

UNIVERSITY MALAYA MEDICAL CENTER (UMMC)
CREDENTIALING AND RE-CREDENTIALING OF ALLIED HEALTH STAFF
APPLICATION PROCEDURE

1.0 OBJECTIVE

To define the policies and procedures used in the appointment, credentialing and re-credentialing of all Allied Health Staff who provide patient care services at University Malaya Medical Center (UMMC).

2.0 SCOPE

Credentialing and re-credentialing procedure is performed for Allied Health Staff (AHS) who is practicing at UMMC and other designated clinical facilities. The processes for credentialing and re-credentialing are conducted and documented for at least the following AHS:

- i. Assistant Pharmacists (Penolong Pegawai Farmasi)
- ii. Audiologists (Jurupulih Perubatan (Pendengaran))
- iii. Clinical Psychologists (Pegawai Psikologi Klinikal)
- iv. Counselors (Pegawai Psikologi)
- v. Dieticians (Pegawai Dietetik)
- vi. Medical Assistant (Penolong Pegawai Perubatan)
- vii. Medical Laboratory Technologists (Juruteknologi Makmal Perubatan)
- viii. Medical Physicists (Pegawai Sains (Fizik))
- ix. Medical Social Workers (Pegawai Pembangunan Masyarakat)
- x. Nurses (Jururawat)
- xi. Occupational Therapists (Jurupulih Perubatan (Carakerja))
- xii. Optometrists (Pegawai Optometri)
- xiii. Orthotist (Juruteknik Perubatan (Ortotik))
- xiv. Pharmacists (Pegawai Farmasi)
- xv. Physiotherapists (Jurupulih Perubatan (Anggota))
- xvi. Prosthetics (Juruteknik Perubatan (Prostetik))
- xvii. Radiographers (Juru X-Ray)
- xviii. Radiotherapist (Juru X-Ray (Radioterapi))
- xix. Scientific Officers (Pegawai Sains)
- xx. Speech Therapists (Jurupulih Perubatan (Pertuturan))

3. PROCEDURE

3.1 Initial Credentialing and Re-credentialing Standards and Verification Process

- 3.1.1 The following procedures will be utilized for both the initial credentialing process and re-credentialing process.
- 3.1.2 Six months before the practitioner's third year anniversary date or date specified by the Credentials Committee, a pre-filled re-credentialing application is generated from the Credentials Database and sent to the AHS to review the information for accuracy, completeness, signature, and date.

3.2 Application Process

3.2.1 Conditions and Requirements for Appointment:

In order for the AHS to be considered for the appointment and credentialing at UMMC, the following credentialing requirements apply to all AHS.

- i. Have a full registration with Malaysian Nursing Board (MNB) or other relevant board.
- ii. Provide satisfactory evidence of appropriate training and education in the designated specialty.
- iii. The ability to directly or through on-call to provide coverage 24 hours a day if required.
- iv. The ability to provide routine and urgent care

3.2.2 Nature of the Application:

Application for credentialing on the AHS 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 in providing care to patients. In applying for appointment/credentialing the applicant shall:

- i. Attest that the application is accurate and complete and that the credentialing body will be promptly and fully informed of any changes;
- ii. Signifies his/her willingness to appear for interviews in regard to the application;
- iii. Agrees to abide by the relevant act, rules, regulations, policies and procedure of UMMC and to abide by the terms thereof in all matters relating to consideration of the application.
- iv. Agrees to abide by the ethical standards of his/her profession and to provide continuous care to his/her patients.

- v. Ensure that the application and attestation must be signed and dated within stipulated time for initial appointment and six (6) months for re-credentialing prior to assessment and credentialing decision by the Credentials Committees.

3.2.3 Responsibility of the Applicant:

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

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

3.3 Verification Process

The following process will be utilized for credentialing and re-credentialing verification:

3.3.1 Verification of Information:

Upon receipt of the current completed, signed and dated application, from AHS, HRD will review to ensure that:

- i. The signature and date information are accurate
- ii. All of the requested elements are completed and
- iii. The required documents are present and complete.
- iv. If the application is incomplete, the AHS will be notified in writing outlining the deficiencies in the submitted application

3.3.2 The primary source verification (PSV) process is conducted by HRD for applicable elements in compliance with internal requirements and all accrediting and regulatory standards. The process includes the following:

- i. Verification of relevant Board Registration certificate and Licensure (if applicable)
- ii. Verification of education and training
- viii. Verification of postgraduate training(if applicable)
- iii. Verification and status of past and current hospital affiliations
- iv. Verification of clinical ability, ethical character, and ability to work with others through referees report

- 3.3.3 Verbal, written, and internet data will be used to verify information for credentialing and re-credentialing. 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.
- 3.3.4 All AHS shall have the verification of her/his license renewal done every 3 years with an update of information obtained during the initial credentialing and review of annual evaluations of performance that assures the staff is competent to perform the duties in the job description. (if applicable)
- 3.3.5 If the AHS is on a medical leave of absence, the re-credentialing process must be completed within sixty days of his/her return to work. A monthly alert system will be maintained in the Provider Data Services Information Technology Department to accommodate AHS in these situations.
- 3.3.6 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 & Privileging Committee (CPC) members
- 3.3.7 Inability to obtain information:
- 3.3.7.1 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.
- 3.3.7.2 If the minimum standards as stated in section 3.2.1 and 3.2.3 are not present the following process will take place as indicated for initial and re-credentialing applicants:
- i. **Initial Applicants –**
Processing will be discontinued on any initial application that does not include at least the above stated minimum standards for participation or failure to comply with the credentialing process including submission of an incomplete application. Notification to the AHS of discontinuation of the credentialing process will be made via letter.
 - ii. **Re-credentialing Applicants –**
The practitioner's failure to comply with the re-credentialing process including submission of an incomplete application will be considered as his/her intention to voluntarily withdrawal from the UMMC. The written correspondence related to this withdrawal will be done via certified letter and regular mail.

3.4 Credentialing & Privileging Committee Review:

- 3.4.1 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.
- 3.4.2 The Committee shall make its studied and thoughtful recommendations based on its review of the application and supporting evidence and forward these recommendations to the HRD for the selection process (with exception to staff apply for re-credentialing).
- 3.4.3 All AHS(if applicable) approved by the Credentials Committees for on-going participation will be added to the three (3) year re-credentialing cycle, or at more frequent intervals, as specified by the applicable Credentials Committee.
- 3.4.4 Recommendations concerning re-credentialing shall also be based on physical and mental health status as they are relevant to required staff functions.
- 3.4.5 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.

3.5 Human Resource Department Action

- 3.5.1 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.
- 3.5.2 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.

3.6 Board of Management Action

- 3.6.1 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.

3.6.2 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.

3.7 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.

3.8 Notification Process

3.8.1 Upon request, all AHS have the right to be informed of the status of their credentialing and re-credentialing applications.

3.8.2 All initial applicants are notified via letter of credentialing decision within sixty calendar days of the decision.

3.8.3 All re-credentialed practitioners will be notified via letter by HRD of any adverse final credentialing decision within sixty calendar days of the decision.

3.9 Department Action

The HRD shall give the Head of each department, in which the staff member requests, notice of the processing of the member's reappointment.

3.9.1 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.

3.9.2 The report shall include the reasons for any recommended changes in the staff membership. The department head may take into consideration any and all information coming to his/her attention in arriving at a determination.

3.9.3 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.

3.10 Maintenance of Required Documentation

3.10.1 All credentials files will be kept in cabinets in secured offices within the HRD.

3.10.2 The credentialing file of each provider shall contain the following list of documentations:

- i. The initial credentialing and all subsequent credentialing applications.
- ii. 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.
- iii. Fitness determination from criminal records check.
- iv. Documented explanation of any history of loss of license and history of disciplinary action.
- v. Verification of clinical ability, ethical character, and ability to work with others through referees report.

3.11 The flow chart of the application process is described in an Appendix 2.1.

3.12 Confidentiality

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

CREDENTIALING & PRIVILEGING
FLOWCHART PROCESS FOR ALLIED HEALTH STAFF

