ANZCA/ASA/NZSA
Rural Special Interest Group Meeting

Credentialing of WA Rural Anaesthetists

Pat Coleman
FANZCA, FFPMPANZCA, FRACGP, DRCOG, DFP
WACHS Clinical Lead Consultant Anaesthesia
WACHS non specialist anaesthetists

- Why we have a separate credentialing system?
- How its applied?
- Examples (of how it works)
- Problems
- Questions
Reason #1

Did you follow the JCCA pathway to achieve anaesthesia credentialing in WA

- No: 59% (47)
- Yes: 41% (32)

Do you adhere to the JCCA requirements for CME?

- No: 37% (26)
- Yes: 63% (44)

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Reason#2

CME and QA in the 2 years preceding credentialing

Types of CME and QA counted

- Simulation
- Courses for GPAs
- Clinical anaesthesia workshops
- Any up skilling alongside a consultant
- Not EMST APLS or emergency US course

Proportion of doctors

- 50% 2012/13
- 81% 2015
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Reason #4

New vs established anaesthesia doctors: number of cases per year

Number of Anaesthetic Cases a Year

How many anaesthetics do you do a year?

Count Entries  AVG  Max  Min  Median
79  233  1000  10  200

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Reason # 5

- Clinical incidents and sentinel events
- Reports of near misses
- Concerns from theatre staff
- Inappropriate case mix
Setting up credentialing guidelines steps

### Widespread consultation

- GP anaesthetists
- **Princess Margaret Anaesthetists** Tertiary peads hospital
- Other states and JCCA board
- Medical indemnity insurers
- ASA
- WACHS Legal
- APHRA /Medical Board of Australia
Credentialing

- ~300 credentialing episodes
- ~100 GPA who fill them in every 1-3 years
- 10-15% difficulties
  - Low numbers
  - No or low relevant CME and QA
Guiding Principles of the system

- Don’t be too rigid with the numbers
- Look at overall experience & references
- Encouragement works better than a stick
- Forms must be properly filled out
- Flexible assessing training in anaesthesia
  - 2 months of training vs. 4 years
Credentialing Examples

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Outcomes of credentialing review

- Everything they are asking for
- Review in 1-3 year depending on numbers
- Limit elective cases to specific groups
- Children 20kgs/ age 4
- Up skilling/simulation required
- Talks about continuing in anaesthesia
Outcomes of credentialing

Suspending or narrowing anaesthetic privileges

- Discuss with the GPA first
- Discuss with medical director of region
- Option of up skilling further assessment
Problems with credentialing

- **Conflict of interest**
  Bridgetown Margaret River Collie Derby
  De-credentialing and maintaining services

- **Resistance to credentialing**
  - Older doctor 50+ not used to any scrutiny
  - Didn’t go in to rural medicine for red tape
  - “There didn’t used to be any CME/QA requirements”…

- **Someone has to do it: time and money**
Problems with credentialing

- Low numbers don’t mean low ability
- WBA
- Simulation vs up skilling
- Log books
Problems with up skilling #1

- Case mix
- Doesn’t really assess
- Who reports the outcome to the credentialing authority. Competent: Yes/no/maybe…did they observe or get to do the case?
- Up skilling isn’t really assessment – WBA is assessment.
- Resistance to going to a bigger centre and taking time out of practice
Problems with up skilling #2

- “When I go to xxxx hospital I just sit around watching someone do a bad and very slow job at putting a spinal in that takes ages”

- Teaching hospitals
  - Not ideal unless simulation wet labs CICO

- Up skilling hospitals
  - low ASA, short operation.
  - Bunbury Armadale
  - weight list initiatives “public in private” 8s
Questions

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Non specialist anaesthetists and credentialing

- Medical Insurers  Insure anyone!
- APHRA
- Hospital credentialing committee
- JCCA
  - assessment of candidates
  - No mandatory CME or QA in anaesthesia
  - Up skilling and assessment
  - Number of cases not looked at
Medical Board of Australia. Statements about CME and QA for “good medical practice for doctors”

- Participating in systems of quality assurance and improvement.
- This requires self-reflection and participation in relevant professional development, practice improvement and performance-appraisal processes,
- Participating regularly in activities that maintain and further develop your knowledge, skills and performance.
- Ensuring that your practice meets the standards that would be reasonably expected by the public and your peers.
Credentialing

- Competence and performance questions
- Outcome measurements for anaesthesia KPI
- Investigation of serious adverse outcomes
  - RCA
  - Recognise performance issues and addressing it
- Better to do a one or two day course that is mandatory than years of regret because you had never done a needle crico-thyroidotomy or jetted someone for the first time in a clinical scenario/emergency situation
For maintenance of knowledge and skills do you consider the JCCA CME requirements to be:

1. Too little
   - 11.8%
   - 8

2. About Right
   - 41.2%
   - 28

3. Too Much
   - 4.4%
   - 4

4. No Opinion
   - 42.6%
   - 29
Dr.

attended the

Rural Health West Education Workshop: Toxicological Emergencies

Parmella Hilton, Perth – 2 March 2012

[RACGP – 757239 & ACHRIM – EEACR–12007-RWVT]

Dr.

attended the

Rural Health West Education Workshop: Orthopaedic Emergencies

CTEC, UWA Crawley, Perth – Friday & July 2012

[RACGP – 757252 & ACHRIM – EEACR–13006-RWVT]

Dr.

attended the

REACT course
(Rural Emergency Assessment, Credentialing and Training)

Northam Hospital, 23 & 24 June 2012

[RACGP (Day 1) 757374, Day 2 757235]

Dr.

attended the

Rural Health West Education Workshop:
Emergency Airway Skills and Crisis Simulation Management

Northam Hospital – Wednesday 10 April 2013

[RACGP – 752246 & ACHRIM – EEACR–13007-RWVT]

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Certificate of Assessment

While attending the
REACT course
(Rural Emergency Assessment, Credentialing and Training)
Northam – 23 and 24 JUNE 2012

Attained a satisfactory level of competence in the following essential skills
both paediatric and adults:
- Basic airway management
- Basic life support (including shock and early defibrillation)
- Primary survey of the injured patient
- Application of the advanced life support algorithm

[Signature]

[Name]
REACT Course Coordinator, Rural Health West

Certificate of Attendance

attended the
Rural Health West Education Workshop: Emergency Airway Skills and Crisis Simulation Management
Northam – 27 May 2011

[Signature]

[Name]
Chief Executive Officer, Rural Health West

Certificate of Attendance

attended the
Rural Health West Education Workshop: Cardiovascular Emergencies workshop (CPR assessed)
QEII Medical Centre, Perth – 31 July 2011

[Signature]

[Name]
Chief Executive Officer, Rural Health West

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EXAMPLE ONE

Applicant Details:

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Dr. Peter</td>
</tr>
<tr>
<td>Position held</td>
<td>Anesthetist</td>
</tr>
<tr>
<td>Reference 1</td>
<td>Name:</td>
</tr>
<tr>
<td>Reference 2</td>
<td>Name:</td>
</tr>
</tbody>
</table>

Referee Details:

- Name: [blank]
- Mobile phone: [blank]
- Email address: [blank]

Case Category:

- General Anaesthesia: 834
- Urology: 2
- Intubation: 9
- Sedation only: 116
- Emergency / non elective anaesthesia (all types): 105

Total number of cases: 857