Hospital and the doctor's conduct during his employment.

Following our initial review of the case and consultation with Queensland Health, we agreed Queensland Health's Ethical Standards Unit (ESU) should conduct a comprehensive internal investigation and systemic review, and provide us with its report for consideration. We worked with Queensland Health to agree the terms of reference for the ESU investigation.

Queensland Health's ESU produced its *Investigation and systemic review at Emerald Hospital report* (the ESU report) in September 2010. The ESU report identified a number of systemic issues related to Queensland Health processes for credentialing and defining the scope of clinical practice of doctors, as well as matters related to doctor employment and management in the Central Queensland Health Service District. (2) The report's recommendations included both local and state-wide improvements to systems and processes.

After reviewing the ESU report, we prepared this special report on the credentialing of doctors employed by Queensland Health under section 173 of the Act, to report on progress made since the introduction of our *Credentialing and defining the scope of clinical practice standard* in 2007 and to highlight ongoing issues with credentialing and defining the scope of practice, and management of doctors since 2005.

Section 173 of the Act states:

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(1) The commission may, at any time, give to the Minister a report providing information relating to the activities of the commission.

(2) Subject to section 205, the commission may include in the report information, opinion and recommendations disclosing details of—

(a) health complaints or contraventions of this Act; or

(b) the quality of health services; or

(c) results of investigations into health complaints, or contraventions of this Act; or

(d) systemic issues relating to the quality of health services.

(3) However, the commission must not include in the report information that identifies a complainant or a user unless—

(a) the person consents to its inclusion; or

(b) the person's identity, as the complainant for the relevant health complaint or as a user for the relevant health service, is publicly known.

(4) The Minister must table the report in the Legislative Assembly within 14 days of receiving it.

This special report provides information, opinion, comment and recommendations resulting from our examination of the credentialing case at Emerald Hospital (described in the ESU report) and previous investigation and review reports since 2005, as well as submissions from Queensland Health (2011) about its progress in addressing these issues.

Our report identifies recurring, system-wide issues in Queensland Health's employment, credentialing and management of doctors, where in our view there continues to be room for improvement. Throughout the report, we refer to these issues broadly as credentialing and related processes. In our opinion, while significant progress has been made, the risks to safety and quality of patient care identified in previous investigations and reviews warrant continued independent and public scrutiny, and are therefore worthy of reporting and ongoing monitoring.

In summary, by reviewing Queensland Health's credentialing of doctors and related processes, we aim to drive improvement by:

- highlighting recurring systemic issues
- assessing where progress has been made
- making comment and recommendations on areas of risk and barriers to the implementation of sustainable solutions
- establishing ongoing independent audit and reporting to verify improvements made to address these issues.

This report also informs our priorities for monitoring the safety and quality of health services in Queensland and directs further compliance and performance tracking activities.

Focusing initially on Queensland Health as a result of the Emerald case, this report forms the first in a series on credentialing and related processes in Queensland to be published by the Health Quality and Complaints Commission. The next report will focus on credentialing and related processes in Queensland's private acute and day hospitals.

The importance of credentialing and defining the scope of clinical practice for doctors

Modern healthcare is one of the most complex activities ever undertaken by human beings. It is changing rapidly with the introduction of new clinical services, procedures and technologies.

Healthcare organisations provide a range of health services and each organisation can manage different levels of patient need and service complexity, depending on the availability of skilled healthcare professionals and the facilities and resources available to it.

Monitoring healthcare organisations to ensure care is provided only by qualified doctors working within an approved scope of clinical practice and whose performance is maintained at an acceptable standard, is a critical part of our work in monitoring and reporting on the quality of health services in Queensland.

Healthcare consumers trust doctors with their lives, so people need to be sure their care is provided by the right doctor, with the right skills, doing the right task, with the right support, in the right place.

To this end, credentialing and defining the scope of clinical practice of doctors helps healthcare organisations to protect the safety and well-being of their patients.

Credentialing is a formal process for verifying a doctor's qualifications, experience, professional standing and other relevant professional attributes to ensure their competence, performance and suitability to provide safe, high quality healthcare services within specific organisational environments, such as hospitals.

Defining scope of clinical practice is a process that follows on from and complements credentialing. It involves delineating the extent of a doctor's clinical practice within a particular hospital based on the individual's credentials, competence, performance and professional suitability, as well as the needs and capability of the particular hospital. Historically, the term 'clinical privileging' has also been used for this process.

While the Medical Board of Australia registers doctors through the National Registration and Accreditation Scheme, this registration does not grant a doctor's scope of clinical practice – that is, the services a doctor is competent to practise at different hospitals. Registration does not verify the quality of a doctor's work, or consider the capability of the hospital where the doctor is working to reasonably support the health services being provided by the doctor.

Best practice suggests consistency in credentialing and scope of clinical practice processes to a set standard, minimises adverse patient outcomes and offers a further level of protection for healthcare consumers. (3)

Managing the processes of credentialing and defining a doctor's scope of clinical practice to an established standard helps hospitals to protect the well-being of their patients by ensuring, at all times, healthcare is provided (or appropriately supervised) by proficient practitioners working within their defined scope of clinical practice and in line with the clinical services capability of the hospital. (3)

Hospitals have different clinical service capabilities. Queensland Health's *Clinical Services Capability Framework* outlines the minimum service, workforce, risk management and legislative requirements to ensure public and licensed private hospitals provide safe and appropriately supported clinical services. (4) A doctor's scope of clinical practice must be defined for and align with the clinical services capability of each hospital in which they practise. (3)

In summary, credentialing and defining the scope of clinical practice of doctors is an important process to assure healthcare consumers of health service safety and quality. Re-credentialing and redefining the scope of clinical practice, within regular time intervals defined in best practice guidelines or when a change of circumstance occurs, provides consumers with further assurance their care is as safe as possible.

History of credentialing and defining the scope of clinical practice for doctors in Queensland

Queensland Health introduced a policy guideline for checking credentials and approving clinical privileges (now known as defining the scope of clinical practice) and appointments for medical practitioners in August 1993. (5, 6)

Since then, a number of changes and improvements to the standards and requirements for credentialing and related processes have been implemented. Here we provide a brief history of standards, policy development, investigations and reviews pertinent to the credentialing of doctors in Queensland since 2002.

2002-2003

Queensland Health reviewed its 1993 policy and guidelines for credentialing and privileging doctors and released its *Credentials and Clinical Privileges: guidelines for medical practitioners* in 2002. The policy and guidelines emphasised clinical privileges should be defined before a doctor commenced any admissions or treatment within a hospital and overseas candidates for positions be informed that any appointment was subject to the successful awarding of privileges (scope of clinical practice). (7) Queensland was a leader among the states in setting such specific policy guidelines.

2004-2006

In 2004, the Australian Council for Safety and Quality in Health Care introduced a national standard for credentialing and defining the scope of clinical practice for doctors working within health services. The standard aimed to improve the consistency and effectiveness of these processes across public and private hospitals in Australia.

The national standard was introduced to address:

- rapid advancement in technology, which increases the complexity and diversity of clinical procedures
- increasing mobility of healthcare practitioners throughout Australia
- an acknowledgment that healthcare service providers have a legal responsibility to provide safe, quality services. (3: p.7)

In 2005, as a result of concerns about the practice of Dr Jayant Patel at Bundaberg Base Hospital, two independent reviews were conducted – the Queensland Health Systems Review (8), commonly referred to as the Forster Review, and the Queensland Public Hospitals Commission of Inquiry (9), commonly referred to as the Davies Inquiry.

The Forster Review found significant problems with Queensland Health's recruitment and credentialing of doctors, ranging from inadequate or inept resourcing to inadequate or absent clinical governance systems. (8: p. 219)

The Davies Inquiry found a number of systemic failures within Queensland Health contributed to the circumstances that saw Dr Patel employed in clinical practice at Bundaberg Base Hospital for two years with no effective credentialing or performance management strategies implemented (9: pp.344, 395) despite the 2002 Queensland Health guideline.

Both reports identified the Patel case as a turning point for health sector policy and regulation in Queensland.

In July 2006, our agency was established to independently oversee and monitor healthcare safety and quality, and to manage complaints about health services in Queensland, with recommendations to set standards on areas of safety and quality concern.

2007-2008

In July 2007, we adopted the *National standard for credentialing and defining the scope of clinical practice* (3) as a regulated standard for all doctors working in Queensland hospitals and began measuring self-reported compliance with the standard by all acute and day hospitals. (1)

Our regulated standard aims not just to improve administrative processes but to ensure relationships between doctors and healthcare organisations are based on a mutual commitment to patient safety. The standard extends the concepts of credentialing and defining the scope of clinical practice to encompass shared responsibility for safe service provision in supportive environments.

The standard recognises peer assessment and the willingness of individuals to comment on their own skills and the skills of others as fundamental to successful processes for credentialing and defining the scope of clinical practice. Ongoing performance against this standard is not, however, the sole responsibility of individual healthcare professionals. It relies on healthcare organisations to the extent necessary to enable safe, high quality practice.

In March 2007, a revised Queensland Health policy was tabled with Queensland Health's Patient Safety and Quality Board, which endorsed a further amended policy in November that year.

In August 2008, we released our *Investigation into the quality of health services at Mackay Base Hospital*. Among other issues, this investigation identified a failure by Mackay Base Hospital to comply with the Queensland Health credentialing guidelines between 2004 and 2006. The report cited a six-month gap between a doctor commencing employment and interim scope of clinical practice being granted, with formal scope of clinical practice not being granted until 12 months after commencement. (10) The report also identified a reluctance by medical leaders to intervene in clinical performance issues, as well as inadequate information exchange between key bodies about the qualifications and competence of doctors to match position requirements (10: pp16, 20).

2009-2011

Queensland Health again reviewed and updated its state-wide credentialing and defining scope of clinical practice policy in 2009. (11)

That same year, we expressed concerns about Queensland Health's compliance with our Act, based on information reported to us on performance against our *Credentialing and defining scope of clinical practice standard*. Our report, *Compliance with the Health Quality and Complaints Commission Act by Queensland Health at Bundaberg Base Hospital* was prepared after we issued a show cause notice to the Director-General of Queensland Health, asking him to explain why Bundaberg Base Hospital had provided us information about its compliance with our credentialing standard which was at odds with other information disclosed to us during an investigation into whistleblower complaints about the quality of health services at the hospital. The report included a recommendation that Queensland Health's state-wide credentialing and defining scope of clinical practice policy be reviewed at least every three years, and as required. (12)

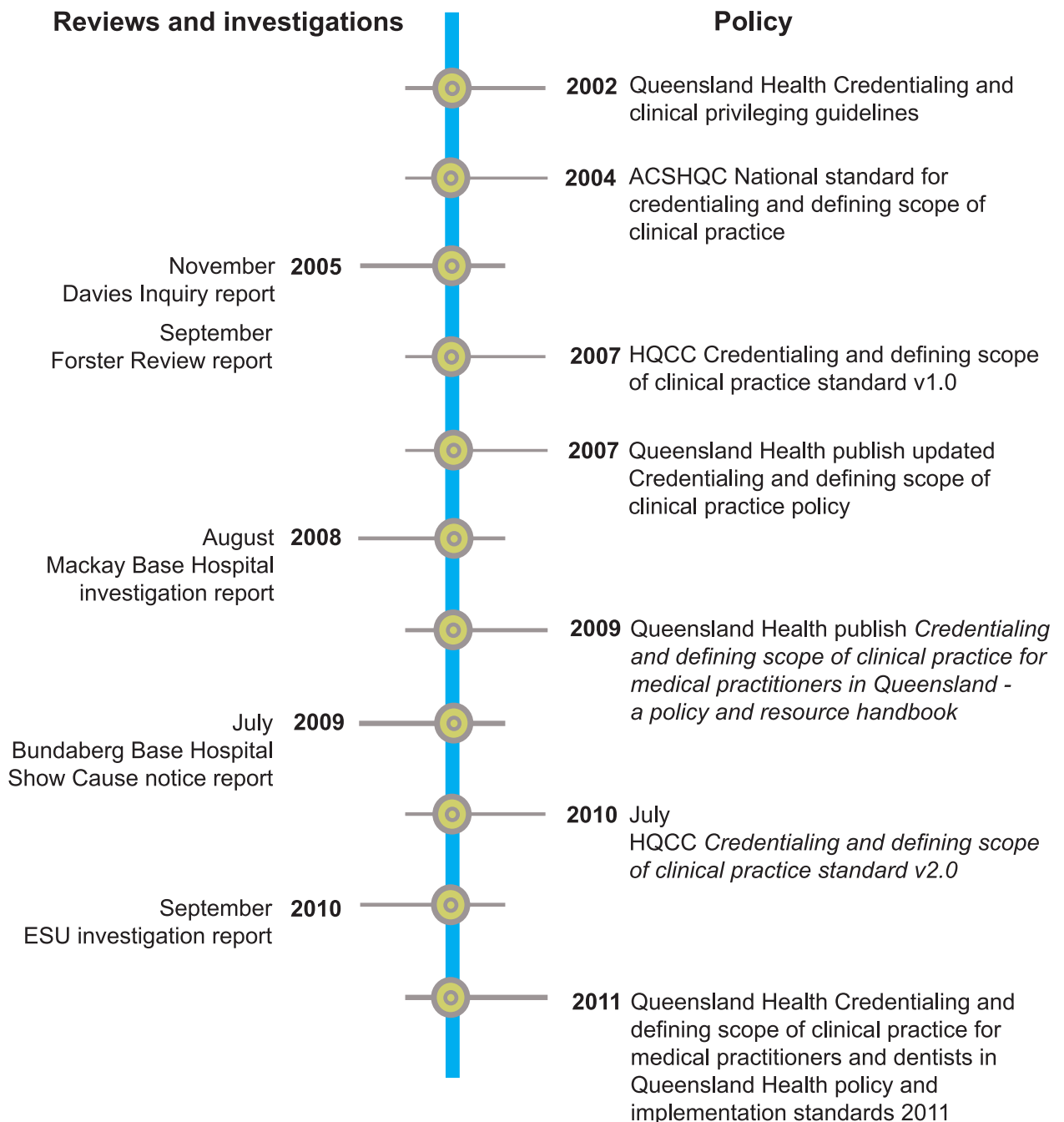
In July 2010, following an extensive 18-month review, including expert and community consultation, we launched our updated *Healthcare standards version 2.0*. (13)

Subsequently, in late 2010 and early 2011, Queensland Health undertook a comprehensive review of its credentialing policy and implementation standard, with an updated policy endorsed in April 2011 (effective from 1 July 2011). (14)

Timeline

The timeline below summarises the history of credentialing policy and standards development in Queensland, as well as the investigations and reviews that identified issues with credentialing and defining the scope of clinical practice within Queensland Health.

Figure 1: Timeline illustrating the history of credentialing and standards development since 2002 and related investigations and reviews.



How we reviewed credentialing and defining scope of clinical practice for doctors by Queensland Health

Our initial analysis of the Queensland Health ESU report (2) noted that a number of the system-wide credentialing and defining scope of clinical practice issues and recommendations identified by the ESU in the Central Queensland Health Service District appeared to be the same or similar to those previously identified in other reviews and investigations. Most notably these included issues raised in 2005 by the Forster Review and the Davies Inquiry. It was clear that despite these landmark reviews, there continued to be some recurring systemic issues with credentialing and related processes for doctors within areas of Queensland Health.

Our further analysis and the resulting information, comment, opinion and recommendations detailed in this report have been produced after consideration and review of:

- the healthcare standards compliance data reported to us by Queensland Health hospitals (from 2007 to 2011)
- the Queensland Health ESU *Investigation and Systemic Review at Emerald Hospital* report and attached documentation and evidence (September 2010)
- our report on *Compliance with the Health Quality and Complaints Commission Act by Queensland Health at Bundaberg Base Hospital* (July 2009)
- our *Investigation into the quality of health services at Mackay Base Hospital* report (August 2008)
- the *Public Hospitals Commission of Inquiry* report (Davies Inquiry, November 2005)
- the *Queensland Health Systems Review* report (Forster Review, September 2005).

Other information sources reviewed include:

- consultation documents for the 2011 draft Queensland Health state-wide credentialing and defining scope of clinical practice policy and accompanying implementation standards
- the report on the accreditation survey of the Central Queensland Health District against the Australian Council on Healthcare Standards (ACHS) Evaluation and Quality Improvement Program (EQulP) requirements, 2010. (15)
- Queensland Health operational audits from 2007 and 2009. (16)

Further information and evidence provided by Queensland Health between October 2011 and February 2012 (17,19,22) as part of the adverse comment process for producing this report, was also reviewed and has been incorporated in the final report.

Our review of the ESU report, HQCC standards reported data for 2011 and Queensland Health's Addendum Response to the adverse comment process noted breaches in compliance with the Queensland Health credentialing and scope of clinical practice policy and our standard, including instances of doctors not being credentialed, doctors operating outside their defined scope of clinical practice with inadequate supervision (2: pp. 15-17, 38-39) and doctors working while unregistered for periods of time. (17: pp. 31-39)

The following sections of this report further detail the level of compliance with our standard and Queensland Health policy and implementation standards, as well as reported breaches.

Compliance with our *Credentialing and scope of clinical practice standard*

Hospital self-reported compliance with our standard

On launching version 2.0 of our *Credentialing and scope of clinical practice standard* in July 2010, we made clear that in reviewing the standards we had raised the bar and that our expectation was for hospitals to put in place measures to be 100% compliant with this standard (13: pp. 8, 47). The first version of our standard had focused on ensuring policy and processes were in place and aligned to the standard's requirements, while the updated standard tests the actual level of compliance with those policies and processes.

In September 2011, all Queensland hospitals provided us with a report on their self-assessed compliance with our *Credentialing and scope of clinical practice standard* for the period 1 July 2010 to 30 June 2011. The data cited in this report was submitted and endorsed by each hospital's accountable officer and further verified and in some cases updated by Queensland Health in their response to the adverse comment process. This has given us an up-to-date representation of the self-assessed level of compliance with our standard for each public hospital in Queensland.

We are pleased to note all Queensland Health hospitals now report having in place a documented process that aligns with our *Credentialing and scope of clinical practice standard*. The data also shows improvement in the level of reported compliance with our standard across the state since its introduction in 2007.

The original data submitted to us in September by Queensland Health's hospitals and endorsed by each hospital's accountable officer showed there was not yet 100% compliance with the standard throughout Queensland. However, Queensland Health's internal checking of this information found that data suggesting areas of non-compliance was submitted in error by hospitals. Queensland Health has advised that 100% of Queensland Health hospitals now report that all medical officers were credentialed with a defined scope of clinical practice on 30 June 2011 in accordance with the Queensland Health policy and our standard.

For example, Torres Strait–Northern Peninsula Health Service District gave conflicting reports about the number of its eligible doctors who were credentialed with a defined scope of clinical practice for working in the district's two hospitals in the standards data reported to us and the information reported directly to Queensland Health. Through the standards reporting process, this district reported in September 2011 that 40% of eligible doctors (or 81 out of 202) were not credentialed with a defined scope of clinical practice. Queensland Health subsequently provided assurance that this was reported in error and the district resubmitted its self-reported data in January 2012 to assure that all of the district's eligible doctors were credentialed with an approved scope of practice on 30 June 2011.

For urgent service continuity purposes, a doctor may be granted a temporary or interim scope of clinical practice to work in a hospital. The doctor must then be formally credentialed with a defined scope of clinical practice within 90 days. The granting of consecutive periods of temporary or interim scope of clinical practice is not permitted under Queensland Health's credentialing policy, however, in September 2011, six Queensland Health hospitals, that had reported all doctors were credentialed with a scope of clinical practice on 30 June 2011, also reported that that one or more doctors had been granted consecutive periods of temporary or interim scope of clinical practice. Queensland Health also identified reporting errors in this item and advised during the finalisation of this report. Our data now shows that two hospitals, Logan Hospital and The Park Centre for Mental Health, reported that they had granted consecutive periods of temporary or interim scope of clinical practice to doctors on three occasions between 1 July 2010 and 30 June 2011.

Our standard reporting requirements also ask hospitals to audit a sample of their credentialing records to check whether doctor credentials and scope of clinical practice are consistent with the current service capability of the hospital, and the current competency, registration status and actual work of the doctor. For the period 1 July 2010 to 30 June 2011, 38 of the 117 hospitals reported to us that they had undertaken such an audit and based on their audit samples, no doctor's credentials and scope of clinical practice were inconsistent with one or more of these requirements.

Our analysis of Queensland Health hospital self-reported compliance with our *Credentialing and scope of clinical practice standard* supports that significant improvement has been made over the past five years despite heightened reporting requirements in the most recent version of our standard.

However, given the errors in the September 2011 self-reported standards compliance data noted during the adverse comment process for this report, and other data provided by Queensland Health noting that breaches continue to occur across the state, we will conduct independent site audits of select Queensland Health hospitals during 2012-2013 to independently verify the reported data.

District-wide process for defining scope of clinical practice

As noted earlier in this report, a fundamental aspect of granting a doctor's scope of clinical practice is that it is dependent on the service capability of the individual hospital(s) at which they practise. This requirement is stipulated in both our *Credentialing and scope of clinical practice standard*, and Queensland Health's credentialing and defining the scope of clinical practice policy and implementation standard.

We believe a district, or in future Local Health and Hospital Network, must credential a doctor and define the doctor's scope of clinical practice for the doctor's primary hospital, as well as setting modified scopes of clinical practice for each lower-level hospital the doctor will practise in, in accordance with the *Clinical Services Capability Framework*.

Data reported by Queensland Health suggests this process is undertaken at a district level. However, our standard requires that organisations are able to meet the standard criteria for each hospital.

'medical officers are granted scope of clinical practice across all facilities within the District'

EMAIL FROM HEALTH SERVICE DISTRICT TO HQCC, 31 AUGUST 2011.

Queensland Health's district process grants doctors a blanket statement of approved scope of clinical practice for hospitals in the district in accordance with the *Clinical Services Capability Framework*. Queensland Health relies on a process during employment orientation for the doctor to be informed of the specific clinical services capability of each hospital.

While it appeared on the face of this information that some parts of Queensland Health may be systematically failing to comply with our credentialing standard and indeed the Queensland Health credentialing and defining scope of clinical practice policy and implementation standard, Queensland Health provided the following explanation of this process.

'At the district credentialing committee meeting, the committee determines the clinical competency of the practitioner and makes a recommendation to the DCEO/delegate that the practitioner be granted a SoCP [scope of clinical practice] in the area/s of their competencies and which is also in accordance with the clinical services capability framework (CSCF) for each facility where the clinician will provide those services...

In summary, the credentialing process is managed at district level but the SoCP is granted at a facility level and is linked to the CSCF of each facility.'

QUEENSLAND HEALTH RESPONSE TO ADVERSE COMMENT ADDENDUM RESPONSE,
NOVEMBER 2011, pp 8-9.

In our opinion, given this explanation, Queensland Health processes meet the requirements of our standard and their policy and implementation standard for credentialing and defining scope of clinical practice in accordance with the clinical services capability for each hospital. Given the importance of this process to managing risks to patient safety, we believe it is important for us to audit the process to validate it meets the requirement that all doctors have a clearly understood scope of clinical practice for each of the hospitals in which they work.

It is our view that each hospital should be able to clearly report and have documented for the dual purposes of communication within the hospital as well as external standards accreditation, a list of doctors and the scope of clinical practice they have to provide health services at that hospital or all hospitals in which they work. This process is vital to good governance and should be the responsibility of the hospital's executive officer accountable for safety and quality of care. This is a further area we will verify through site audits during 2012-13.

Queensland Health internal performance monitoring of credentialing

As part of the adverse comment process for this report, Queensland Health reported to us that breaches of its credentialing and scope of clinical practice policy and implementation standard form a key performance indicator set in Queensland Health's *Strategic Plan 2007-12* (version 1 and 2). Breaches are monitored and reported quarterly to the Queensland Health Director-General and the Patient Safety and Quality Executive Committee by district chief executive officers. During 2010-2011, reporting of breaches also formed part of the Ministerial Charter of Goals for the Minister for Health and the Service Level Agreements between the Minister for Health, the Director-General and district chief executive officers.

These arrangements have provided a strong governance process for monitoring and reporting breaches of the policy and implementation standard. They demonstrate a positive approach by the Director-General and Patient Safety and Quality Executive Committee in using this process to ensure good governance, drive improvement, reduce failures and ensure that all healthcare professionals working in Queensland Health hospitals are appropriately registered and credentialed at all times.

Between July 2010 and September 2011, Queensland Health's controls identified either through audit processes or routine business operations, 35 breaches in registration, credentialing and delineating the scope of clinical practice for doctors. These breaches are summarised in Table 1.

Table 1: Summary of Queensland Health registration and credentialing and scope of clinical practice policy and implementation standard breach reporting from June 2010 to September 2011.

Type of breach	Number of breaches reported	Length of breach	Contributing factors
Credentialing and scope of clinical practice	30	Various – 1 day to 3 years	System failures, human error and communication failure.
Registration	5	Various – 2 weeks to 5 months	System failures, human error and communication failure.
Total	35		

INFORMATION SUMMARISED FROM QUEENSLAND HEALTH RESPONSE TO ADVERSE COMMENT, NOVEMBER 2011.

Queensland Health analysis of these breaches found in no case did the district identify concerns about the clinician's clinical practice, nor was it required to grant a reduced scope of clinical practice for any doctor. No patient harm was identified. Queensland Health noted a proportion of senior clinicians provide services across all or most districts and that the mutual recognition process in the 2009 policy did not adequately provide an efficient, effective and safe mechanism to grant scope of clinical practice for such clinicians.

To address this issue, the Queensland Health policy introduced in July 2011 authorises some district health service CEOs to grant a state-wide scope of clinical practice for a defined list of services that are provided across two or more districts across the state. The updated policy also improves the mechanism to monitor the standard of services provided by general practitioner locums in a defined list of small hospitals across the state.

The policy breaches are reported to have occurred for a variety of reasons attributable to human error, communication failures and in some instances, weaknesses or failures at different points in the credentialing process.

Queensland Health, in its response to the adverse comment process, highlighted that independent external credentialing reviews and health service district reports of individual cases of policy breaches, indicate compliance with the HQCC standard is around 99%. Notwithstanding this advice, we expect 100% compliance with this standard.

Queensland Health has reported all districts are now required to monitor scope of clinical practice expiry dates. In some districts, a database has been introduced to assist in generating reports identifying doctors whose scope of clinical practice is due for renewal. In other districts, spreadsheets or paper systems are still in use. This process will be assisted by the introduction of a state-wide credentialing database. The database is expected to have reporting functionality, including the capacity to provide reports on scope of clinical practice expiry dates and to compare data across credentialing and scope of clinical practice registers and other systems to trigger processes and to provide alerts about anomalies or errors.

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Areas of concern

The recurring systemic issues resulting in some doctors working without credentialing checks or having a defined scope of clinical practice, have featured to a greater or lesser extent in all of the investigations and reviews cited in this report (spanning five years). They have also been identified in Queensland Health's internal performance monitoring processes, as described in the previous section. (17)

We recognise and report that Queensland Health has taken considerable action to address previously identified issues from the reviews and reports listed. However, the investigation and systemic review arising from the Emerald Hospital case highlights that recurring systemic weaknesses in credentialing and scope of clinical practice processes continue in some hospitals. This is further demonstrated by the breaches identified and reported through Queensland Health's monitoring up to September 2011. Underlying workforce issues, particularly in regional areas, contribute to these system failures.

The performance target of 100% compliance with ensuring all eligible doctors working for Queensland Health are appropriately registered and credentialed with a scope of clinical practice at all times has therefore not yet been achieved.

We believe it is in the public interest to report the progress that Queensland Health has made to address these concerns because of the risk to the safety and quality of health services provided by our public hospitals, and particular history detailed in this report. In our opinion, given the level of risk and fundamental importance of credentialing and defining scope of clinical practice processes to ensuring safe, quality care, room for improvement remains.

For a doctor to be in a supervisory and independent role they must at all times be credentialed with an approved scope of clinical practice.

Sustainable solutions for ensuring that, at all times, this is the case have yet to be consistently and sustainably implemented across the state, as evidenced by Queensland Health's internal performance monitoring.

The causes of breaches need to be addressed for Queensland Health to deliver sustainable improvements in this area of the health system, particularly given the significant changes to the Queensland Health hospitals structure, governance, performance monitoring, and regulation that will take place from 1 July 2012.

The national health reforms will see the move from Queensland Health district management of public hospitals to the establishment of Local Health and Hospital Networks with independent governing bodies, which will become legally accountable for the care their hospitals provide to the public. From July 2012, Queensland Health corporate office will take on a new role as system manager and regulator of these new bodies and the new national safety and quality health service standards (published by the Australian Commission for Safety and Quality in Health Care) with a separate agency being formed to provide shared services.

Given the significant reforms planned over the next two years, we report our ongoing concerns about the credentialing of doctors and related processes, with a view to agreeing action to address these issues in preparation for, and during this crucial transition phase.

The following areas of concern about the implementation of employment, credentialing and management processes for doctors practising in Queensland public hospitals have also been identified by Queensland Health as well as external review and monitoring bodies (such as accreditation and audit firms).

These issues seem to present more significant challenges to the safety and quality of services provided in regional hospitals, rather than metropolitan hospitals. This is likely due to the unique characteristics of the environment in which healthcare is provided in regional and remote areas of Queensland. Factors such as geographic isolation, rapid turnover of doctors and a sustained inability to fill crucial positions contribute to system breakdown, human error and resultant breaches.

Our three key areas of concern are summarised here and explored with examples in the following section:

1. Policy implementation and compliance

Historically, our investigations, our show cause report on Bundaberg Base Hospital, and the ESU report on Emerald Hospital, identified breaches in compliance with the critical clinical governance policy area of credentialing and defining the scope of clinical practice for doctors in Queensland Health hospitals. As outlined in the Queensland Health Addendum Response, breaches continue up to September 2011 (17: pp. 31-39).

While Queensland Health's policy framework is significantly improved with the introduction of the July 2011 credentialing and scope of clinical practice policy and implementation standard and internal monitoring of system failures, efforts must continue to improve processes and reduce breaches. This will ensure the policy is firmly embedded across all health service districts as they transition to Local Health and Hospital Networks, and that ultimately, all doctors working for Queensland Health are appropriately registered and credentialed with a defined scope of clinical practice for each hospital in which they practise, at all times.

2. Management of clinician performance

The previous reviews and investigations cited in this report (2, 8, 9, 10, 12) demonstrate there have been past issues with inadequate leadership and accountability for the employment, credentialing and management of doctors within some Queensland Health hospitals. Breaches in credentialing and defining the scope of clinical practice of doctors are documented up to September 2011 (17: pp. 31-39).

Substantial work has been implemented corporately and across Queensland Health districts to manage identified doctor performance issues. Clear accountability for monitoring, identifying and reporting failures is now in place and should be continued. However, recent data provided by Queensland Health's Centre for Healthcare Improvement shows effective doctor performance management systems only operate for between 20% and 58% of doctors working for Queensland Health. This is significantly lower than the level of performance management in place for other health professional groups and is an area for further improvement.

3. Organisational culture

While the historic organisational culture within Queensland Health that Forster and Davies described in 2005 did not enable proactive, open, transparent collaboration and information sharing (8, 9), this culture has improved, as demonstrated by the ongoing monitoring and reporting processes for failures in credentialing, scope of clinical practice and registration of doctors.

It is our view however that further consolidation of cultural improvement over the coming years, and particularly during the transition to Local Health and Hospital Networks and the new structure for Queensland Health's corporate functions, will be fundamental to reducing system failures and human error and ensuring 100% compliance with registration, credentialing and scope of clinical practice requirements.

Our opinion and comment

The 2005 reviews undertaken by Forster and Davies identified many of these areas of concern and proposed solutions. Our subsequent investigations and monitoring, the Queensland Health ESU report on Emerald Hospital in Central Queensland Health Service District, the 2010-11 healthcare standards compliance data reported to us by Queensland Health hospitals in September 2011, and further information provided by Queensland Health between October 2011 and February 2012 in response to draft versions of this report, highlight that policies have improved significantly over the years.

We recognise that historically, a lack of role and responsibility clarity, an inability to sustainably recruit medical staff and fill leadership positions, and reactionary operational management focused on day-to-day challenges (such as filling rosters for the next shift in district hospitals), combined with financial pressures, have contributed to the failures in the Queensland Health system for credentialing and defining the scope of clinical practice for doctors and ensuring ongoing performance management.

However, policy breaches, as summarised on page 11, continue to occur and Queensland Health continues to fall short of its target of ensuring 100% of all eligible doctors are at all times appropriately registered and credentialed with a defined scope of clinical practice for each hospital in which they practise.

Improvement is apparent and there are now processes in place to monitor, identify and report on system failures and breaches in compliance with these critical areas of policy. However, these breaches have existed for varying lengths of time and in one recent instance, reported in the July to September 2010 period, took three years to identify. It is our view therefore that it is incumbent on Queensland Health to further tighten its monitoring processes and continue to reduce the risk to safety and quality of service delivery that such breaches present. We believe it will be critical to embed this rigour in the cultures of the new Local Health and Hospital Networks.

Policy implementation and compliance

The lack of systems and business processes and procedures, as well as inadequate information technology systems, as documented about the Emerald Hospital case in the ESU report (2: pp. 38-42), have not helped clinical managers in stretched regional services to comply with the policy framework, standards and registration requirements, nor to monitor, measure and provide feedback on doctor performance.

Our analysis shows at Emerald Hospital there were limited or ineffective business systems and processes, and stretched medical leadership. The lack of diligence in credentialing and related processes displayed by both clinical and general management and other officers at Emerald Hospital, as described in the ESU report, is therefore possibly not surprising, but demonstrates the need for ongoing diligence in this area.

Systemic issues identified in the ESU report (2: pp. 39-42) that resulted in Queensland Health making state-wide recommendations for improvement, included:

- a lack of clarity, understanding and ownership of roles with respect to credentialing, supervision and performance management
- ineffective or inadequate business processes
- a lack of forcing functions within processes, leaving room for human error.

'Specific to this case and the Central Queensland Health Service District, there was consistent lack of proficient, competent and experienced medical leadership.'

ESU REPORT, 2010: P.4.

'Lack of diligence to meet QH standards...failure to monitor, observe or report on probationary periods.'

ESU REPORT, 2010: P.38, POINTS 7, 8.

'Lack of definition in the function and role [...of the Medical Administrator within Queensland Health...] creates a risk that gaps will occur in governance frameworks and critical activities will not be carried out because it is not possible to clearly allocate accountability.'

MERCER MEDICAL ADMINISTRATOR ROLE REVIEW MAY 2009,
P.3, POINT 6 (PART C) ATTACHMENT 18.

'...day-to-day effort and time getting lost in dealing with the immediate issues of staff availability for the next shift.'

ACHS SURVEY REPORT - CENTRAL QUEENSLAND HEALTH SERVICE DISTRICT, 2010: P.27.

'It may be that there is a general perception amongst doctors within Queensland Health that there are no organisational consequences for non-conforming and/or non-performing attitudes and behaviours. Evidence was proffered during consultation that some medical staff are comfortable in challenging corporate authority and that there may be reluctance on the part of the organisation to confront such behaviours because of the power that doctors hold over the delivery of medical services.'

MERCER MEDICAL ADMINISTRATOR ROLE REVIEW MAY 2009,
P52, PARA 1 (PART C) ATTACHMENT 18.

In our view, these systemic issues are contributing factors to the failures to appropriately implement and comply with key safety and quality policies and standards, such as credentialing, as described in the ESU report. While the monitoring and reporting of all breaches has improved, system failures and human errors continue and in one recent case example, reflect an extended period of failure of three years, which in our opinion is unacceptable (17: pp31-39).

We therefore strongly support the system-wide recommendation made in the ESU report that Queensland Health fund the development and implementation of a state-wide medical officer management system with automated functionality to cross-reference mandatory data sets (such as employment details, registration conditions, supervision, credentials and scope of practice) to provide triggers to activate processes and alert upon identification of any errors and anomalies. We note this recommended action has been progressed since 2010 but has not yet been fully implemented.

Aligning a doctor's scope of clinical practice with the hospital's clinical service capability is essential to ensure safe care. Queensland Health's *Clinical Services Capability Framework* states that the 'capability level of a service is one of a number of factors that together assist in delineating the extent of an individual registered medical practitioner's practise within a particular service.'

The Queensland Health credentialing implementation standard explicitly states that doctors must at all times provide services consistent with the capability (described in the *Clinical Services Capability Framework*) of the facility in which they are practising.

We continue to hold some concern that while district processes for granting scope of clinical practice meet these requirements, they may not adequately ensure that doctors are assisted to clearly understand the specific clinical services capability for each of the hospitals at which they practise, nor that other staff at those hospitals understand what doctors can safely practise at their hospital. The Queensland Health implementation standard requires district CEOs to ensure doctors receive a copy of the framework for hospitals in their district and be informed of the capability of the services relevant to the doctor's practise. The implementation standard further requires this discussion to be documented and a copy kept on the doctor's personnel file. (14: p.7)

Our December 2010 submission to Queensland Health on its draft revised policy specifically recommended Queensland Health clarify that a practitioner's approved scope of clinical practice must be consistent with their registration status as well as the clinical service capability of each hospital at which they practise.

'The CSCF [Clinical Services Capability Framework] does not appear to be well understood by staff when questioned about the 'capability' of a facility or service. On discussion, a limited number of staff was able to articulate the relevance of the link between the CSCF and their approved credentials and scope of clinical practice.'

ESU REPORT, 2010: P.6.

Queensland Health should continue to impress upon its leaders and staff the fundamental importance of ensuring that, at all times, only registered, appropriately credentialed doctors are undertaking work that is consistent with their defined scope of clinical practice and whose ongoing clinical performance is formally supervised and managed. Further, it needs to be emphasised that when breaches occur, they must be identified quickly and corrective action taken as soon as possible.

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We view breaches as representing a risk to a fundamental platform of healthcare safety and quality - that being, ensuring the right person, with the right skills, is doing the right task, with the right support, in the right place. Compliance with this crucial area of clinical governance policy is an essential element in ensuring the safety and quality of services provided.

We recommend Queensland Health reviews a Credentialing Officers Networking Group decision that doctors returning an acknowledgement of their granted scope of clinical practice for the hospital in which they work (as a check of compliance with policy) has no real value to safety and quality and would be an unnecessary administrative burden.

'No value with regards to real safety and quality. Administrative burden. Agreed by all.'

QUEENSLAND HEALTH RESPONSE TO ADVERSE COMMENT SUBMISSION,
NOVEMBER 2011: p.50.

Along with a demonstrated commitment to reducing breaches, we believe ongoing monitoring where and when system failures and human errors occur, is crucial so that only registered, appropriately credentialed doctors are undertaking work that is consistent with their defined scope of clinical practice in Queensland Health hospitals.

We view regular internal audit as an effective mechanism for monitoring, measuring and improving compliance with critical areas of policy such as credentialing. In our submission on Queensland Health's draft credentialing and defining the scope of clinical practice policy, we recommended the policy require health service districts to conduct regular internal audits of credentialing and scope of clinical practice processes and outcomes.

Queensland Health has instituted an Assurance and Risk Advisory Service audit of credentialing. This audit has been undertaken for the past three years (2009-11). Audit reports are prepared by the Audit and Operational Review unit of Queensland Health and the audits themselves are undertaken by independent external audit teams. The objective of these audits is to assess compliance with departmental guidelines for credentialing and defining the scope of clinical practice for doctors in Queensland. General statements from these audits show marked improvement across all districts over the three-year period.

'overall, current practices have improved since the previous audit of 2010...'

QUEENSLAND HEALTH RESPONSE TO ADVERSE COMMENT SUBMISSION,
NOVEMBER 2011: p.6.

We recommend Queensland Health continue to conduct regular operational audits of the credentialing and defining the scope of clinical practice process, supplemented by external agency reviews to verify that all hospitals comply with the policy framework. There should be a particular focus on clinical governance, credentialing, defining the scope of clinical practice, complaints management and performance management policies.

The audits did identify that improvement was required in some areas - predominantly administrative processes. Examples included the timely approval of scope of clinical practice to ensure a doctor is notified of their scope of clinical practice before starting work, or in the case of renewal, prior to expiry of their previous scope of clinical practice. Another area for improvement related to disseminating notification of all practitioners' approved scope of clinical practice to relevant staff of clinical areas (19: p.6).

Our analysis suggests Queensland Health's policy implementation has been more successful when it has incorporated appropriate resourcing to ensure policy is implemented consistently and sustainably in all hospitals across the state. Support requirements include:

- all hospitals ensure education and training for all relevant staff about the importance of following structured policies (such as clinical governance and credentialing) to maintain the integrity of their risk management strategies
- individual roles and responsibilities are clearly articulated and understood
- all staff understand the consequences of failing to comply with policies
- implementation standards and communication plans include resources to roll out the policy at local levels, as well as to monitor and audit policy compliance, and implement improvement action
- strong compliance monitoring and reporting of system failures, including requirement for system improvement as a result of failures.

We recommend that Queensland Health take action to address and improve results of the Assurance and Risk Advisory Service operational auditing of credentialing and scope of clinical practice processes and specifically, take action to address the areas for improvement identified. Further, that Queensland Health provide the Health Quality and Complaints Commission with subsequent audit reports so we can independently monitor improvement.

Leadership and management of clinician performance

Some of the primary reasons for failures (or successes) in the implementation of continuous quality improvement systems have been identified as leadership, management commitment and involvement, established need and long-term strategic view (20). A recurring theme in the investigations and reviews that we analysed in producing this report has been inadequate leadership and accountability for employment, credentialing and ongoing management of doctors.

The commitment to maintaining clinical services despite staff awareness of the 'dire supervision situation' in the district, as outlined in the ESU report, describes a case where failure was not, at the time, addressed by any medical leader (2: p.21) or indeed administrative management process. This accepting culture gives the impression there was a sense of 'local helplessness', as reported in Australian Council on Healthcare Standards (ACHS) organisation-wide survey for the ACHS Evaluation and Quality Improvement Program Central Highlands Hub, (15: p.27).

'Staff of the District indicate an awareness of the dire supervision situation...there is a failure by any medical leader to intervene and address the situation.'

ESU REPORT, 2010: P.21

'The lack of data collection/interpretation would seem to be a gap in service planning...there is an impression of a degree of "local helplessness"'

CENTRAL QUEENSLAND ACHS EQUiP SURVEY, 2010, P.27

Issues with credentialing and defining the scope of clinical practice of doctors, and indeed registration, continue to be documented in cases across the state up to September 2011, despite the landmark reviews of Forster and Davies in 2005, and investigations and reports prepared since then. It appears these issues have been further complicated by changes in management and/or inconsistency in the management approach to credentialing and subsequent performance management of doctors. In the past, this has certainly been the case in the Central Queensland Health Service District and in the Wide Bay region (9: pp. 1-17).

A review of the Medical Administrator role conducted by Mercer in 2009 also highlighted 'that Queensland Health has not strongly enforced performance review in the past and that a culture which values individual performance as a driver of quality service delivery has not developed, leaving performance issues to go unchecked' (18: p.7).

'Frequent changes in senior management with possible poor handover communication.'

ESU REPORT, 2010: P39, POINT 11.

'Lack of systematic approach to assessment of a new medical officer's actual clinical capacity.'

ESU REPORT, 2010: P. 40, POINT 6.

We believe the management of clinician performance is another essential process to ensure the safety and quality of care being provided. It is important that clinician performance management incorporate audit of clinical outcomes both at a hospital and individual doctor level. It is our view that resources should be allocated to support audit of clinical outcomes.

As we have noted, there have been past issues with inadequate leadership and accountability for both the initial employment and subsequent credentialing and defining the scope of clinical practice, as well as the ongoing management of doctors within some Queensland Health hospitals, with documented breaches in registration and credentialing reported up to September 2011 (17: pp. 31-39).

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Recurring issues in the management of clinician performance include:

- a lack of clarity, understanding and ownership of roles (specifically in relation to supervision and performance management of doctors) and associated responsibility and accountability
- a lack of appropriately skilled and/or experienced medical supervisors
- failure to manage interpersonal conflicts.

'One of the areas repeatedly highlighted during consultation as being the most challenging aspect of the role was performance management of medical staff, primarily because of the cultural issues highlighted above. However, performance review is one of the core management accountabilities for medical administrators who are expected to engage in regular review and improvement of medical services. Medical staff are one of the key components of delivering safe, quality medical services.'

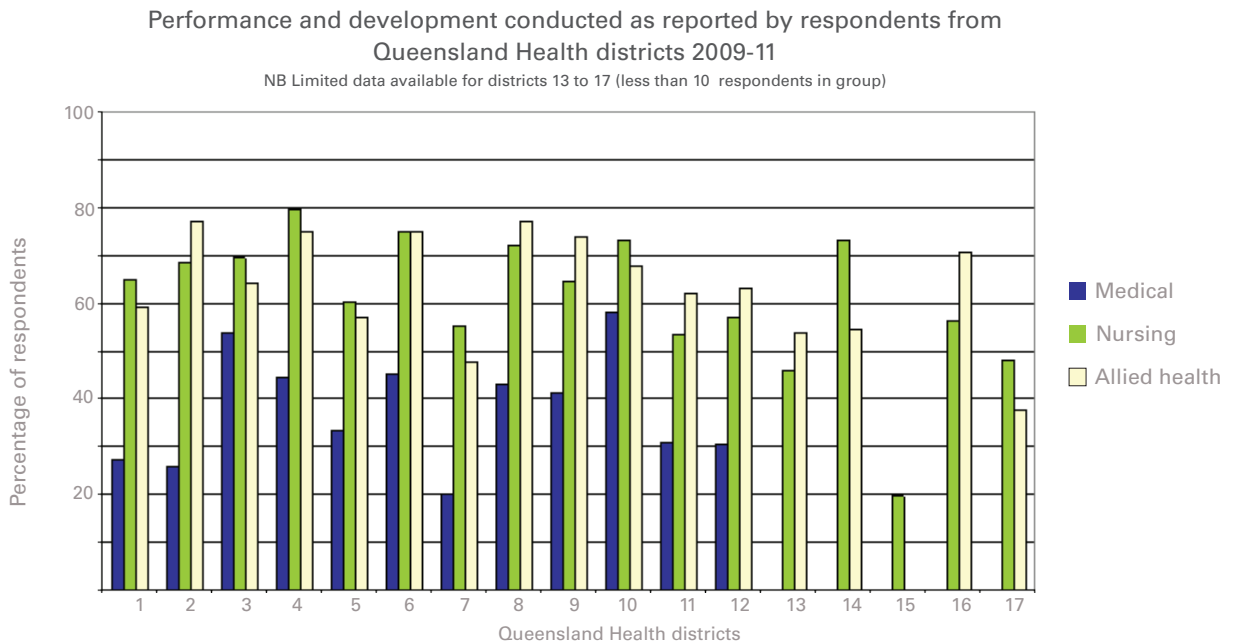
MERCER MEDICAL ADMINISTRATOR ROLE REVIEW MAY 2009, p7.

Substantial work has been done by Queensland Health to manage identified doctor performance issues, including the recent publication of a handbook for managers on *Managing medical practitioner performance concerns* by Queensland Health's Patient Safety and Quality Improvement Service. A system and clear accountability for monitoring and reporting failures is now in place and should be continued. However, following Mercer's 2009 external review on the Medical Administrator's role, recent data for 12 out of the 17 districts shows that effective performance management systems for doctors are only in place for between 20% and 58% of doctors, with a median rate of approximately 33% across the state (see Graph 1 below). This result is at odds with the level of performance management in place for other health professional groups and is an area for further improvement.

'Mercer's understanding of the failure to put in place comprehensive and function performance appraisal systems is that there is, in part, a cultural barrier to fulfilling this aspect of the role and, in part, a failure on behalf of medical administrators to recognise and accept that this particular accountability forms a critical component of their leadership and management role.'

MERCER MEDICAL ADMINISTRATOR ROLE REVIEW MAY 2009, p52.

Graph 1: Rate of performance and development plans by staff group and district, 2009-11



SOURCE: QUEENSLAND HEALTH, CENTRE FOR HEALTHCARE IMPROVEMENT, DECEMBER 2011

Graph 1 notes: Data provided by Queensland Health's Healthcare Culture and Leadership Service. Response rates vary between districts and are representative of respondents to the survey. The data was extracted from the April 2010, October 2010 and August 2011 survey rounds.

We view performance appraisal and development as essential to assure the safety and quality of healthcare provided by doctors.

'It is Mercer's belief that recognition and acceptance of the need for cultural change underpins all the other recommendations contained in this report.'

MERCER MEDICAL ADMINISTRATOR ROLE REVIEW MAY 2009, p49.

This leads to our next area of concern—organisational culture.

Organisational culture

Organisational culture has been identified as inhibiting the successful implementation of policy. Radcliffe and Heath (21: p. 411) suggest that 'the nature of organisational culture and the challenge it presents for change strategies are central to the literature of policy implementation and governance.'

Within Queensland, the Forster Review (8: pp. 56-64) and Davies Inquiry reports (9: pp. 419-422) discussed the role of organisational culture in developing and ensuring a safe and quality service is delivered to patients of Queensland's public hospitals. Forster and Davies identified a problematic culture in the organisation, which had resulted in concerning standards of care that put patient safety at risk. The Davies report (9: pp. 473-519) described how this concerning culture pervaded from the highest levels of the department and government at the time, as well as at the operational level at Bundaberg Base Hospital during Dr Patel's tenure.

As part of this culture, inadequate information exchange and knowledge sharing among the various players within and outside Queensland Health (for example, between management and committees within Queensland Health and other external agencies such as the Medical Board of Queensland, Royal Colleges and recruitment agencies) led to important employment, credentialing and management decisions being made without accurate, complete information.

This situation was reported at Emerald Hospital in the ESU report (2: pp.24-29, 34, 39). In some unfortunate but preventable instances, these uninformed decisions led to bad outcomes. For example, a doctor worked outside their scope of clinical practice and in contradiction with their registration conditions, as documented in the ESU report (2: pp. 28-29) and Queensland Health's Addendum Response (17: pp. 31-37).

This consequence can only reduce the standard of care and put patient safety at what we view as an unacceptable level of risk.

Increasing the focus on monitoring, validation and evaluation activities requires an organisational culture that strongly values such activities and sees them as a priority and integral part of delivering safe, high quality healthcare. Such a safety and quality culture would engender comprehensive, robust and consistently applied systems for auditing outcomes, monitoring, identifying issues, implementing improvement action, and ensuring compliance with policies, and for holding leaders and individual doctors to account when non-compliance or poor performance is evidenced (2: pp.38-42).

The culture within Queensland Health has improved, as demonstrated by the ongoing control measures for monitoring and reporting breaches in credentialing and registration of doctors. While 100% compliance with the Queensland Health credentialing policy and implementation standard has been made a key performance measure for all Queensland Health district chief executive officers, breaches have been documented up to September 2011.

It is our view therefore that further consolidation of cultural improvement over the coming years, and in particular during the crucial transition to the Local Health and Hospital Networks, will be fundamental to reducing system failures, human error and resulting breaches and therefore ensuring all public hospital doctors are appropriately registered and credentialed with a scope of clinical practice defined for all of the hospitals at which they practise. We believe there is an ongoing level of risk in the district level process for defining scope of clinical practice, given this transition.

The ESU report on Emerald Hospital highlighted the state of monitoring, validation and evaluation within that area of Central Queensland Health Service District (2, pp. 38-42) and the August 2010 ACHS survey for Central Queensland Health District (15: pp.5-6 and 38) found no evidence of monitoring of ACHS clinical indicators (15: p.6) and identified 'difficulty in ongoing performance management/monitoring of medical staff' (15; p.38).

'Management not completing pre-commencement checks on registration currency and conditions...District and District Committees proceeding with incomplete credentials and scope of clinical practice applications.'

REVIEW OF EMERALD HOSPITAL, ESU REPORT, 2010: P.38.

While these recurring issues continue to pervade the credentialing of doctors by Queensland Health, particularly in regional areas, it is important to recognise that workforce pressures and community expectations (such as the expectation that specialist services can be maintained to high standards across the whole state regardless of location or remoteness) will continue to be a factor.

In the case at Emerald Hospital (2), it seems apparent that a greater focus was placed on securing doctors in positions, rather than on making certain 100% of those doctors were credentialed with a defined scope of clinical practice to provide safe services and were appropriately supported to do so.

As noted previously in this report, credentialing, and in particular registration, breaches have been reported across the state up to September 2011.

To consolidate the work Queensland Health has done to address the historic cultural issues of concealment (9: pp.473-519) and to demonstrate open and transparent public accountability, we require Queensland Health (or its successor agency) to report to us the results of its compliance audits for credentialing and scope of clinical practice and medical performance review annually for the next two years, along with the quarterly notification of registration, and credentialing and defining the scope of clinical practice breaches across the state.

Further, regional districts of Queensland Health, and the new Local Health and Hospital Networks that will replace them along with the state-wide clinical services agency from 1 July 2012, will need to be supported to continue fostering and implementing processes for monitoring their data and performance. They will likely also need support to validate and evaluate their strategies and the subsequent improvement made, as they may not have local access to the required skill sets uniformly across the state.

The Director-General, as system manager in the new healthcare structure from July 2012, should give priority to enforcing this important policy area and to ensure action is taken to address breaches, holding the health service districts and subsequently Local Health and Hospital Network boards accountable.

We recommend Queensland Health continue to foster a more open and transparent communications culture by working with the Health Quality and Complaints Commission to publicly report progress on implementation of the recommendations in this special report and the performance of the Local Health and Hospital Networks against the target of 100% compliance with credentialing and defining the scope of clinical practice of doctors.

Summary of progress made by Queensland Health to improve credentialing and address related concerns

Queensland Health has undertaken a comprehensive review of its credentialing and defining the scope of clinical practice policy and implementation standard, resulting in an updated policy being endorsed in April 2011 and taking effect from 1 July 2011. We support the amended policy, which addresses some of the weaknesses of previous policies and enforces important improvements, such as health service districts publishing to district staff information about doctor credentials and scope of clinical practice.

A number of the historic issues related to the tracking of registered health professional performance concerns, such as those highlighted in our Mackay Base Hospital investigation (10: pp.21 and 82), have now been addressed through the establishment of the Australian Health Practitioner Regulation Agency (AHPRA).

Queensland Health's ESU report (2) found that the overt culture of concealment and overly focused fiscal management identified by the Forster Review and Davies Inquiry in 2005 has been significantly improved by subsequent Queensland Health leadership. There have been improvements in the reporting and safety cultures within Queensland Health, both corporately and at district level, as evidenced by activities of the Patient Safety and Quality Improvement Service (for example, their annual release of a *Patient safety: From learning to action* report on clinical incidents and sentinel events in the Queensland public health system) and quarterly reporting of registration, and credentialing and scope of clinical practice breaches to the Director-General, Patient Safety and Quality Executive Committee and Minister for Health. This increased transparency has also been noted in operational and accreditation audit reports of more recent times. (15-17).

Queensland Health provided a detailed Addendum Response (17, 19) to this report. The response highlighted the system-wide progress Queensland Health has made to improve credentialing throughout the state. Special mention was made of the work undertaken to develop, consult and implement the 2011 credentialing policy and implementation standards. It was reported that the 2011 policy underwent a rigorous communication, consultation, feedback and implementation process involving more than 100 senior internal stakeholders and more than 30 external stakeholders, including the Health Quality and Complaints Commission, 18 Learned Colleges, Australian Medical Council, Australian Medical Association, AHPRA and many others. During the process, multiple strategies were employed to support Queensland Health staff in health service districts and facilities to implement the 2011 credentialing policy and standard.

The response (17, 19) also provided details about Queensland Health's action and progress in addressing the 40 recommendations arising from the ESU report. (2)

Queensland Health provided information from its Assurance and Risk Advisory Services (ARAS) credentialing audit processes for the preceding three-year period (2009-2011). The audits were undertaken by an independent audit team from PricewaterhouseCoopers on behalf of the Audit and Operational Review Unit. Overall, the audit reports demonstrated improvement from past results, such as in meeting documentation requirements. They also found that Queensland Health's controls were adequate, noting some gaps in periods of granting scope of clinical practice in past years, with the majority occurring prior to the then current 2009 policy. The most recent 2011 audit report found:

'Overall, current practices have improved since the previous audit of 2010 particularly in the areas of –

- Time taken from scope of clinical practice (SOCP) being recommended by the Committee to medical officer being notified of approval of SOCP; and*
- Level of compliance with requirements of the application form to ensure all documentation including CV, professional referee reports, evidence of continuing education, etc are available for Committee consideration.*

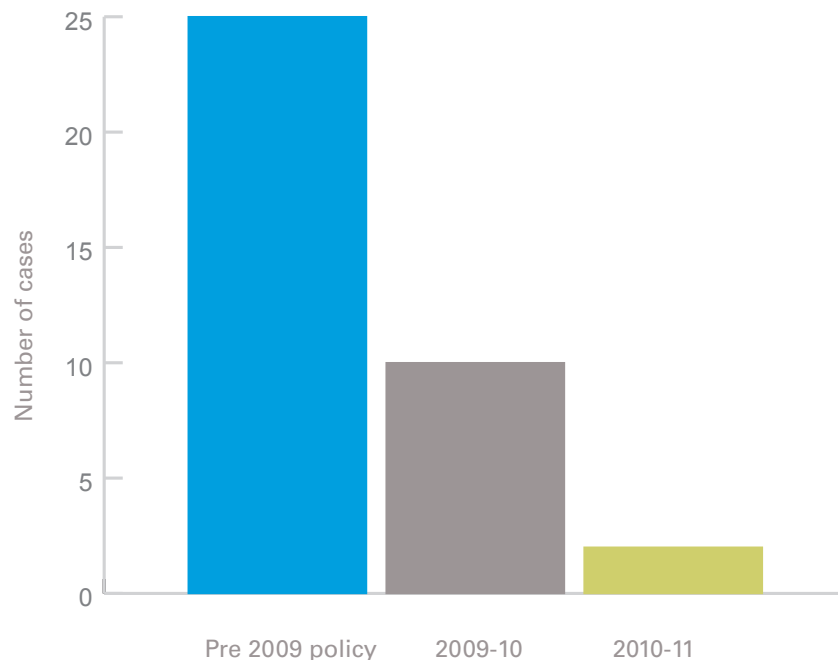
However, there is improvement required in some areas predominately administrative processes. Specifically -

- timely approval to ensure the medical practitioner is notified of his/her SOCP prior to commencement of duty or in the case of renewal prior to expiry of previous privileges;*
- dissemination of approved SOCP for all practitioners to relevant staff of clinical areas;*
- integrity of data included in Registers; and*
- annual review of Committee Terms of Reference to ensure completeness in accordance with the 2009 Policy.'*

QUEENSLAND HEALTH ADDENDUM RESPONSE, PAGE 6. (17)

Graph 2 shows those proven or possible gaps in continuous scope of clinical practice over the past three years for approximately a third of Queensland Health's hospitals.

Graph 2: Identified gaps in continuous scope of clinical practice 2009-11



Queensland Health has highlighted the importance it places on identifying and reporting any system failures resulting in instances of unregistered or non-credentialed health professionals working in public hospitals. This includes requirements for briefing the Director-General, Ministerial Charter of Goals reporting between July 2010 and June 2011, and ongoing quarterly self-reported district compliance data reviewed by the Patient Safety and Quality Executive Committee.

The Queensland Health Governance Assurance unit has provided further guidance to district chief executive officers and deputy director generals on processes to reduce credentialing and defining the scope of clinical practice failures. It has also established a Credentialing Officers Network Group to discuss developments and to raise and resolve issues related to credentialing and defining the scope of clinical practice for doctors and dentists at Queensland Health.

Queensland Health's Addendum Response also provided detailed information about the management of clinician performance in Queensland Health.

The Clinician Performance Team within the Patient Safety and Quality Improvement Service of Queensland Health has been in place for three years and provides a range of services from preliminary advice through to full case management of doctors with performance issues. It operates the Clinician Performance Support Service, established in September 2008, which is a structured performance assessment and remediation process designed to provide an avenue for clinician education and retraining where inadequacies are identified, while at all times ensuring patient safety.

It provides a Local Performance Review process to enhance performance assessment and support for the management of suboptimal clinical performance of Queensland Health doctors who are ineligible for a Clinician Performance Support Service assessment. This service supports districts to manage cases locally and offers an advisory service to assist medical managers and districts to deal with concerns about clinical performance and support early intervention to address problems before they evolve into major concerns. The service has had 145 contacts since its establishment. The majority of cases are managed with advice to assist local line managers, with a minority of cases proceeding to full performance assessment through the Clinician Performance Support Service.

The performance assessment service has been offered to nine doctors and progressed in five of those cases. No practitioner declined an offer of this service in the past 18 months.

When the Clinician Performance Team became aware of a gap in practical resources for medical managers that brought together the complex mix of legislation, policy and good practice involved in managing medical staff performance concerns, it developed a practical guide and handbook—*Managing medical practitioner performance concerns: a handbook for managers*—to support medical managers in the challenging responsibility of managing concerns about an individual clinician's performance.

Queensland Health's response provided further information about the programs put in place to promote a positive and productive organisational culture. The response recognises that leaders at all levels in the organisation have a major influence on workplace culture, which in turn affects how individuals and teams perform, which directly affects patient outcomes.

The Centre for Healthcare Improvement's Healthcare Culture and Leadership Service aims to find out what Queensland Health staff think and feel about their workplaces, identifies what needs to change and develops leaders within the department with the capability to make necessary changes. A significant number of staff (8461) participated in culture surveys across Queensland Health in 2010-11. The surveys resulted in 49 culture improvement plans. Cumulatively, 60,900 staff have participated in surveys from 2007-08 to 2010-11. Overall, the number of survey measures that achieved a commendable score in this survey has increased from 35% in 2007 to 50% in 2010.

Conclusion

Our ongoing monitoring of the safety and quality of healthcare and our management and review of healthcare complaints suggests that there continue to be issues with ensuring all eligible doctors working for Queensland Health are appropriately registered and credentialed with a defined scope of clinical practice for all of the hospitals in which they practise at all times.

Our review for this special report found that breaches have continued in the credentialing of doctors and associated processes for employing and managing their performance, particularly in regional health service districts. This view is supported by other information sources, such as the Ministerial Charter of Goals quarterly reporting of breaches in registration, credentialing and defining scope of clinical practice.

We examined previous investigation reports and independent reviews to assess whether credentialing and scope of clinical practice processes had improved over time and are effective. We are of the opinion that while significant improvement has been made over the past five years, given the level of risk and fundamental importance of these processes, existing efforts should be sustained throughout the transition to the new structures for Queensland Health's hospitals and further room for improvement remains. It is important that breaches be reported, and failures continue to be tightly monitored, controlled and reduced to ensure that all eligible doctors working for Queensland Health are appropriately registered and credentialed with a defined scope of clinical practice at all times.

As part of our scrutiny of credentialing and related processes, we have looked at some aspects of wider clinical governance such as management of doctor performance. Where appropriate, our recommendations highlight improvements we believe need to be made more widely across Queensland Health.

In our opinion, the recurring issues identified (related to policy implementation and compliance, management of clinician performance and organisational culture) act as impediments to ensuring that the solutions and improvements made by Queensland Health to their policy and compliance framework are implemented sustainably and consistently throughout the state.

It is in the public interest to report the progress Queensland Health has made to address these concerns because of the potential risk to the safety and quality of health services provided by our public hospitals.

We believe efforts to address the causes of these recurring system issues need to be sustained by Queensland Health and organisations that succeed in July 2012, to further deliver sustained improvement in the health system. Over the next two to five years, there will be major changes to Queensland Health's organisational structure, governance, reporting and regulatory arrangements arising from the introduction of the *Local Health and Hospital Network Act 2011* and subsequent reforms.

It is essential Queensland Health sustains efforts to ensure regional health service districts receive sufficient support from corporate areas to improve credentialing and related processes, particularly during the transition of responsibilities from health service districts to Local Health and Hospital Network boards. Work must continue to openly monitor, report and reduce breaches given the health reforms and the ongoing public interest in greater scrutiny of doctor registration, employment checks and credentialing matters.

It is important therefore, that Queensland Health's service leaders manage this change effectively and continue to ensure systematic implementation practices, supported by a strong safety and quality culture, by developing improvement action plans, communicating the plans to staff, monitoring and evaluating the outcome of their implementation work, and rectifying any issues identified. We will continue to monitor and report on Queensland Health's progress in the public interest.

We recognise there are significant challenges and we have made formal recommendations for improvement in this special report. It is Queensland Health's responsibility to take action to achieve these improvements. Overarching responsibility for managing the performance of all health service districts, and into the future Local Health and Hospital Networks, rests with the Director-General, Queensland Health as the future system manager.

We require regular progress reports from Queensland Health on the implementation of our recommendations. We will conduct follow-up site visits to health service districts and the future Local Health and Hospital Networks to assess progress against the areas of concern raised in this report.

Action required of Queensland Health

Queensland Health to work with the Health Quality and Complaints Commission to agree an action plan for implementing the following recommendations. The action plan must be agreed within six weeks of the date this report is tabled in Parliament.

Recommendations

RECOMMENDATION 1

Queensland Health to facilitate the Health Quality and Complaints Commission to assess and independently verify, through periodic select site inspections of public hospitals, the progress being made towards the target that 100% of all eligible medical practitioners (doctors) are credentialed and have an approved and understood scope of clinical practice relevant to the capability of each hospital in which they practise.

Expected outcome: Our audits identify 100% of eligible doctors in Queensland Health hospitals are credentialed with an approved scope of clinical practice and sampled doctors clearly understand and are working within their approved scope of clinical practice for each of the hospitals in which they practise.

Implementation timeframe: Ongoing for the duration of the monitoring period

Progress reports: Not required - to be assessed by HQCC audits

RECOMMENDATION 2

Queensland Health districts (Local Health and Hospital Networks) to implement a process for doctors to return an acknowledgement of their approved scope of clinical practice for the district(s)/network(s) in which they work.

Expected outcome: 100% of district(s)/network(s) have a process in place to require doctors to return an acknowledgement of their approved scope of clinical practice for the district(s)/network(s) in which they practise.

Implementation timeframe: Six months

Progress reports: Three and six months

RECOMMENDATION 3

Queensland Health and its successor agency (Health and Hospitals Queensland) to continue to monitor system failures, human errors and breaches of registration, credentialing and scope of clinical practice through a formal reporting system that requires public hospitals to identify breaches, causal factors and corrective action taken to prevent recurrence.

Expected outcome: Queensland Health and its successor agency (Health and Hospitals Queensland) to continue to monitor reported system failures, human errors and breaches regarding registration, credentialing and scope of clinical practice. All public hospitals continue to identify and report breaches and corrective action taken to the Director-General of Health ('System manager'). An explicit agreement is in place for this to continue under the new health structure after 1 July 2012.

Implementation timeframe: Six months to establish agreement, then ongoing

Progress reports: Six, 12 and 24 months

RECOMMENDATION 4

Queensland Health and its successor agency (Health and Hospitals Queensland) to continue to conduct regular audits of the credentialing and defining the scope of clinical practice processes, supplemented by external agency reviews, to verify that all hospitals comply with its policy framework. In addition there should be an increasing focus on processes for implementing performance management and clinical outcomes monitoring.

Expected outcome: Queensland Health and its successor agency (Health and Hospitals Queensland) maintain a planned audit program of the credentialing and defining the scope of clinical practice processes in Queensland's public hospitals.

Implementation timeframe: Six months to develop a forward program of audits, then ongoing for implementation of audit program

Progress reports: Six, 12 and 24 months

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A special report on credentialing and defining the scope of clinical practice for doctors employed by Queensland Health

RECOMMENDATION 5

Queensland Health and its successor agency (Health and Hospitals Queensland) to address identified areas for improvement in the Assurance and Risk Advisory Service audits of credentialing.

Expected outcome: All areas identified as requiring improvement in the Assurance and Risk Advisory Service audits of credentialing are addressed in a timely manner.

Implementation timeframe: Ongoing

Progress reports: Six, 12 and 24 months

RECOMMENDATION 6

Queensland Health and its successor agency (Health and Hospitals Queensland) to report to us the results of credentialing and performance review audits, along with notification of registration and credentialing breaches across the state.

Expected outcome: Reported audit results demonstrate reduced frequency of registration, credentialing and scope of clinical practice breaches and increased compliance with credentialing and scope of clinical practice, and performance review policy and implementation standards. Results demonstrate a reduction in the number of breaches and the length of time taken to identify them.

Implementation timeframe: Ongoing for the duration of the monitoring period

Progress reports: 12 and 24 months

RECOMMENDATION 7

Queensland Health and its successor agency (Health and Hospitals Queensland) to work with the Health Quality and Complaints Commission to publicly report progress on implementation of the recommendations in this special report and the performance of the Local Health and Hospital Networks against the target that 100% of all eligible medical practitioners (doctors) are credentialed and have an approved and understood scope of clinical practice relevant to the capability of each hospital in which they practise.

Expected outcome: Progress on implementing special report recommendations and performance against the target is reported to us by Queensland Health and its successor agency (Health and Hospitals Queensland) at three, six, 12 and 24 months. HQCC reports progress publicly.

Implementation timeframe: Ongoing for the duration of the monitoring period

Progress reports: Three, six, 12 and 24 months

RECOMMENDATION 8

Queensland Health and its successor agency (Health and Hospital Queensland) to implement the ESU report recommendation to develop and implement a state-wide medical officer management system with automated functionality to cross-reference mandatory data sets and to alert upon identification of errors and anomalies in for example, registration conditions, supervision, credentials and scope of clinical practice.

Expected outcome: The state-wide medical officer management system is fully implemented and incorporates information for all medical officers practising in Queensland's public hospitals.

Implementation timeframe: 12 months

Progress reports: Three, six and 12 months

How we will monitor and report on the outcomes of this report

We will continue to monitor hospital compliance with our healthcare standards for credentialing, complaints management and duty to improve until December 2012. This monitoring ensures independent oversight to drive further improvement in the areas identified in this report. It is particularly important given the transition to Local Health and Hospital Networks and Queensland Health's new role as system manager and regulator of the national safety and quality health service standards. We require Queensland's public hospitals to report through the standards compliance process in September 2012 the results of 2011-12 audits of clinical governance, performance management, credentialing, and complaints management policies.

In addition, we will assist Queensland Health to continue to foster a culture of open and transparent communication by publicly reporting Queensland Health's progress in implementing the agreed action plan arising from this report.

Putting the voice of people using healthcare services at the centre of our approach, we will consider:

- **Action taken by Queensland Health leadership**
Including processes for receiving, considering and acting on information about the safety and quality of care provided to healthcare consumers.
- **Standards of care**
Including evidence of compliance with standards relating to patient safety and clinical governance, such as credentialing, clinical performance management and complaints management.

At a three month progress check, we will undertake an overall assessment of progress. We will publicly report the agreed action plan and any early progress made.

At six months, we will complete a further check on progress as well as a review of any updated credentialing processes and how the local system is implementing sustainable systemic improvement. This review will form part of our ongoing monitoring to assess and report on the safety and quality of health services provided in Queensland and will consider monitoring and analysing issues, trends and patterns in complaints, investigations, reviews, root cause analysis reports and other data routinely available to us.

At 12 and 24 months, we will review, assess and publicly report on the implementation status of recommendations outlined in this report.

Our methodology for assessing implementation progress

Our monitoring and follow up will involve:

- **Reviewing documentation**
Queensland Health's statement on the actions taken to address the recommendations of our report, supported by a range of documents to evidence the progress made.
- **Reviewing information**
Other information sources that assist us to assess progress made against the agreed action plan.
- **Site inspections**
Review team visits to select sites to interview members of staff and representatives of regional health service districts/Local Health and Hospital Networks.

Definitions

Definitions for terms used in this special report are taken from Section 1.2 Definitions of the Australian Council for Safety and Quality in Healthcare Standard for *Credentialing and Defining the Scope of Clinical Practice*, July 2004. The definition of Clinical Services Capability Framework is taken from *The Clinical Services Capability Framework for Public and Licensed Private Health Facilities version 3*, March 2011.

Clinical practice

The professional activity undertaken by doctors for the purposes of investigating patient symptoms and preventing and/or managing illness, together with associated professional activities related to patient care.

Clinical privileges

The authorised extent of an individual medical practitioner's clinical practice within a particular organisation (see defining the scope of clinical practice).

Clinical Services Capability Framework

The minimum requirements for the provision of health services in Queensland public and licensed private health facilities, including minimum service, workforce and support service, legislative and non-legislative requirements and risk considerations to ensure safe and appropriately supported clinical services.

Credentialing and defining the scope of clinical practice

The terms credentialing and defining the scope of clinical practice are used in a variety of ways within the healthcare industry. In this special report, the following definitions have been adopted from the Australian Council for Safety and Quality in Healthcare *Standard for Credentialing and Defining the Scope of Clinical Practice*, July 2004.

Credentialing

The formal process used to verify the qualifications, experience, professional standing and other relevant professional attributes of doctors for the purpose of forming a view about their competence, performance and professional suitability to provide safe, high quality healthcare services within specific organisational environments.

Defining the scope of clinical practice

This process follows on from credentialing and involves delineating the extent of an individual medical practitioner's clinical practice within a particular organisation based on the individual's credentials, competence, performance and professional suitability, and the needs and the capability of the organisation to support the medical practitioner's scope of clinical practice.

The term clinical privileging is also widely used as an alternative to the term defining the scope of clinical practice.

Credentials

The qualifications, professional training, clinical experience, and training and experience in leadership, research, education, communication and teamwork that contribute to a medical practitioner's competence, performance and professional suitability to provide safe, high quality healthcare services. A medical practitioner's history of and current status with respect to professional registration, disciplinary actions, indemnity insurance and criminal record are also regarded as relevant to their credentials.

Medical practitioner (doctor)

A person who is registered to practise medicine in Australia.

Organisational capability

An organisation's ability to provide the facilities and clinical and non-clinical support services necessary for the provision of safe, high quality clinical services, procedures or other interventions.

Performance

The extent to which a medical practitioner provides healthcare services in a manner consistent with known good practice and results in expected patient benefits.

Re-credentialing

The formal process used to re-confirm the qualifications, experience and professional standing (including history of and current status with respect to professional registration, disciplinary actions, indemnity insurance and criminal record) of doctors, for the purpose of forming a view about their ongoing competence, performance and professional suitability to provide safe, high quality healthcare services within specific organisational environments.

Right to practise

The contractual right to provide healthcare services within the constraints and according to the conditions of a medical practitioner's professional registration and terms of appointment to an organisation.

Verification of credentials

Formal validation of the authenticity of the credentials presented to an organisation by a medical practitioner. Where possible, primary source documents should be used for verification.

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Appendix

Queensland Health hospitals by district

Cairns and Hinterland

Atherton Hospital
Babinda Hospital
Cairns Base Hospital
Douglas Shire Multi-Purpose Health Centre
Gordonvale Hospital
Herberton Hospital
Innisfail Hospital
Mareeba Hospital
Tully Hospital

Cape York

Cooktown Hospital
Weipa Hospital

Central Queensland

Baralaba Hospital
Biloela Hospital
Blackwater Hospital
Emerald Hospital
Gladstone Hospital
Mount Morgan Hospital
Moura Hospital
Rockhampton Base Hospital
Springsure Hospital
Taroom Health Service
Theodore Hospital
Woorabinda Hospital
Yeppoon Hospital
Central West
Alpha Hospital
Barcaldine Hospital
Blackall Hospital
Longreach Hospital
Winton Hospital

Children's Health Services

Royal Children's Hospital

Darling Downs

Baillie Henderson Hospital
Cherbourg Hospital
Chinchilla Hospital
Dalby Hospital
Goondiwindi Hospital
Inglewood Health Service
Jandowae Hospital
Kingaroy Hospital
Miles Hospital
Millmerran Hospital
Murgon Hospital
Nanango Hospital
Oakey Hospital
Stanthorpe Hospital
Tara Hospital
Texas Hospital
Toowoomba Hospital
Warwick Hospital
Wondai Hospital

Gold Coast

Gold Coast Hospital

Mackay

Bowen Hospital
Clermont Hospital
Collinsville Hospital
Dysart Hospital
Mackay Base Hospital
Moranbah Hospital
Proserpine Hospital
Sarina Hospital

Metro North

Caboolture Hospital
Kilcoy Hospital
Redcliffe Hospital
Royal Brisbane and Women's Hospital
The Prince Charles Hospital

Metro South

Beaudesert Hospital
Logan Hospital
Princess Alexandra Hospital
Queen Elizabeth II Jubilee Hospital
Redland Hospital
Wynnum Hospital

Mt Isa

Cloncurry Hospital
Doomadgee Hospital
Julia Creek Hospital
Mount Isa Hospital
Normanton Hospital

South West

Augathella Hospital
Charleville Hospital
Cunnamulla Hospital
Dirranbandi Hospital
Injune Hospital
Mitchell Hospital
Mungindi Hospital
Quilpie Hospital
Roma Hospital
St George Hospital
Surat Hospital
Thargomindah Hospital

Sunshine Coast

Caloundra Hospital
Gympie Hospital
Maleny Hospital
Nambour Hospital

Torres Strait-Northern Peninsula

Bamaga Hospital
Thursday Island Hospital

Townsville

Ayr Hospital
Charters Towers Hospital
Charters Towers Rehabilitation Centre
Home Hill Hospital
Hughenden Hospital
Ingham Hospital
Joyce Palmer Health Service
Richmond Hospital
Townsville Hospital

West Moreton

Boonah Hospital
Esk Hospital
Gatton Hospital
Ipswich Hospital
Laidley Hospital
The Park Centre for Mental Health

Wide Bay

Biggenden Hospital
Bundaberg Hospital
Childers Hospital
Eidsvold Hospital
Gayndah Hospital
Gin Gin Hospital
Hervey Bay Hospital
Maryborough Hospital
Monto Hospital
Mundubbera Hospital



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