

**UNIVERSITY MALAYA MEDICAL CENTER (UMMC)
MEDICAL PRACTITIONER CREDENTIALING AND PRIVILEGING
APPLICATION PROCEDURE**

1. OBJECTIVE

To define the policies and procedures used in the appointment, credentialing and re-credentialing and clinical privileging of all Medical Practitioner who provide patient care services at University Malaya Medical Center (UMMC) and other designated clinical facilities.

2. SCOPE

Credentialing and privileging and re-credentialing and privileging procedure is performed for Medical Practitioner (registered physician) who is practicing at UMMC and other designated clinical facilities.

3. INITIAL APPOINTMENT

3.1 Conditions and Requirements for Appointment:

In order for a clinician to be considered for the appointment and clinical privileges at UMMC, the applicant must meet all of the following criteria:

- 3.1.1 Have a full registration with Malaysian Medical Council (MMC)
- 3.1.2 Provide satisfactory evidence of appropriate training and education in the designated specialty
- 3.1.3 The ability to perform the privileges requested. This can be determined by a statement from the individual that is confirmed either by the Head of a training program or Head of Department at a hospital where privileges exist.

3.2 Nature of the Application:

Application for credentialing on the Medical Staff shall be presented online by using "Application for Credentialing and Privileging" system (<http://cp.ummc.edu.my>) with relevant document as evidence of their qualifications to perform the clinical privileges requested.

In applying for medical staff membership, a practitioner shall:

- 3.2.1 Attest that the application is accurate and complete and that the credentialing body will be promptly and fully informed of any changes;
- 3.2.2 Signifies his/her willingness to appear for interviews in regard to the application;
- 3.2.3 Agrees to abide by the terms of the bylaws, rules, regulations, policies and procedure of UMMC if granted membership, and to abide by the terms thereof in all matters relating to consideration of the application without regard to whether or not staff membership and/or privileges are granted.
- 3.2.4 Agrees to abide by the ethical standards of his/her profession and to provide continuous care to his/her patients.
- 3.2.5 Provides supervision and oversight of House-officer and others for whom they have responsibility.

3.3 Release

In connection with the application, applicants agree to release from liability, UMMC, its employees, agents, Trustees, Medical Staff, and their representatives, for their acts performed in good faith and without malice, in connection with evaluating and making recommendations and decisions based upon their application, credentials, and qualifications for staff membership and clinical privileges. In addition, the applicant shall:

- 3.3.1 Authorizes and consents to UMMC representatives' consulting with prior associates or others who may have information bearing on professional or ethical qualifications and competence and consents to their inspecting and copying all records and documents that may be material to evaluation of those qualifications and competence;
- 3.3.2 Release from any liability all authorized individuals and organizations who provide requested information including otherwise privileged or confidential information, to UMMC or its representative concerning his or her competence, professional ethics, character, physical and mental health, quality of care, and other qualifications for appointment and clinical privileges.
- 3.3.3 Authorize and consent to UMMC representatives providing other authorized organizations, including managed care organizations, surveyors, and auditors, information concerning his/her professional competence, ethics, character and other qualifications, only as necessary to complete accreditation, contracting, and/or utilization reviews or as otherwise required by law. Such organizations will be required to hold the information as privileged and confidential and such information may not be further released or utilized in any other manner.

3.4 Initial Application Process:

If the applicant meets the criteria described in the UMMC, Credentialing and Privileging Policy, Application for the post (Borang Permohonan Jawatan) and a credentialing application for membership and/or privileges shall be completed by the applicant.

3.4.1 Content of an Initial Application:

The initial application form shall include requests for:

- i. Information pertaining to professional licensure and full registration by MMC;
- ii. Professional education, training, and experience;
- iii. Experience in relation to ability to perform privileges requested;
- iv. Recommendations from the Referees;
- v. Request for clinical privileges; and
- vi. Curriculum vitae.

3.4.2 Responsibility of the Applicant (New Applicant):

It is the responsibility of the new applicant to return a signed, dated, and fully completed application and request for clinical privileges with the following to the Human Resource Department (HRD) within 2 weeks or by the date close for the application.

- i. A certified copy of basic degree
- ii. A certified copy of post-graduate degree
- iii. A certified copy of gazettement letter or National Specialist Register certificate
- iv. A certified copy of post-graduate/sub-specialty training certificate (if applicable)
- v. A certified copy of full registration certificate
- vi. A certified copy of latest annual practicing certificate
- vii. Curriculum vitae
- viii. A report from two referees

3.4.3 Responsibility of the Applicant (Existing Medical Practitioner):

- i. A certified copy of basic degree
- ii. A certified copy of post-graduate degree
- iii. A certified copy of gazettement letter or National Specialist Register certificate
- iv. A certified copy of latest annual practicing certificate
- v. Medical Protection Society (MPS) Insurance (for UMSC practice)

3.4.4 References:

The application shall include the names of at least two professionals in the health care field, who have personal knowledge of the applicant's current clinical ability and no personal interest as a referee.

The named individuals shall have acquired the requisite knowledge through recent observation of the applicant's professional performance over a reasonable period of time, and at least one must have had organizational responsibility for supervision of his/her performance (e.g., Head of Department, Training Program Director).

3.4.5 Applicant's Responsibility for Producing Information:

3.4.5.1 The applicant shall have the burden of producing adequate information for a proper evaluation of his/her competence, character, ethics, ability to work with other professionals and non-professionals in the hospital, and other qualifications, for resolving any doubts about such qualifications.

3.4.5.2 Failure of the applicant to meet the burden required herein shall constitute voluntary withdrawal of the application, and the application will not be processed. Such withdrawal shall create no rights to a hearing and appeal under the fair hearing act.

3.4.5.3 Falsification, withholding or material omissions of information whenever discovered shall be grounds for disciplinary action including denial of appointment or reappointment to the Medical Staff and/or termination of membership and clinical privileges.

3.4.6 Applicant's Rights Regarding Information:

3.4.6.1 The applicant has the right to review information submitted to support their credentialing.

3.4.6.2 The applicant has the right to correct erroneous information,

3.4.6.3 The applicant has the right, upon request, to be informed of the status of their credentialing application,

3.4.6.4 The applicant is notified of these rights by viewing these Policies and Procedures via website.

3.5 Verification of Information:

3.5.1 Upon receipt of an application, HRD will review the application for completion. If the application is incomplete, the physician will be notified in writing outlining the deficiencies in the submitted application.

3.5.2 Upon completion of an application, HRD will begin the application processing procedure by verifying the information outlines below:

- i. Verification of MMC Registration certificate
- ii. Verification of graduation from medical school;
- iii. Verification of postgraduate professional training;
- iv. Verification of gazettement/National Special Registry certification
- v. Verification and status of past and current hospital affiliations;

- vi. Verification of clinical ability, ethical character, and ability to work with others through referees report.

3.5.3 This information may be obtained either in writing or verbally. If the information is obtained verbally, the person making the verification shall document in the practitioner's form, the date, the person he/she spoke with, the status of affiliation or licensure, issuance and expiration dates where applicable, and the information provided.

3.5.4 When collection and verification is accomplished, the application and all supporting documents shall be transmitted to the Medical Development Unit (MDU) who then forward to the chair of the Credentialing and Privileging Committee (CPC).

3.5.5 Inability to Obtain Information:

3.5.5.1 In the event where further information is required or if clarification of information is needed, the applicant will be notified promptly. Upon such notification it is the applicant's responsibility to obtain the necessary information required.

3.5.5.2 Failure of the applicant to adequately respond to a request for the required information within fifteen (15) days will result in discontinuance of the application process.

3.5.5.3 The applicant shall be notified in writing, by certified mail that the application will be presented for withdrawal at the next regularly scheduled meeting of the CPC. This is an administrative action and shall not constitute an adverse action pursuant to the UMMC Medical Act.

3.6 Credentialing and Privileging Committee Review:

3.6.1 After receiving the application from MDU, the CPC shall review the application, the supporting documentation, reports from the referee, and any other relevant information available to it. The CPC may interview the applicant if necessary.

3.6.2 The Committee shall make its recommendations based on its review of the application and supporting evidence and forward these recommendations to:

3.6.2.1 UMMC Board of Management through HRD for the appointment of a new UMMC staff;

3.6.2.2 UMMC Medical Advisory Committee for the appointment of new UM academic staff for Clinical Specialist/Consultant post at UMMC

- 3.6.3 If the CPC requires further information, it may defer transmitting its report, but for no more than a reasonable time frame after its receipt of the application. The special notice of the deferral and the reasons for, the deferral shall be given to the applicant. If the applicant is to provide the additional information, the special notice shall so state and shall include a request for the specific data/explanation required to process the application.
- 3.6.4 Upon approval of the recommendation by Medical Advisory Committee, the Chairman of Credentialing and Privileging Committee shall inform the applicant in writing of the final decision.

3.7 Human Resource Department Action (UMMC staff only):

- 3.7.1 The HRD, after receipt of the CPC report, shall call for the selection exercise whereby the recommended applicants, will be notified to be present for the interview by the selection panel. The supporting documentation, the reports and recommendations from CPC, will be reviewed together for the final selection.
- 3.7.2 The HRD, a secretariat for the interviewing panel shall prepare a written report of recommendations from the Selection committee and promptly forward its recommendation to UMMC Board of Management (BOM) or "Panel Pembangunan Sumber Manusia" (PSM)/ Human Resource Development Panel at its next regularly scheduled meeting pending whether it is permanent or contract appointment.

3.8 Board of Management Action:

- 3.8.1 The board may approve or reject. Favorable action by the board shall be effective as its final action. If the board's action is adverse to the applicant in any respect, the applicant shall be informed promptly by special notice.
- 3.8.2 Notice of the board's final action shall be given to the Head of each department concerned and to the applicant by special notice from HRD.

3.9 Reapplication:

Any such reapplication shall be processed as an initial application, and the applicant shall submit such additional information as the staff or the board may require in demonstration that the basis for the earlier adverse action no longer exists. Failure to provide such additional information satisfactory to the board and applicable staff authorities shall constitute voluntary withdrawal of the reapplication, and the application shall not be processed.

4 RECREDENTIALING PROCEDURES

4.1 Term of Recredentialing

The validity of the credentialing to the medical staff shall be for a maximum of three years, and the staff shall be recredentialed for a maximum of three years.

4.2 Recredentialing Application, Information Collection and Verification:

4.2.1 From Staff Member - On or before six months prior to the date of expiration of a medical staff member's appointment, the staff member shall furnish, in writing via *Recredentialing Form* to the HRD:

- i. Complete information to update his/her file on the items referred to in Section 3.4.2
- ii. Continuing training and education external to the hospital during the current appointment period;
- iii. Specific requests for the clinical privileges sought on reappointment, with any basis for changes; and
- iv. Requests for changes in staff category for department assignments.

4.2.1.1 Failure, without good cause, to submit the completed *Recredentialing Form* by the date required shall be deemed a voluntary resignation from the staff and shall result in automatic termination of staff membership at the expiration of the current appointment.

4.2.1.2 A member of the staff whose staff membership is terminated for failure to submit a *Recredentialing Form* by the required date shall not be entitled to the procedural rights provided in the fair hearing plan.

4.2.2 Verification

4.2.2.1 Upon receipt of a completed (signed and dated) application from the applicant, the HRD shall verify the additional information on the *Recredentialing Form*, and notify the staff member by special notice of any information inadequacies, verification problems, or a request for evidence of current health status and the date by which such additional information must be supplied or verified.

4.2.2.2 The staff member then shall have the burden of producing adequate information and resolving any doubts about the data, including if requested, submitting reasonable evidence of current health status in accordance with the medical staff bylaws.

4.2.2.3 The staff member shall sign an acknowledgement that the MMC and NSR will be contacted as part of the recredentialing process to obtain information concerning the licensure status and any disciplinary action taken against the staff member's license.

4.2.2.4 When collection and verification is accomplished, the recredentialing application and all supporting materials shall be submitted to the MDU to be put forward for CPC review.

4.2.3 From Internal Sources

HRD shall collect (for each staff member's credentials file) all relevant information regarding the individual's professional and collegial activities and performance and conduct in the hospital. Such information shall include, without limitation:

- i. Any relevant information considered for a member's initial application,
- ii. Demonstrated competence, as well as deficiencies;
- iii. Patterns of care as demonstrated in the findings of quality assurance activities;
- iv. Reports of inappropriate admissions or procedures and length of stay;
- v. Participation in relevant internal teaching and continuing education activities;
- vi. Level/amount of clinical activity (patient care contacts) at the hospital;
- vi. Sanctions imposed or pending and other disciplinary action; claims, lawsuits, settlements
- vii. Judgments involving the member health status;
- viii. Attendance at required medical staff and department meetings;
- ix. Participation as a staff official, committee member/chair
- x. Specialty coverage for the emergency rooms;
- xi. Timely and accurate completion of medical records; and
- xii. Compliance with all applicable bylaws, policies, rules, regulations and procedures of the hospital and staff.

4.2.4 Recommendations concerning recredentialing shall also be based on physical and mental health status as they may pertain to the clinical privileges requested and required medical staff functions.

4.3 Department Action:

The HRD shall give the Head of each department, in which the staff member requests, or has exercised privileges, notice of the processing of the member's recredentialing.

4.3.1 Each department head or his/her designee shall review the staff member's file and forward it to the HRD/CPC, a written report of the recommendations regarding reappointment and clinical privileges.

- 4.3.2 The report shall include the reasons for any recommended changes in the staff member's membership or privilege status. The department head may take into consideration any and all information coming to his/her attention in arriving at a determination.
- 4.3.3 In performing his/her review, a department head may call upon the member for an interview. There shall be no right to the procedural protections under the fair hearing plan regarding the findings and recommendations of the department head.

4.4 Credentialing and Privileging Committee Review:

- 4.4.1 The committee shall review the staff member's file, the department reports and all other relevant information available to it and send a written report with recommendations for, and any special limitations on, recredentialing or non recredentialing and staff category, department assignment, or clinical privileges.
- 4.4.2 The report shall be sent to UMMC Medical Advisory Committee through HRD for re-credentialing of UM academic staff/UMMC staff and re-appointment of UMMC contract staff. The committee may call upon the member for an interview before making its recommendations. There shall be no right to the procedural protections under the fair hearing plan regarding its findings and recommendations of the CPC.

4.5 Final Processing:

The HRD shall perform the reappointment process if relevant and update staff data base.

4.6 Requests for Modification of Membership Status or Privileges

A staff member may, either in connection with reappointment or at any other time, request modification of his/her staff category, or clinical privileges by submitting a written request to the HRD/CPC, provided that the staff member is not in the provisional period when making such a request. Such request for modification shall be processed in substantially the same manner as provided for reappointment.

4.7 Maintenance of Required Documentation

- 4.7.1 All credentials files will be kept in cabinets in secured offices within the HRD.
- 4.7.2 The credentialing file of each providers shall contain the following list of documentations:
 - i. Primary source verification of degrees through official transcripts, licenses and certifications and/or a combination of work, education and training that would justify his/her competencies to meet the qualifications of that position. Refer section 3.5.2.

- ii. Fitness determination from criminal records check
- iii. Documented explanation of any history of loss of license, history of disciplinary action and/or previous sanctions by Medical board.
- iv. Verification of clinical ability, ethical character, and ability to work with others through referees report.

4.8 The flow chart of the application process is described in an Appendix 1.1.

4.9 Confidentiality

Access to credentials files is limited to the following: appropriate staff of HRD, members of the CPC, appropriate staff of MDU, UMMC legal counsel, UMMC Officer of QMS or JCI and other authorized personnel.

CREREDENTIALING & PRIVILEGING
FLOWCHART PROCESS FOR MEDICAL PRACTITIONER

