POLICY 21
Physician Credentialing and Privileging

Credentialing and privileging are processes of formal recognition and attestation that a physician is both qualified and competent. Credentialing verifies that a physician meets standards as determined by an organization by reviewing such items as the individual’s license, experience, certification, education, training, malpractice and adverse clinical occurrences, clinical judgment, and character by investigation and observation. Privileging defines a physician’s scope of practice and the clinical services he or she may provide. Privileging is based on demonstrated competence and is a data driven process.

Credentialing and privileging must be products of qualified and objective physician-controlled peer review, utilizing criteria that have been established through common legal, professional and administrative practices, endorsed by a formal consensus process, and that are publicly available. These criteria must be directly related to quality of patient care, and documented physician performance should be measured against these criteria. Peer review decisions must be fair, performed in good faith, not unreasonable, capricious or arbitrary, have dated detailed documentation, and be justifiable and equally applied to all without bias. Peer review decisions should be confidential and protected. In cases of adverse peer review decisions, avenues of appeals utilizing due process and the inclusion of fair hearings must be available to the physician being credentialed.

Patient mix or referrals to outpatient clinics or physician specialists must never be a factor in the credentialing process.

The percentage or number of negative or positive determinations of medical necessity by a physician reviewer during the medical review process must never be used to evaluate a physician reviewer.

References:
Opinions of the Ethics Committee on the Principles of Medical Ethics. American Psychiatric Association, Section 1-B: 5.
Principles for Strengthening the Physician-Hospital Relationship. American Medical Association 2009

Adopted by the Board of Trustees, 3/27/96
Amendments adopted by the Board of Trustees, 2/21/04, 2/17/10