

# **CREDENTIALLING AND PRIVILEGING POLICY**

**QUEEN ELIZABETH II HOSPITAL  
KOTA KINABALU, SABAH**



**DIKEMASKINI : 11 MAC 2019**

# PRIVILEGING POLICY

HOSPITAL QUEEN ELIZABETH II

KOTA KINABALU, SABAH

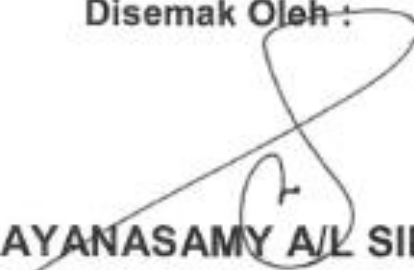
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**DR. HJ RAZAK BIN TAMBI, A.D.K**

**Pengarah Hospital**

**Hospital Queen Elizabeth II**

**Kota Kinabalu, SABAH.**

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## 1.0 PURPOSE

- 1.1 This document is intended to provide guidelines for healthcare providers on the delineation of clinical privileges in Queen Elizabeth Hospital II.
- 1.2 The guidelines include definitions of the various terms and the procedures for the initial granting, periodic review and updating of clinical privileges.
- 1.3 This is also in line with the requirement of accreditation Service Standard 1: **Governance, Leadership and Direction.**

## 2.0 BACKGROUND

- 2.1 Rapid advances in medical technology have resulted in the introduction of new procedures and techniques in medicine. Undue haste in applying and performing these techniques without adequate knowledge and training can result in unacceptable outcomes.
- 2.2 With an increasingly well-informed and knowledgeable public, it is essential that there is a mechanism for hospital to ensure that all healthcare providers are competent in each procedure that they perform. The delineation of clinical privileges has therefore emerged as an important activity of hospital and medical organizations. The process, which is a major part of any credentialing system, has also become a useful element of hospital risk management program.
- 2.3 Even though individual healthcare providers provide services, the hospital is accountable and responsible for all activities, which take place in its premise. It is basic to the discharge of this responsibility that a hospital must satisfy itself as to the competence of those providing patient care services in the hospital.

**2.4** The task of delineating privileges can be complex and demanding. Hospitals need a system for dealing with this process, which must not only be fair, credible and consistent but also be flexible enough to accommodate the constraints within the MOH, especially the shortage of manpower in certain areas. Ideally the process of credentialing will involve defining and delineating the role of every medical personnel in the hospital, that is, specialist, medical officers as well as allied health professionals.

**2.5** In introducing the system, the initial phase will encouraged all the medical officer and specialist and allied health personnel to apply for privileging without the log book with the recommendation from Head of department / unit.

### **3.0 GENERAL PRINCIPLES AND DEFINITIONS**

#### **3.1 CREDENTIALLING**

The granting of authority to an individual to provide specific care services based on his qualifications, training, experience and competency.

Credentialing verifies that a physician, surgeon or medical officers and all allied healthcare meet standards as determined by an organization.

**Involves two prolonged process:**

**3.1.1 Considering and establishing the professional training and experience.**

**3.1.2 Involves obtaining and evaluating evidence of the individual applicants.**

## **3.2 PRIVILEGING**

**Privileging defines a physician's scope of practice and clinical service he & she may provide.**

**Process of delineating clinical privileges of practitioner consistent with his credentials, competence and hospital's needs and resources.**

## **4.0 INTRODUCTION**

### **4.1 HOSPITAL PRIVILEGING COMMITTEE ( HPC )**

A HPC shall be established to delineate privileges of healthcare providers working in the hospital, that are:

#### **4.1.1 Specialists**

#### **4.1.2 Medical Officers**

#### **4.1.3 Nurses / Medical Assistants**

#### **4.1.4 Allied Health Professionals**

### **4.2 FUNCTION**

To determine and ensure that the granting of privileges are in accordance with an individual's qualification, training and competence and appropriate to the available resources.

### **4.3 MEMBERSHIP**

The State Director shall appoint members of the committee who will serve for three years but eligible for reappointment. In the case of a vacancy due to resignation or otherwise, the State Director will appoint another candidate to serve the remainder of the three year term.

The membership of the committee is as follows :

- 4.3.1 Chairman : Hospital Director**
- 4.3.2 Members : 4-6 Senior Specialists**
- 4.3.3 Representative from Nursing / Allied Health Professionals (according to needs).**
- 4.3.4 The State Director will appoint the Head of Department (HOD) of the selected disciplines to be on the committee.**
- 4.3.5 The members shall be appointed by name and cannot be represented by any other person.**
- 4.3.6 The minimum quorum is 5 (five).**
- 4.3.7 The deputy Hospital Director will be the secretary to the committee.**
- 4.3.8 Representative from other disciplines / institutions shall be co-opted as and when necessary. Any co-opted member will sit on the Committee only until the task for which he was invited has been completed and will discuss and vote only that particular agenda.**



## **5.0 PRIVILEGING COMMITTEE OF QUEEN ELIZABETH II HOSPITAL**

**Chairman** : DR. Hj. Razak Bin Tambi, *A.D.K*  
(Hospital Director)

**Main Members** :

1. DR. Liew Houg Bang  
(Specialist / HOD of Cardiology Department)
2. DR. David Tang Teik Yew  
(Specialist / HOD of Cardiothoracic Surgery Department)
3. DR. Siva Rao A/L Muniandy  
(Specialist / HOD of Paediatric Cardiology)
4. DR. Mat Ramlee Bin Md Tahir  
(Specialist / HOD Cardiothoracic Anaesthesia and Perfusion)
5. DR. Shazharn Bin Muhammad Zain  
(Specialist/HOD of Anaesthesia Department )
6. Datuk DR. Pulivendhan A/L Sellamuthu  
(Specialist / HOD of Neurosurgery Department)
7. DR. Breithner G. Johniu  
(Specialist / HOD of Emergency & Trauma Department)

8. **DR. Wan Najwa Zaini Binti Wan Mohamed**  
**(Specialist / HOD of X-Ray Department)**
9. **DR. Tan Chen Wee**  
**(Specialist / HOD of Orthopaedic Department)**
10. **DR. Fung Yin Khet**  
**(Specialist / HOD of Medical Department)**
11. **DR. Chu Chong Mow**  
**(Cardiology Specialist)**
12. **DR. Benjamin Leong Dak Keung**  
**(Specialist / Head Of Vascular Unit)**
13. **DR. Shahnaz Irwani Binti Sabri**  
**(Specialist / HOD of Transfusion Medicine Department)**

**Representative from Nursing / Allied Health :**

1. **En. Andrew Suali**  
**(Ketua Unit Penolong Pegawai Perubatan)**
2. **Pn. Marina Mah**  
**(Ketua Unit Fisioterapi)**
3. **Pn. Voo Siew Ching**  
**(Ketua Unit Pemulihan Kerja)**
4. **En. Loh Tuck Wai**  
**(Ketua Unit Dietetik & Sajjian)**

- 5. Pn. Phyllis Bridget Philip  
(Ketua Unit Kejururawatan)**
- 6. En. Mohd Faizal Bin Amil Bangsa  
(Jabatan Radiologi)**

**Privileging Coordinator / Secretariat :**

- 1. DR. Narayanasamy A/L Sinnaraju  
(Ketua Penyelaras Privileging HQE II)**
- 2. Dr. Wan Mohd Rashid Bin Wan Mohd Nasir  
(Penyelaras Pegawai Perubatan & Pakar)**
- 3. Pn. Nurul Azeimah Binti Roslan  
(Penyelaras Penolong Pegawai Perubatan)**
- 4. Penyelaras Kejururawatan**
  - a. Pn. Siti Husni Binti Entoh**
  - b. Pn. Sirikun Anak Siduh**
- 5. Pn. Marinah Mah (Penyelaras Fisioterapi)**
- 6. Pn. Voo Siew Ching (Penyelaras Pemulihan  
Carakerja)**
- 7. En. Loh Tuck Wai (Penyelaras Dietetik & Sajian)**
- 8. En. Mohd Faizal Bin Amil Bangsa  
(Penyelaras Juru X-Ray)**
- 9. En. Chi Jia Hoong (Penyelaras Farmasi)**
- 10. Pn. Irene Binti Silvirinus (Penyelaras Anggota  
Sokongan Jabatan Perubatan Transfusi)**

## **6.0 TERMS OF REFERENCE**

- 6.1** Determine and delineate the clinical privileges of a healthcare provider within the hospital, consistent with his credentials given by the National Credentialing Committee ( NCC ), his/her clinical competence and the hospital's need, capability and resources.
- 6.2** To periodically review the privileges granted which is for a defined period.
- 6.3** To monitor and review the performance of individual healthcare providers practicing in the hospital.
- 6.4** Allow the committee to act as a credentialing body as and when the need arises.

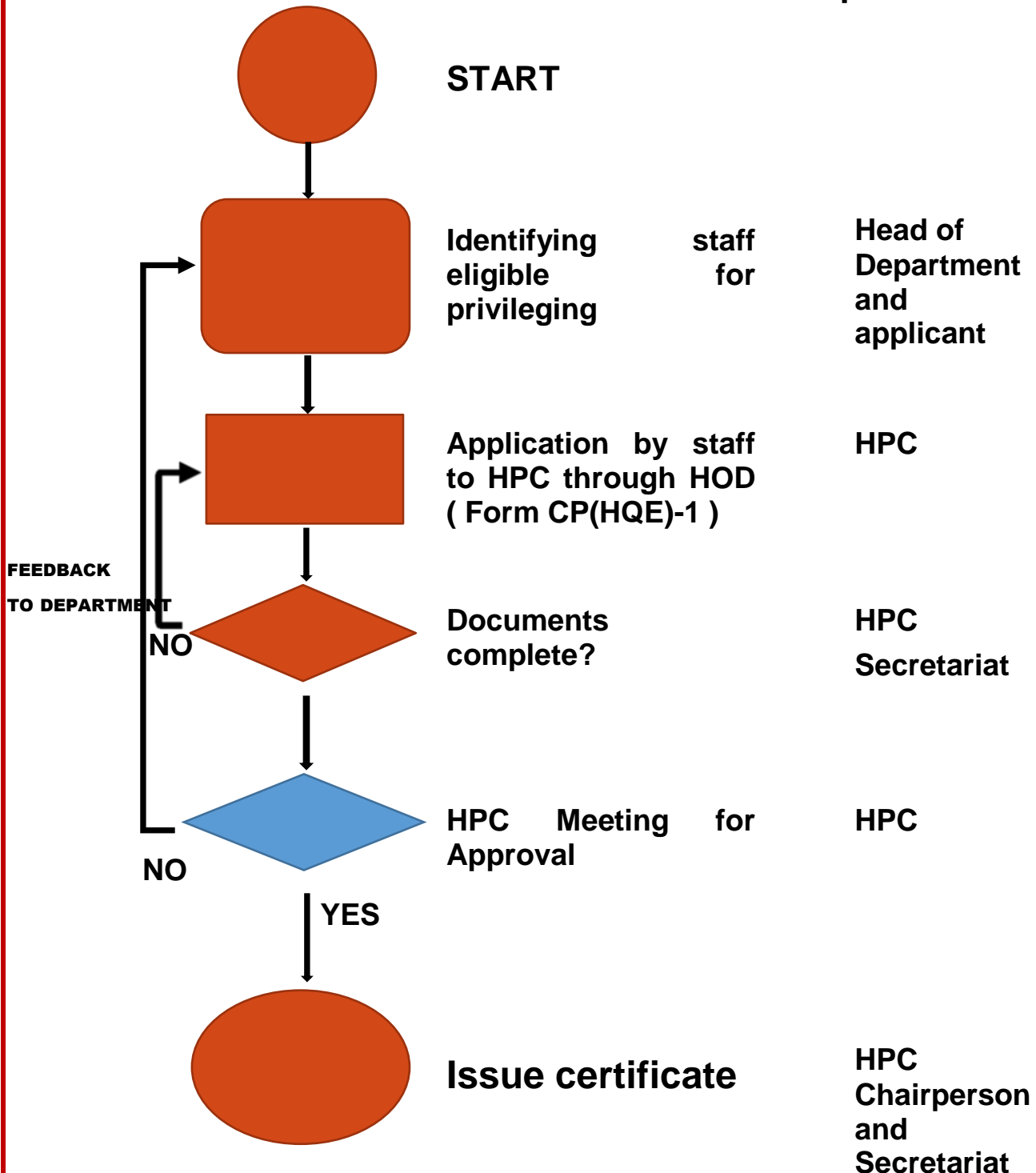
## **7.0 COMMITTEE MEETINGS**

- 7.1** A quorum must be established for the Committee to begin and to continue to transact business.
- 7.2** An agenda shall accompany a notice of regularly scheduled meetings and it shall be distributed not less than 10 days prior to the meeting.
- 7.3** Minutes will be distributed with the agenda.
- 7.4** The Committee shall meet monthly or at such other frequency as decided by the committee. However, the chairperson, or in his/her absence any 3 members, may call for an emergency meeting of the Committee without notice or agenda being distributed prior to the meeting.
- 7.5** Matters coming before the Committee shall be decided by a simple majority vote of those members present and voting in favour of the motion. The chairperson has a casting vote in the members of a tied vote. Proxy voting is not permitted.

## 8.0 PROCEDURES FOR DELINEATING OF PRIVILEGES

( Please refer to Flowchart 1 )

**Flow Chart 1 : Work Process in Privileging of Specialist / Medical Officers / Dental Officers / Nurses / AHPs in Queen Elizabeth Hospital**



## 9.0 APPLICATION FOR CLINICAL PRIVILEGES.

9.1 All healthcare providers in the hospital should be provided with :

9.1.1 A copy of the approved application form.

9.1.2 A statement of the HPC's policy in relation to the range and level of medical care that may be undertaken within the hospital

9.1.3 Information on the definitions of terms and criteria for privileges in specific areas and

9.1.4 A brief statement outlining the rights of appeal

9.2 All healthcare providers wishing to perform identified procedures or services must make an application to the HPC, setting out their qualifications, training, experience and the details of the procedures / service they wish to perform.

9.3 The application for privileges must be made in the Application For Clinical Privileges form ( **Appendix CP ( HQEII )-1** )

9.4 Nurses and allied health personnel are to start their application for clinical privileges after he / she finishes their 6 months mentorship program in their work area.

9.5 The applicant will be responsible for providing the appropriate documentation necessary to establish his / her qualifications and clinical competency for the privileges being requested.

Documentation should include :

- Application for clinical privileges form
- Supporting documentation of professional training and / or experience
- Documentation of continuing medical education related to area and scope of clinical privileges ( log Book )
- Names of other hospitals at which privileges are held and
- Copies of the privileges held.

**9.6** *Documented references must be made, if deemed necessary by the HOD, with 2 referees including one from the current or most recent employer or institution where the applicant practiced or had privileges. Clinical competence must be verified by statement by references who are personally knowledgeable of the applicant's professional conduct and performance. ( Appendix CP7 )*

**9.7** *Full application process to come into effect a date to be set later for all new healthcare providers. For current healthcare providers in each department, automatic privileging will be granted. However they will have to fill in application form (Appendix CP(HQE)-1) for support by HOD and subsequent approval by HPC.*

## **10.0 DELINEATING CLINICAL PRIVILEGES**

All applications will be tabled to the committee for verification and decisions. In considering the application :-

**10.1** The committee can verify information concerning the healthcare provider from the central database or other appropriate source such as place of practice.

**10.2** Reference information relating to the professional and clinical competence of the applicant in the areas in which privileges are sought can be obtained using Peer Appraisal of Medical Staff Form ( **Appendix CP7** )

## **11.0 SUGGESTED CORE PROCEDURES THAT REQUIRE PRIVILEGING. ( Appendix CP)**

## 12.0 THE COMMITTEE SHOULD CONSIDER,

- The application for clinical privileges with supporting documents
  - The approved service level of the hospital and
  
  - Other relevant factors ( e.g. availability of OT time, the degree of available support and supervision) before granting the privileges.
  - All initial clinical privileges for new healthcare provider will be provisional ( unless deemed unnecessary by the HOD ) for a period or after having done a set number of procedures ( dependent on procedure done or HOD ) to be decided by the HOD. During this period, the performance and clinical competence of the healthcare provider must be directly observed, at least periodically, by the appropriate HOD or designee and that individual must submit a formal evaluation of the healthcare provider's performance to the HPC.( **Appendix Proctor** )
- If, during this period, the healthcare provider demonstrates an acceptable level of performance and conduct, the healthcare provider will successfully complete the probationary period.

**12.1** The HPC will consider the evaluation and either remove the provisional status assigned to the privileges, extend the provisional status for an additional 6 months, or recommend other action as appropriate.

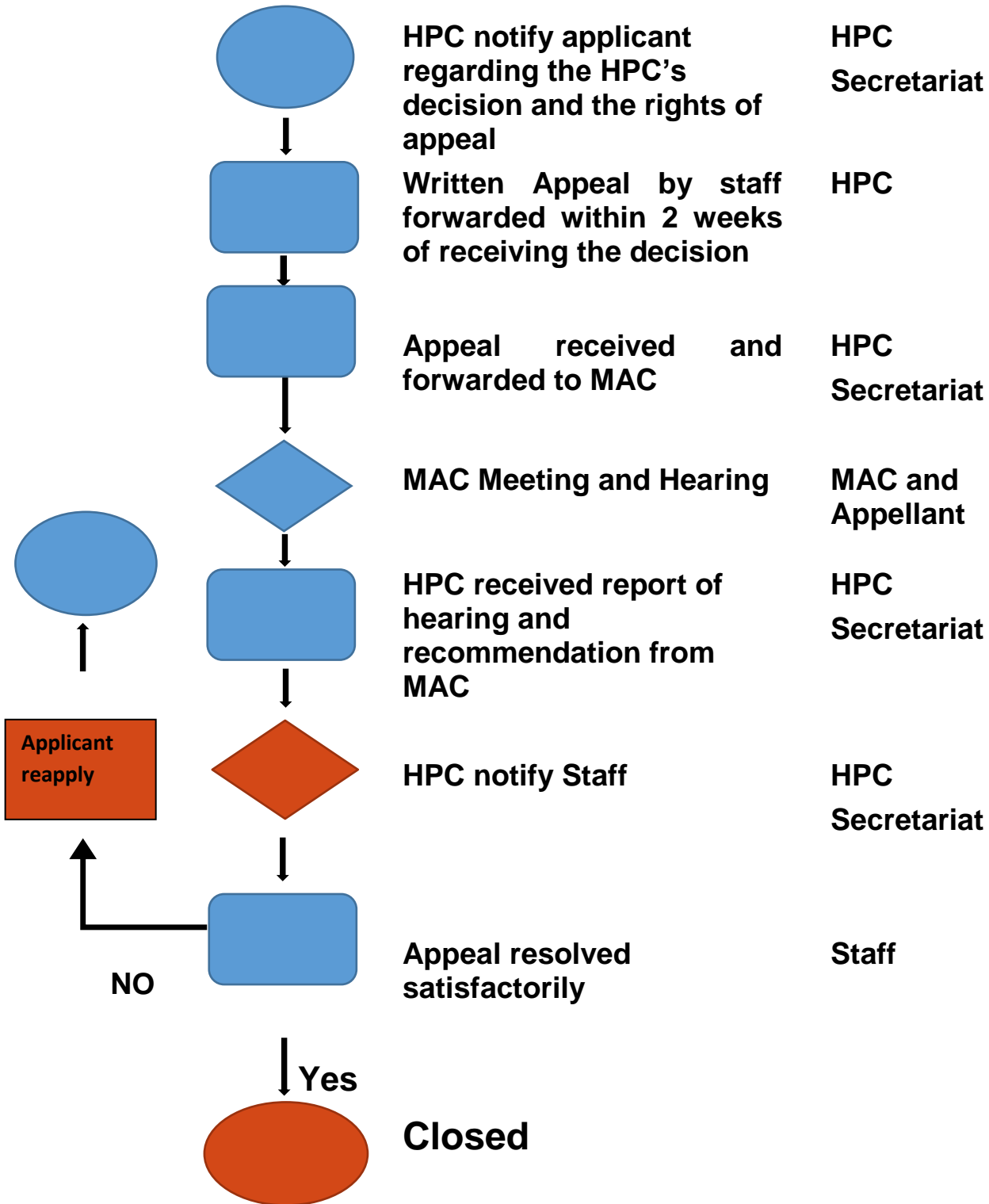
**12.2** Clinical privileges will be granted for a period of maximum 3 years and will be reviewed and renewed after the time of completion. However the committee shall have the right to review, vary or withdraw privileges at any time. **The HPC may grant privileges no wider than recommended by the NCC.**



- 12.3** The Committee may grant all of the privileges requested or limit or deny some privileges. Any limitations or denial of privileges must be based on sound objective grounds, that is :
- The evaluation of valid evidence, data or documents submitted
  - Substantiated complaints against the applicant
  - Hospital needs to be considered
- 12.4** The committee's evaluation must be consistent from individual to individual.
- 12.5** The committee must ensure that all its decisions are objective and fair.
- 12.6** On approval of privileges, the hospital will inform the applicant in writing of the final decision, specifying the range and the duration of the privileges granted and / or any reason for any decision to limit or not to grant privileges. A certificate and a letter of approval will be given to each successful applicant.
- 12.7** Data of clinical privileges will be maintained in a **database** of the hospital.
- 12.8** The HPC has established a formal appeal mechanism allowing healthcare provider to appeal against any decision on granting privileges. ( **refer to Flowchart 3** )
- 12.9** The Committee may revoke or reduce privileges at any time. The Committee may temporarily suspend such privileges relating to the performance of clinical activities subject to the person obtaining further training or may choose to only allow him to perform the procedure under some form supervision.
- 12.10** The business of the Committee should be formally conducted and all decisions properly recorded. Minutes should be kept in the form of decision and formally approved and signed.

**A practitioner, notwithstanding the categories of privileges granted to a practitioner by the Committee, would, in emergency situation, be entitled to perform whatever acts or procedures which are deemed necessary to preserve the health and life of a patient, if no other suitably privileged practitioner available.**

**Flow Chart 3 : Work Process for Appeals of Privileging in Queen Elizabeth Hospital 2.**



## **13.0 REDUCTION AND REVOCATION OF PRIVILEGES.**

**13.1** **Reduction** of privileges may include but not limited to restricting and/or prohibiting performance of specific procedures. Reduction of privileges may be time limited and/or have restoration contingent upon some condition of recovery from a medically disabling condition or further training in a particular area. In such cases, the committee shall require proof of satisfactory completion of the training; failure to provide such proof shall result in the immediate revocation of those privileges related to the required training.

**13.2** **Revocation** of privileges refers to the permanent loss of clinical privileges. The committee shall exercise their discretion as to the recommended period of effect of any amendments to privileges ( e.g. following the attainment of additional credentials or the reduction in privileges pending refresher training).

**13.3** Nothing in these procedures restricts the authority of the Hospital Director to detail or reassign temporarily an employee to non-patient care areas, or activities, thus suspending privileges, during pending of any proposed reduction of privileges. Further, the Hospital Director, the recommendation of the HPC, may summarily suspend privileges, on a temporarily basis, when there is sufficient concern regarding patient safety or specific problem.

**13.4** Any reduction / suspension / revocation should be reported to the NCC by the Hospital Director.

## 14.0 REAPPRAISAL / REPRIVILEGING. ( Please refer to Flowchart 3)

**14.1 Reappraisal** is the process of re-evaluating the professional credentials and clinical competence of healthcare providers who have been granted clinical privileges and will include evaluation of professional performance, clinical judgment, technical competence and skills.

**14.2 Reprivileging** is the process of granting privileges and should be conducted at least every 3 years.

**14.3** As an administrative responsibility, healthcare providers must request **renewal of privileges** in a timely manner ( 6 months ) prior to the expiration date of current privileges. If clinical privileges are to be renewed, the documents required are :

- Application for renewal of clinical privileges **(Appendix CP(HQE)-2)**

**14.4** The HOD is responsible for verifying and assessing professional performance, peer recommendations, clinical judgment and / or technical skills. In addition, information must be obtained regarding any voluntary or involuntary limitation, reduction, or loss of clinical privileges at the hospital and other reasonable indicators of continuing qualifications. Peer recommendations are part of the basis of recommendations for approval of clinical privileges if necessary. **(Appendix CP 7)**

**14.5** Issues such as documented changes in the hospital facilities and resources, failure to perform operations and/ or procedures in sufficient number or frequency to maintain clinical competence or failure to use privileges previously granted will affect the HOD's recommendation for granting clinical privileges.

## **15.0 APPEALS**

**15.1** The process of defining clinical privileges is a vital factor in the ability of a healthcare provider to practice medicine in a form, which is satisfactory and rewarding to that individual.

**15.2** The denial of privileges may have a very real effect on the livelihood of a practitioner. For this reason the process to be taken most seriously and carefully.

**15.3** The appeal process is intended to allow for reconsideration of any adverse decision and for new information to be brought forward if available. The Medical Advisory Committee (MAC) being the highest level of collective medical staff organization with executive and advisory power will be the appeal body.

**15.4** All appeals shall be made to the MAC of the hospital through Hospital Privileging Committee (HPC)

### **15.5 FORMAL APPEAL MECHANISM**

A formal mechanism shall be established to allow a practitioner to appeal against any decision of the Committee to :

- Deny privileges as requested
- Apply conditions to the granting of privileges
- Withdraw or vary privileges

### **15.6 LODGEMENTS OF APPEALS**

**15.6.1** Applicants who wish to dispute the outcome of a privileging application shall apply in writing stating the grounds on which they base their appeal.

**15.6.2** Appeals must be forwarded to the MAC within 2 weeks through HPC of first receiving advice of the decision they wish to dispute.

**15.6.3** If such appeals are not resolved satisfactorily, applicant's is advised to reapply.

## **16.0 HEARING PROCEDURES FOR MDAC**

**16.1** The Committee should restrict its considerations to either written evidence or verbal testimony given at hearings.

**16.2** The Committee must have access to all documentary and testimonial evidence which was considered by the relevant HPC prior to taking a decision regarding the appellant's privileges. The following should be noted :

All reports presented to the Committee must remain confidential to those members and be treated accordingly

All hearings will be in closed sittings

The Committee will provide the HPC with a report on the hearing and make a recommendation that the appeal be either upheld or dismissed.

**16.3** Recommendations may include such other qualifications as deemed necessary by the Committee.

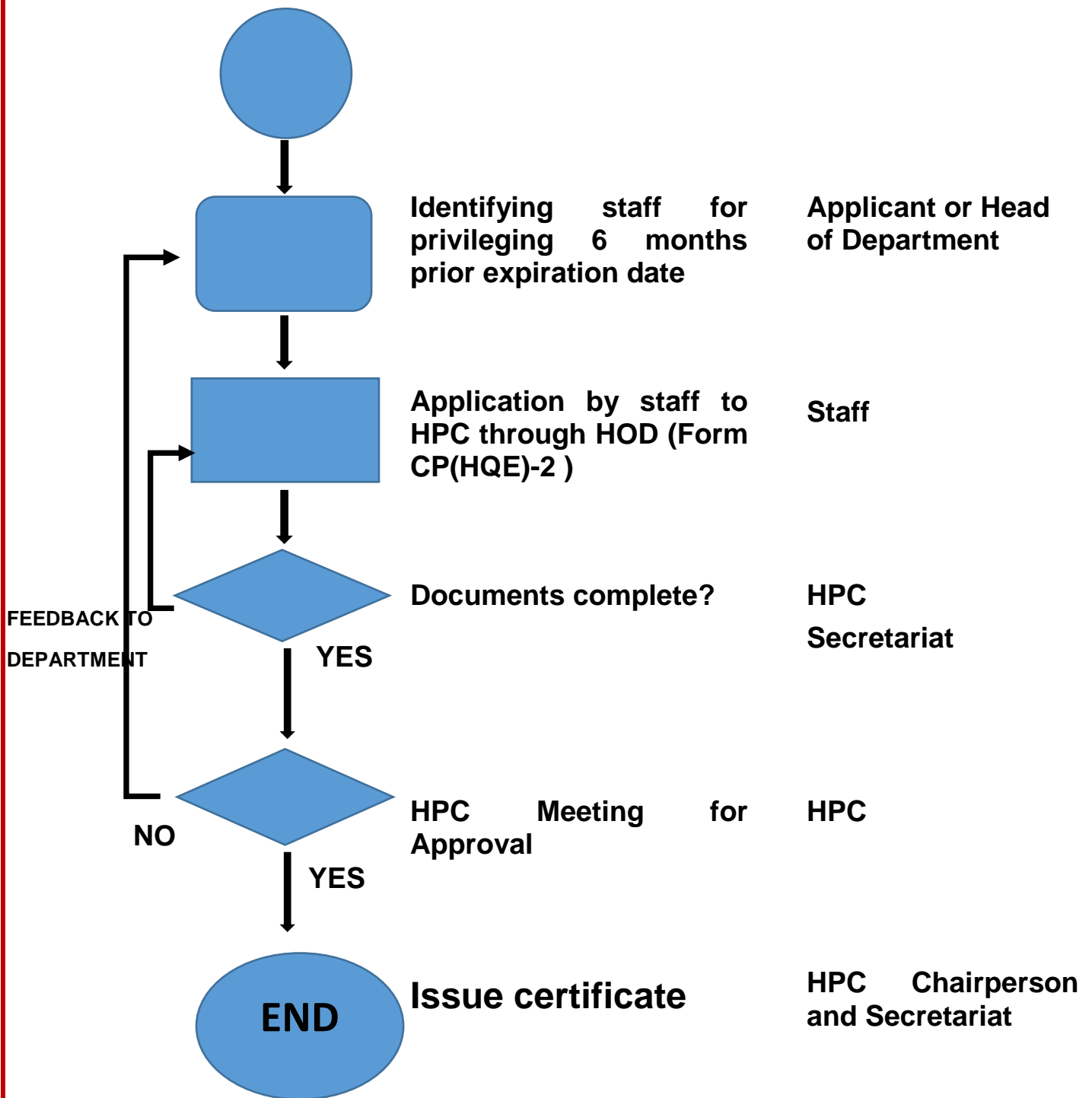
**16.4** Upon receipt of the Committee's report and recommendations to the HPC should as soon as possible thereafter notify the appellant of its decision. The decision of the Committee is final.

**16.5** Where possible the Committee should explore any scope for mediation to resolve any dispute.

**16.6** Information in this presentation is in process of approving by the Chairman of the committee.

**16.7** Any changes will be informed from time to time.

**Flow Chart 2 : Work Process in Renewal of Privileges for Specialist / Medical Officers / Nurses / AHPs in Hospital Queen Elizabeth 2.**





## **17.0 REFERENCE**

**17.1 Surat Pekeliling Ketua Pengarah Kesihatan Malaysia Bil. 1/2001: Garis Panduan Prosidur-Prosedur Dalam Sistem “Credentialling” dan “Privileging” di Kementerian Kesihatan Malaysia.**

**17.2 Surat Pekeliling Ketua Pengarah Kesihatan Malaysia Bil. 3/2006 dated 20 june 2006.**

**17.3 Guidelines For Credentialling and Privileging in the Ministry Of Health, Malaysia.**

## CP (HQEII)-1

### APPLICATION FOR PRIVILEGING

HOSPITAL QUEEN ELIZABETH II

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#### Personal Details

Name : .....

I/C or Passport No. : .....

Designation : .....

#### 1. Current Professional Status / Professional Qualifications:

Post Basic / Diploma / Degree / Masters / etc.	University / colleges	Year of Qualification

#### 2. Registration

Date of full Registration with \*MMC / MNB / MAB:

.....

Registration No:

.....

Current Annual Practicing Certificate No:

.....

*\*MMC-Malaysian Medical Council; MNB-Malaysian Nursing Board; MAB- Malaysian Medical Assistant Board*

#### 4. Request for Approval of Privileges

I would like to apply for privileging in the following procedures:  
(attach a separate sheet if necessary)

1. ....
2. ....
3. ....
4. ....
5. ....

Herewith is my log book as supporting document.

.....  
Signature of Applicant

.....  
Date

#### 5.0 Comment by the Head of Department.

I have reviewed the competency of this applicant and support his / her application for privileging in the following procedures for :

No	Procedures	Years	Comment
1.			
2.			
3.			
4.			
5.			

(please attach a separate sheet if necessary)

.....  
Head of Department

.....  
Date

## 6.0 Decision by Hospital Privileging Committee

Approved : **YES / NO**

Modifications or approved part of above privileges request as below :

No.	Procedures	Years	Comment
1.			
2.			
3.			
4.			
5.			

.....  
**Chairperson**  
**Hospital Privileging Committee**

.....  
**Date**

*upkhqe2@gmail.com/UnitPengurusanKlinikal/HospPrivilegingHqe2*

**CP(HQE II)-2**

**APPLICATION FOR \*RENEWAL/ADDITIONAL/REDUCTION OF CLINICAL PRIVILEGES QUEEN ELIZABETH II HOSPITAL.**

**DEPARTMENT OF :**

\_\_\_\_\_

**FROM \_\_\_\_\_ TO \_\_\_\_\_**

*\*delete if not applicable*

**PERSONAL DETAILS**

Name : .....

I/C or Passport No.: .....

Designation : .....

**1.0 ADDITIONAL PROFESSIONAL STATUS SINCE LAST APPROVAL.**

Professional Qualification:

Post-basic / Diploma / Degree/ Masters / etc.	University / Colleges	Year of Qualification

**2.0 REGISTRATION**

Current Annual Practicing Certificate No. :

.....

### 3.0 PHYSICAL AND MENTAL HEALTH.

3.1 Have you had any problems with your health status, which might affect your ability to carry out your clinical privileges at this hospital? **YES / NO**

3.2 In the past have you had voluntary or involuntary suspension, limitation, reduction or loss of clinical privileges at another hospital, not renewed or voluntarily relinquished? **YES / NO**

### 4.0 PLEASE LIST AT LEAST 2 (TWO) PEERS FAMILIAR WITH YOUR CLINICAL SKILLS.

Name	Position	Address
1.		
2.		

### 5.0 TYPE OF REQUEST:

Procedure for privileges	Renewal	Additional	Reduction
Core privileges			
Special privileges			
Unusual			

I have reviewed the competency of this applicant and support his/her application for:

Re-privileging for the previous procedure for .....year/s

Additional privileging for core/special procedures as follows:

No.	Procedures	Years
1.		
2.		
3.		
4.		
5.		

*\*attach separate sheet if necessary*

**6.0 PRIVILEGING FOR UNUSUAL PROCEDURE/S AS FOLLOWS :**

No.	Procedures	Years
1.		
2.		
3.		
4.		
5.		

*\*attach separate sheet if necessary*

.....  
Head of Department

.....  
Date

## 7.0 DECISION BY HOSPITAL PRIVILEGING COMMITTEE.

Approved ALL : **YES / NO**

Modifications or approved part of above privileges request as below :

No.	Procedures	Years	Comment
1.			
2.			
3.			
4.			
5.			

.....  
**Chairperson**  
**Hospital Privileging Committee**

.....  
**Date**

[upkhqe2@gmail.com/UnitPengurusanKlinikal/HospPrivilegingHqe2](mailto:upkhqe2@gmail.com/UnitPengurusanKlinikal/HospPrivilegingHqe2)



## Appendix CP7

### PEER APPRAISAL OF MEDICAL STAFF MEMBER

#### QUEEN ELIZABETH II HOSPITAL

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Using the items listed below as guidelines, please provide your evaluation of Dr. \_\_\_\_\_'s clinical practice at this hospital.

1. Has exercised good clinical judgment in the care of patient in this hospital. **YES / NO**

2. Participates actively in Department activities **YES / NO**

Comments :

3. Has an acceptable attitude toward patients, medical staff, and other members of the hospital. **YES / NO**

Comments :

4. Has this applicant ever been suspended, disciplined or had his / her privileges voluntarily or involuntarily restricted or not renewed? **YES / NO**

Comments :

5. To your knowledge does this applicant have any existing health problems that could affect his / her medical practice? **YES / NO**

6. Please provide the following information :
- a. The skill and competence demonstrated in performing procedures (include information on appropriateness, outcome and number of procedures performed).  
\*Give details on separate sheet if required.

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7. Please address the applicant's clinical judgement and technical skills as reflected in result of patient's outcome and peer observations.

8. Please complete the following assessment of the applicant's moral, ethical and professional qualifications. Please tick ( ✓ ) the appropriate box.

	Above Average	Average	Below Average
Current medical knowledge			
Clinical skills			
Professional clinical judgement			
Sense of clinical responsibility			
Ethical conduct			
Cooperativeness, ability to work with others			
Medical record timeliness and quality			
Teaching skills			
Physician-patient relationship			
Physician-physician understanding			
Compliance with hospital rules and regulations			

Overall recommendation:

- \_\_\_\_\_ Recommend highly
- \_\_\_\_\_ Recommend without reservation
- \_\_\_\_\_ Recommend with reservation

Recommendation based on: (may choose more than one)

- \_\_\_\_\_ Close personal observation
- \_\_\_\_\_ General impression
- \_\_\_\_\_ Composite of evaluation by supervisors
- \_\_\_\_\_ Other \_\_\_\_\_

Please provide additional comments on this applicant in evaluating him / her for the granting of privileges requested.

Comments:

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_____	_____
Signature	Title
_____	_____
Name of Hospital	Phone no.
_____	
Date	

## Appendix Proctor

# PROCTORING EVALUATION FORM

***PROCTORING APPLIES TO ALL NEW STAFF MEMBERS AND EXISTING MEMBERS REQUESTING ADDITIONAL PRIVILEGES REGARDLESS OF SPECIALTY OR CATEGORY OF MEMBERSHIP SO LONG AS DIRECT PATIENT CARE IS INVOLVED.***

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APPLICANT'S NAME:

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DATE OF PROCTORING:

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1. Procedures :

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2. Was direct observation maintained? YES / NO

Number of cases observed:

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3. Describe the type of cases observed.

(There should be a sufficient variety and number of cases reviewed, depending upon scope of clinical privileges requested)

4. Please evaluate the applicant's performance.

(Proctoring involves evaluation of all aspects of the management of any case)

a) Direct observation in the case of invasive procedures :

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b) Diagnostic and treatment technique :

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c) Case notes review :

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d) Overall performance and assessment :

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5. Comments / Recommendations :

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\_\_\_\_\_  
SIGNATURE OF PROCTOR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

RECOMMENDATION : **APPROVAL / DISAPPROVAL**

MODIFICATION TO ABOVE PRIVILEGES : **YES / NO**

\_\_\_\_\_  
**SIGNATURE OF HOD**

\_\_\_\_\_  
**DATE**

**DECISION:**

REVIEWED : \_\_\_\_\_

APPROVED : \_\_\_\_\_

MODIFICATIONS TO ABOVE PRIVILEGES: **YES / NO**

\_\_\_\_\_

**CHAIRMAN  
HOSPITAL PRIVILEGING COMMITTEE**

\_\_\_\_\_

**DATE**

*upkhqe2@gmail.com/UnitPengurusanKlinikal/HospPrivilegingHqe2*