# Credentialing and Privileging Clinical Volunteers

In building your clinic capacity and infrastructure, volunteers make up a critical portion of the organization. Among the many unique characteristics of volunteer staffing, the challenge of ensuring you have competent and capable health professional volunteers is perhaps the greatest facing a clinic over time. We have discussed the various means to recruit volunteers to your cause. Adopting good credentialing and privileging systems will assure competence and consistency in your clinical care delivery systems. Church Health has chosen to follow the credentialing/privileging guidelines required for Federal Tort Claims Act (FTCA) malpractice coverage for volunteer health professionals. (See section on Risk Management for more information on FTCA.)

Credentialing is the process whereby the clinic assesses and confirms that prospective volunteers have the training, education, and licensure/certification necessary to qualify for the role they will play with the clinic. Credentialing may be carried out by the clinic or it may be conducted by a Credentialing Verification Organization (CVO). In each instance, there is a cost. The clinic that chooses to conduct its own credentialing internally must have the administrative time available to carry out this task. For those that contract with a CVO, a typical cost for credentialing each volunteer may range from $25-$40, depending upon the market. Another alternative is to use a CVO who might donate this service to the clinic. This typically is an area hospital which the clinic has a developed relationship. Hospitals typically have systems and staff in place to routinely credential numerous staff annually. It stands to reason that many of the volunteers that a clinic will need to credential may have already been through this process with the hospital. It should be an easy request that will require little resource on the part of the hospital. FTCA requires that a written agreement be in place should you decide to use a CVO. Hospitals may require a detailed agreement to meet institutional Legal Department standards.

Credentials may be verified in two separate manners:

1) Primary source credentialing is verifying a volunteer health professional's reported qualifications by the original source or an approved agent. These means may include direct correspondence, telephone verification or internet verification from the original qualifying source. For example, in most states, physician licenses may be verified on line. You may also utilize the American Medical Association's website as a credentialing resource. In all instances of on-line verification, be certain that it is specifically noted that the material may be used as a qualifying primary source. On the other hand, education and training verification likely will require telephone or written contact with the educational institution in question. Primary source verification is required for current licensure, relevant education, training or experience, and a statement of health fitness. FTCA allows this statement to be made as a declarative by the individual without confirmation from another source.

2) Secondary source verification means receipt of verification by means other than that for primary source verification. The most common secondary source is self-reporting. Secondary source verification may include identification, DEA registration, hospital admitting privileges (if applicable), immunization and PPD status, and life support training (if applicable).

For the purposes of the FTCA program, primary source credentialing must be used for all licensed independent professionals in verifying license, education, and training. Secondary source credentialing may be used for all other items. Other licensed professionals require primary source for licensing, registration or certification only.

Privileging is the second area of required qualification. Privileging may best be defined as the process whereby the clinic grants permission for a volunteer health professional to practice a specific scope of services. It is a process that ensures competence of practice skills as opposed to simply having attained proper credentials to carry out a specific skill set. Privileging is most frequently recommended by the clinic medical director and approved by the governing Board. Competence may be determined by a combination of one-on-one review of competence in particular procedures or management protocols by a supervising clinician who has already attained privilege in the selected areas at the clinic (by direct proctoring by a qualified clinician who possesses a degree of expertise in the particular procedure or protocols beyond the expertise of most primary care

providers). Clinics will often rely upon the achievement of privilege in an area health institution, but still must follow a standard internal recommendation and authorization procedure.

Credentialing and privileging must be renewed at least every two years to meet FTCA standards. This assures that licensing standards are maintained over time and that the practitioner has obtained the required number of continuing education credits. It also allows a process whereby a clinic may assure itself that practitioners' skill levels are maintained at a standard that is uniform throughout the institution and that there is uniform adherence to the clinic practice standards. A synopsis of peer review results may be used in this process. This may be particularly important with retired volunteer professionals whose skills may erode with passing years. It should also be noted that, for the purposes of FTCA coverage, credentialing must be completed before coverage approval can be granted. While FTCA allows for the possibility of temporarily privileging a health professional, Church Health recommends that privileging be completed prior to assignment of clinic duties.

Finally, FTCA requires that each health professional (physician) be screened through the National Practitioner Data Bank (NPDB) for past malpractice claims history. It is recommended that this process be used to verify information that is secured from individual volunteers in an initial volunteer information form that requests any past malpractice or disciplinary action activity. Clinics may secure this information directly from the NPDB through online access. A modest cost accompanies each request. A clinic may also require each volunteer to secure this information through a self-inquiry and pass the information along directly to the clinic.