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White Paper

On

Privileging in Medical Practice: A Call for Action

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Ensuring patient safety and delivering high-quality clinical care are intrinsically linked to the proficiency and training of attending physicians. The responsibility of selecting competent healthcare professionals, whether through employment or contractual agreements, is a critical function of hospitals. This highlights the essential role hospitals play in safeguarding healthcare quality.

To fulfil this role effectively, hospitals must develop and sustain rigorous processes for Credentialing and Privileging (C&P).

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INTRODUCTION

Effective credentialing and privileging (C&P) processes are vital in Indian hospitals, serving as essential mechanisms for enhancing patient safety, reducing medical errors, and improving healthcare outcomes while bolstering public trust and enhancing hospital reputation. However, the overwhelming demand for healthcare services in India strains medical facilities and professionals, compromising the thoroughness of the privileging process. Moreover, the diversity in healthcare delivery settings poses challenges in standardizing privileging criteria, requiring adaptation to different contexts while maintaining high standards.

The vast number of healthcare professionals and institutions further complicates achieving uniform and stringent privileging standards across the country, exacerbated by variations in educational and training backgrounds among practitioners. Addressing these challenges is critical for improving healthcare accessibility and quality, necessitating the implementation of effective policies despite the complexities involved, to ensure patient safety, build public trust, and maintain hospital reputation, emphasizing a firm commitment to rigorous C&P policies for delivering excellence in healthcare.

PROBLEM STATEMENT

In India, the dramatic increase in litigation against doctors and hospitals following their inclusion under the Consumer Protection Act has been noteworthy, with reported cases rising by an alarming rate year on year since 1995 when the Hon'ble Supreme Court of India in the case of Indian Medical Association vs V. P. Shantha held that doctors and hospitals can be sued in Consumer Forum/Commissions. This surge in legal actions is at times directly and/ or indirectly linked to the training and competence of medical professionals. The below-mentioned description of cases from Consumer Commissions and High Court emphasizes the pressing need for a comprehensive approach to address C&P issues.

This White Paper aims to analyse the healthcare aspect, examine pivotal cases within the Indian legal framework, and deliberate on the existing regulatory framework concerning C&P. Furthermore, it outlines potential solutions and actions required to address this issue effectively.

Dr Usha Mukhi vs. Seema Deswal & Anr., NCDRC 2023

This case involved two revision petitions against a decision by the Haryana State Consumer Disputes Redressal Commission, which ruled in favour of Seema Deswal. Deswal had filed a complaint alleging negligence by Dr. Usha Mukhi during pregnancy treatment. Despite multiple ultrasounds, Dr. Mukhi, an experienced obstetrician, failed to detect a congenital abdominal wall defect at the critical Level II scan. The State Commission's award of Rs. 3 lakh in compensation, plus interest was upheld. The National Consumer Dispute Redressal Commission (NCDRC) concluded that an obstetrician with 30 years of experience was "not competent" to perform a Target (Level II) scan. The NCDRC directed the NMC to establish strict guidelines for regulating Antenatal USG protocols, particularly the TIFFA Scan (Level II scan), recommending that it should be conducted by specialists like qualified Radiologists or Foetal Medicine experts.

Philip Thomas vs. State of Kerala & Ors., Kerala High Court 2023

This case highlighted the qualifications necessary to be deemed competent in administering anaesthesia for laparoscopic sterilization. The Ministry of Health and Family Welfare's 2006 standards state that doctors must receive proper training (four months as prescribed by the Department of Health Service) to administer anaesthesia for sterilization procedures. The doctor in question has not completed postgraduation in anaesthesia, but completed a year of training post-MBBS as specified, was acquitted of criminal charges.

The Kerala High Court indicated that civil liabilities would be addressed by the NCDRC, emphasizing that this judgment would not influence that determination.

Purushottam Pareek & Anr. vs. Dr. Govind S. Dhavale & Ors., NCDRC 2023:

The NCDRC found that a surgeon's decision to perform a hysterectomy was not negligent, considering the circumstances, geographic location, and specialist availability at the time.

Kanchan Singh vs. Maa Sharadha Hospital & Anr., NCDRC 2023:

In an emergency life-saving situation where no anaesthetist was available, the NCDRC did not consider it negligent for a surgeon to perform LSCS and administer anaesthesia.

Shahla Imam vs. Dr. Nahid Fatima & Anr., NCDRC 2022:

The commission observed that a surgeon with extensive experience in obstetrics does not require "extraordinary expertise" to perform deliveries.

Purnima Pandey vs. Dr. C. Rahalkar & Ors., 2023:

The Chhattisgarh State Consumer Dispute Redressal Commission noted that a surgeon could perform a hysterectomy even if the patient had been under the care of a gynaecologist, highlighting the surgeon's capability to perform the procedure.

CONCERNS AND CURRENT REGULATORY FRAMEWORK

The above-mentioned cases underscore the fact that even Courts/ Consumer Commissions are giving judgements/ orders which may be seen as conflicting. Courts are looking up to the National Medical Commission (NMC) and State Medical Councils (SMC) who oversee and regulate medical professionals,

but specific guidelines for privileging are notably absent. Institutions might follow privileging guidelines from accreditation bodies like the National Accreditation Board for Hospitals (NABH).

According to NABH's Human Resource Management (HRM) chapter, medical professionals' privileges to admit and care for patients must align with their qualifications, training, experience, and registration, with an annual review and necessary revisions. Strict adherence to these standards is essential for ensuring patient safety and maintaining healthcare quality.

Interestingly, these guidelines have no value in legal proceedings when a doctor is accused of medical negligence

ROLE OF STATE MEDICAL COUNCILS/ NATIONAL MEDICAL COMMISSION & PROFESSIONAL ASSOCIATIONS

It is imperative for SMCs and the NMC to work in tandem with professional medical societies and associations representing various specialities in modern medicine to formulate detailed privileging guidelines for each speciality. While SMCs and the NMC are instrumental in establishing the regulatory framework for privileging, the implementation of these processes primarily occurs at the healthcare institution level.

One of the prevalent discussions within the medical community, centres around the criteria for determining competence to perform medical procedures. It's acknowledged that a professional's education, experience, and training might not provide conclusive evidence of their current clinical competence. To bridge this gap, the Joint Commission International (JCI) advocates for the implementation of Ongoing Professional Practice Evaluation (OPPE) to substantiate areas of assumed competence.

JCI highlights the importance of integrating clinical privilege delineation with various other processes, including:

- Selection of monitoring processes
by department/service leaders through data collection.

- Utilization of collected data in the ongoing evaluation of medical staff's professional practice within the department/service.

- Integration of monitoring data
into the reappointment and privileges renewal procedures.

This holistic approach to decision-making
about clinical privileges involves continuous monitoring, data collection, and OPPE, underscoring the complexity and importance of these processes as outlined by the JCI.

IS INDIA READY FOR PRIVILEGING?

The pertinent question of India's readiness to implement privileging for healthcare professionals is complex and layered. Evaluating the country's preparedness to adopt a comprehensive system for privileging involves understanding the global challenges and the specific hurdles within the Indian context. A sophisticated, well-rounded approach is necessary to ensure the privileging processes are effective, flexible, and conducive to delivering high-quality patient care.

COMMON CHALLENGES IN THE PRIVILEGING OF HEALTHCARE PROFESSIONALS WORLDWIDE:

Standardization of Criteria: Establishing uniform criteria for privileging across the varied requirements of different medical specialities is difficult. Balancing standardization with the need for flexibility is essential.

Rapid Advances in Medical Technology: The swift evolution of medical technology poses challenges in ensuring healthcare professionals are proficient with new advancements, which is vital for effective privileging.

Interdisciplinary and Multidisciplinary Care: The collaborative nature of healthcare, involving interdisciplinary teams, complicates the definition of clear privileging boundaries. This requires thoughtful consideration to prevent skill overlap or gaps.

Credentialing Delays: The interconnection between credentialing and privileging processes can lead to delays, affecting timely access to privileges. Streamlining verification processes is crucial to mitigate these delays.

Ongoing Professional Development: Monitoring continuous professional development, especially among seasoned practitioners, is challenging. Continuous education is essential for maintaining privileges and providing up-to-date healthcare.

Communication and Collaboration: Effective communication and collaboration among all stakeholders, including medical staff, administrators, professional associations, and regulatory bodies, is crucial. Challenges In coordination can impede the privileging process.

CONSIDERATIONS IN THE INDIAN CONTEXT:

Diversity in Healthcare Settings: India's varied healthcare landscape necessitates a privileging system adaptable to different settings, from urban hospitals to rural clinics.

Resource Constraints: Limited resources, especially in smaller or resource-constrained settings, pose challenges to establishing and maintaining effective privileging system.

Regulatory Framework: The ongoing evolution of India's regulatory framework demands consistent efforts to ensure standard implementation and enforcement across states and institutions.

Awareness: Enhancing awareness about the importance of privileging among the public, healthcare professionals, and institutions is vital for patient safety and quality care.

Monitoring, Evaluation, and Review: Establishing robust mechanisms for continuous monitoring and evaluation is critical for the long-term success of privileging processes in India. This includes provisions for altering privileges based on the outcomes of these evaluations, affirming a commitment to uphold high standards.

CHALLENGES IN TECH-DRIVEN PROCESSES

The integration of robotics and technology in healthcare improves patient care and efficiency but presents new privileging complexities. Key challenges include assessing competency, determining accountability, establishing regulations, and ensuring patient safety. Standardized privileging protocols are essential to address these complexities in the evolving landscape of robotic and tech-driven healthcare.

PRIVILEGING PROCESS:

The proposed privileging process is depicted in **Figure 1.**

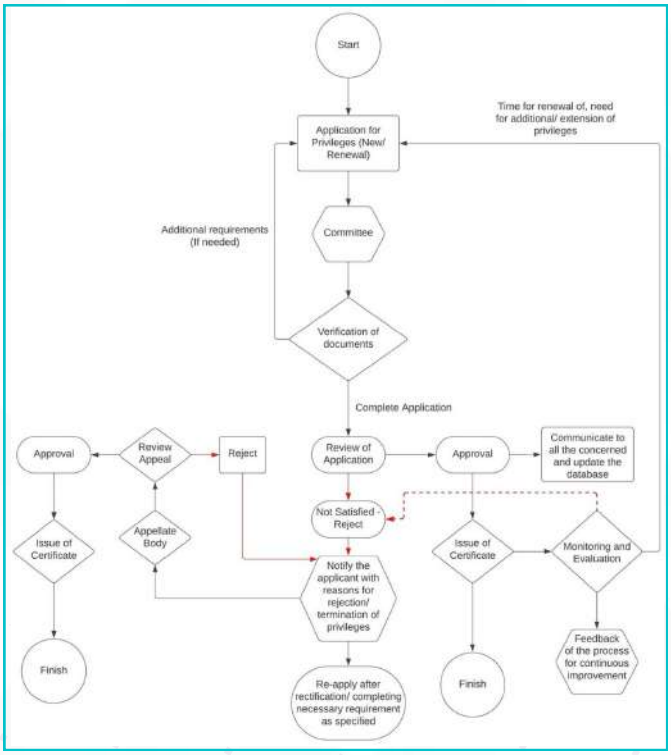

Figure 1 depicts the proposed workflow in the Privileging process.

Note: Introducing the suggested workflow for C&P in India will establish a systematic framework for evaluating the qualifications and skills of healthcare providers. This flowchart is anticipated to spark productive dialogues among stakeholders, fostering agreement on the authority to grant privileges and identifying the appropriate appellate authority. Moreover, through collaborative efforts to address India-specific challenges, this initiative seeks to standardize the privileging process, while upholding consistent standards of care across healthcare services nationwide.

POLICY OPTIONS AND PROPOSED SOLUTIONS:

In the dynamic and diverse landscape of Indian healthcare, implementing a logical and fair privileging system is imperative.

1.Step-by-step approach:

Standard Evaluation Criteria:

Defining standardized criteria applicable to all medical specialities is foundational. This ensures a uniform benchmark for assessing qualifications, experience, and competence. Of the various methods of privileging, criteria-based privileging incorporates predefined criteria in conjunction with clinically realistic, well-defined core privileges. This is a scientific approach to privileging in which the privileges for each speciality are predefined and divided into two categories, namely Core Privileges and Special Privileges. Practitioners who meet predefined criteria are eligible to apply for core privileges, and those who possess additional training and experience may request special privileges.

Robust Review for Granting Privileges: Implementing a thorough vetting process is essential, including comprehensive reviews of qualifications, performance, and ethical adherence. Regular audits and reviews aid in identifying and addressing areas for improvement, ensuring that the system remains dynamic and responsive to evolving healthcare needs.

Technological Integration:
Leveraging technology for documentation and assessment, streamlines the privileging process. Electronic records, data analytics, and digital platforms enhance accuracy and efficiency.

Transparency and Accountability:
Establishing transparent and accountable processes fosters trust. Clear communication about privileging decisions and mechanisms for addressing concerns or disputes is essential.

Collaboration with Various Stakeholders:
National guidelines for privileging could be collaboratively prepared with scientific societies/ professional associations, regulatory bodies, and other stakeholders. This ensures a speciality-wise comprehensive framework, reflecting the collective expertise and perspectives of the entire medical community.

Public Awareness and Participation:
Engaging the public through awareness campaigns and feedback mechanisms is integral. Public input contributes to a more inclusive and patient-centred privileging framework.

2.Continuing Competency Development Programs vs. Continuing Medical Education:
Continuing Competency Development Programs go beyond traditional Continuing Medical Education (CME). They focus on practical skill development, simulation exercises, and hands-on training, ensuring that healthcare professionals not only gain knowledge but also maintain and enhance their clinical competencies.

3.The Focused Professional Practice Evaluation (FPPE):
FPPE requirements serve to assess the competence of healthcare professionals seeking a specific privilege at the hospital. This evaluation is particularly applicable to healthcare professionals without current evidence of competency in the requested privilege, including those making a new privilege request within the existing medical staff or professionals newly joining the medical staff. Additionally, FPPE may be initiated when there are concerns regarding a practitioner's capability to deliver safe and high-quality patient care in a specific area.

4. Privileging Specifics:

Location-Specific:
Recognizing the unique demands of urban and rural healthcare settings is crucial. Privileging criteria may need to be contextualized to accommodate the diverse needs and challenges faced in different geographical areas.

Institutional Specific:
Considering the varied roles of primary, secondary, tertiary, and quaternary care institutions, privileging should align with the specific requirements and capabilities of each healthcare setting.

Time-Specific:
Time-specific considerations involve assessing whether a healthcare professional has remained current in their field. This may include evaluating recent performance, particularly for procedures where technological advancements are rapid.

Training Specific:
Ensuring that a healthcare professional has received specific and relevant training for the tasks they seek privileges for is essential. This aspect reinforces the importance of specialized knowledge and expertise.

Condition-Specific:
Implementing criteria for the granting of specific privileges involves enabling healthcare professionals to perform designated duties under supervision or meeting specific criteria.

5.Temporary Privileging:
Introducing temporary privileging allows for flexibility in responding to specific needs or emergencies. However, stringent criteria must be in place to ensure that temporary privileges are granted judiciously and do not compromise patient safety.

6.Revision/ Modification of Privileges:
The requirement for annual reviews and, if necessary, revisions of privileges should align with the principles of continuous quality improvement and additional qualifications. This periodic evaluation is particularly important in a dynamic healthcare environment where new technologies, treatment modalities, and best practices emerge. It ensures that healthcare professionals stay updated and are competent to provide high-quality care.

Such actions are taken with careful consideration of protocols to ensure fairness and due process, especially when concerns about patient safety or service quality arise.

Total Revocation:
In extreme cases, a clinician's clinical privileges can be entirely withdrawn, prohibiting them from working at the hospital.

Suspension:
Brief suspension shields patients while allowing for further investigation or corrective measures.

Procedure Limiting:
Recognizing concerns, hospitals may limit the types of procedures or patients a practitioner can manage.

Supervised Privileges:
Providers may be required to practice under the close supervision of a more seasoned colleague for a set period.

Mandatory Educational Programs:
Hospitals may institute compulsory mentorship or training programs to address identified knowledge or skill gaps.

These measures are not undertaken lightly and are typically triggered by issues including, but not limited to, high infection rates, poor outcomes, skills deficits, patient complaints, or professional misconduct. Implementing these strategies ensures a balanced approach to privileging modifications while upholding patient safety and quality care.

7.Shifting Paradigms in Healthcare Credentialing:

Acknowledging the significance of foreign fellowships in healthcare's dynamic landscape requires a paradigm shift in C&P. Traditional approaches, may overlook valuable expertise acquired elsewhere. Such challenges could be addressed by following measures:

Prioritizing Tangible Competence:
A nuanced approach should prioritize tangible elements demonstrating a doctor's competence

Comprehensive Logbook Maintenance:
A detailed logbook offers insights into practical experiences, complications, and ongoing skill development.

Proctor Relationship:
Ensuring the quality and safety of the training experience is imperative, and this necessitates having a competent mentor who closely oversees the fellow's work, offering continuous feedback.

Simulator Training Engagement:
Advanced simulations in controlled environments minimize risks associated with real-world patient care.

Moving Beyond Rigid Metrics:
While metrics like the number of cases or procedural gaps are valuable, they should not be sole determinants, especially for sub-specialities or research-focused fellowships.

Embracing a Holistic Approach:
A comprehensive evaluation should consider publications, conference participation, recommendations, and global examination success. This approach cultivates a culture of continuous learning, benefiting both medical professionals and the patients relying on their expertise.

8.Prioritization of Privileging in Healthcare:

It is strategic to initiate healthcare privileging in urban areas and tertiary/quaternary care facilities first, allowing for refinement before extending it to rural and secondary settings, lastly to primary care hospitals. This phased approach considers the complexity of care, expertise concentration in urban settings for peer reviews, and resource availability for a comprehensive privileging system. This sequential deployment ensures a smooth transition, facilitates understanding of associated challenges, and enables the establishment of effective remedial actions and systems.

9.Skill and Training Database:

Establishing a "Skill and Training" database by organizations like NMC, SMC, and Service providers/ Hospitals. This resource would serve as a go-to reference and provide the public with accessible data for informed choice of service provider.

WAY FORWARD:

The question regarding privileging is gaining prominence and increasingly becoming a focal point in medical negligence cases in India. Unfortunately, there are no established statutory rules or guidelines on privileging in the country as of now. Consequently, patients may allege that doctors accused of negligence lacked proper privileges for specific interventions. Additionally, the lack of clarity on this matter, places doctors in a challenging position, as they operate without clear guidance. Moreover, the Hon'ble Consumer Commissions'/Courts' decisions on this matter have been inconsistent. Considering the directive from the NCDRC in the case of Dr. Usha Mukhi vs. Seema Deswal in 2023, directing the NMC to formulate guidelines for Antenatal USG protocols, particularly the TIFFA Scan, there is an urgency for regulatory intervention. This also serves as a clear indication that regulators and professional bodies/ associations must work together to develop comprehensive guidelines and standard operating procedures for privileging. Ultimately, a collective effort is required to address this gap and promote transparency and accountability in medical practice. This shift towards proactive regulation and standardization will help ensure patient safety and provide clarity for healthcare professionals, ultimately benefiting both patients and doctors.

CONCLUSION:

A logical and fair privileging system for healthcare professionals in India necessitates a holistic and adaptable framework. By integrating standardized criteria, leveraging technology, engaging stakeholders, and tailoring privileging considerations to the diverse facets of healthcare, India can establish a system that ensures both the competence of healthcare professionals and the safety of patients. Continuous monitoring, stakeholders' participation, and a commitment to ongoing improvement will be key in sustaining and enhancing this system over time.

LIST OF ABBREVIATIONS:

1. **C&P -** Credentialing and Privileging
2. **CME -** Continuing Medical Education
3. **FPPE -** Focussed Professional Practice Evaluation
4. **HRM -** Human Resource Management
5. **JCI -** Joint Commission International
6. **LSCS -** Lower (uterine) Segment Caesarean Section
7. **NABH -** National Accreditation Board for Hospitals & Healthcare Providers
8. **NCDRC -** National Consumer Dispute Redressal Commission
9. **NMC -** National Medical Commission
10. **OPPE -** Ongoing Professional Practice Evaluation
11. **QCI -** Quality Council of India
12. **SMC -** State Medical Council

REFERENCES

1. Akther S. Medical litigation needs to be looked holistically. ET Healthworld [Internet]. 2019; Available from: https://health.economictimes.indiatimes.com/news/industry/medical-litigation-needs-to-be-looked-holistically-ravindra-mangal/71881614

2. The Hindu. Privileging primary care. 2016 Aug 30; Available from: https://www.thehindu.com/opinion/op-ed/Privileging-primary-care/article62115674.ece

3. Indian Medical Association vs. V. P. Shanta and Ors. 1995 SCC (6) 651.

4. The Joint Commission. Credentialing and Privileging – Verifying Practitioner Identification? „; (2023). Available from: https://www.jointcommission.org/standards/standard-faqs/ambulatory/human-resources-hr/000002242/

5. Birmingham, P. How automating credentialing can aid patient care, and bring efficiency. Health Data Management; (2023). Available from: https://healthdatamanagement.com/articles/how-automating-credentialing-can-aid-patient-care-bring-efficiency/

6. Dolt, T., Thompson, J., Shepherd, J., Kinney, J., and Wilt, P. Protecting patients through careful credentialing and privileging. HG.org Legal Resources; (2023). Available from: https://www.hg.org/legal-articles/protecting-patients-through-careful-credentialing-and-privileging-6854

7. Medbalze. Credentialing and Privileging: Safeguarding Patient Safety in Hospitals; (2023). Available from: https://www.linkedin.com/pulse/credentialing-privileging-safeguarding-patient-safety-hospitals/

8. Healthcare Information and Management Systems Society. Using AI and Collaborative Workflows to Predict and Prevent Clinical Deterioration; (2023). Available from: https://www.himss.org/resources/using-ai-and-collaborative-workflows-predict-and-prevent-clinical-deterioration

9. Patel R, Sharma S. Credentialing. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; (2023). Available from: https://www.ncbi.nlm.nih.gov/books/NBK519504/

10. The Joint Commission. Credentialing and Privileging – Requirements for Physician Assistants and Advanced Practice Registered Nurses; (2023). Available from: https://www.jointcommission.org/standards/standard-faqs/hospital-and-hospital-clinics/medical-staff-ms/000002124/

11. Gershuni O, Orr JM, Vogel A, Park K, Leider JP, Resnick BA, Czabanowska K. A Systematic Review on Professional Regulation and Credentialing of Public Health Workforce. Int J Environ Res Public Health. 2023;20(5):4101. doi: 10.3390/ijerph20054101

12. Mathew T. Medical staff privilege – getting complicated??; (2020). Available from: https://www.linkedin.com/pulse/medical-staff-privilege-getting-complicated-thomas-mathew/

13. Innovational Inertia in Healthcare: The Potential Impact of Non-physician Clinician Privileging in an Institutional setting; (2019). Available from: https://search.proquest.com/openview/fac5243d992638f905f258bbd3129a54/1?pq-origsite=gscholar&cbl=18750&diss=y

14. Larson L. American Hospital Association Trustee Services. Streamlining the Credentialing and Privileging Process; (2019). Available from: https://trustees.aha.org/streamlining-credentialing-and-privileging-process

15. Blankenship JC, Rosenfield K, Jennings HS. Privileging and Credentialing for Interventional Cardiology Procedures. Catheterization and Cardiovascular Interventions. **2015:86:655–663. doi:** 10.1002/ccd.25793

16. American Urogynecologic Society's Guidelines Development Committee. Guidelines for privileging and credentialing physicians for sacrocolpopexy for pelvic organ prolapse. Female Pelvic Med Reconstr Surg. **2013;19(2):62-65. doi:** 10.1097/SPV.0b013e318289c018

17. Forster AJ, Turnbull J, McGuire S, Ho ML, Worthington JR. Improving patient safety and physician accountability using the hospital credentialing process. Open Med. 2011;5(2):e79-86. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3148001/

18. Bass BL, Townsend CM, Busuttil RW, Mulholland MW. Surgical Privileging and Credentialing: A Report of a Discussion and Study Group of the American Surgical Association. J Am Coll Surg. **2009;209(3):396-404. doi:** 10.1016/j.jamcollsurg.2009.04.018

19. Nelson SR. Credentialing and Privileging for the Oral and Maxillofacial Surgeon. Oral Maxillofacial Surg Clin N Am. **2008:20; 47–54. doi:** 10.1016/j.coms.2007.09.005

20. Stanford Health Care and Lucile Packard Children's Hospital. Credentialing and Privileging of Medical Staff and Advanced Practice Providers [Internet]. 2015 Aug. Available from: https://stanfordhealthcare.org/content/dam/SHC/health-care-professionals/medical-staff/policies/Credentialing-and-Privileging-MS-and-APPs-8-15.pdf

21. Royal Australasian College of Surgeons. Robot-Assisted Surgery Working Party [Internet]. 2023 Jun. Available from: 1.The Joint Commission. Credentialing and Privileging – Verifying Practitioner Identification? „; (2023). Available from: https://www.jointcommission.org/standards/standard-faqs/ambulatory/human-resources-hr/000002242/

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