



MINISTRY OF HEALTH MALAYSIA

**CREDENTIALING & PRIVILEGING
GUIDELINES FOR NURSES, ASSISTANT
MEDICAL OFFICERS & ALLIED HEALTH
PROFESSIONALS**

FOREWORD

DIRECTOR GENERAL OF HEALTH MALAYSIA



I am delighted to present the second edition Guideline on Credentialing of Nurses, Assistant Medical Officers and Allied Health Professionals in Ministry of Health (MOH). The first edition that was published in 2006 has been well received. Nurses and Assistant Medical Officers in four (4) key disciplines namely Perioperative Care, Intensive Care, Ophthalmology Care and Emergency Medicine and Trauma Services that were included in the pilot project, have successfully been credentialed. To date, nine (9) Professions of Allied Health Professionals including Diagnostic Radiographer, Radiation Therapist, Physiotherapist, Occupational Therapist, Dental Technologist, Dietician, Optometrist, Audiologist and Speech Language Therapist have developed their credentialing program. In future, we hope to see more health care professions being credentialed as definitive documentation that practitioners are indeed competent to perform the type of clinical services as certain that the healthcare practitioners are competent and safe towards patient care.

This second edition guideline on Credentialing of Nurses, Assistant Medical Officers and Allied Health Professionals in Ministry of Health (MOH) takes into account information gathered from the past 11 years, and acknowledges changes in health service provision, new circular and recommendations arising from common issues. I hope all practitioners will find this second edition of Credentialing of Nurses, Assistant Medical Officers and Allied Health Professionals in Ministry of Health guideline to be valuable and continuing resource as they develop this important patient safety program.

I would like to take this opportunity to extend my heartiest congratulations to the Medical Programme of the MOH, Malaysia as well as the respective Senior Consultants, the National Head of Clinical Services, the Credentialing Committee, the Training Management Division of MOH Nursing Division, Assistant Medical Officer Board and the Allied Health Sciences Division of MOH who contributed their time, expertise, support and ideas to the development of the second edition of this guideline. They have time and again dropped what they were doing to update and add to their previous work so that we may impart the latest information on the state of the art processes in their medical services. My thanks also go to all the Doctors, Allied Health Professionals, Nurses and Medical Assistant Officers for their contribution in preparing this second edition.

I hope this second edition guideline of Credentialing of Nurses, Assistant Medical Officers and Allied Health Professionals in MOH will assist healthcare managers to continuously implement the credentialing system for MOH practitioners. Although practitioners are inclined to feel burdened by the obligation to meet all the requirements, this is a matter of public trust: the patients' needs to be assured that health care professionals are competent to undertake specific clinical responsibilities and to ensure the "right person does the right job".

Thank you.

A handwritten signature in black ink, appearing to read 'Noor Hisham bin Abdullah', written over a dotted line.

Datuk Dr. Noor Hisham bin Abdullah
Director-General of Health,
Ministry of Health, Malaysia

FOREWORD

DEPUTY DIRECTOR - GENERAL OF HEALTH (MEDICAL)



The Second Edition of Guideline on Credentialing and Privileging of Nurses, Assistant Medical officers and Allied Health Professionals In Ministry Of Health (MOH) clearly project the outgrowth of credentialing and recognition of allied health professionals that came from various disciplines and background. Credentialing is a formal process to verify the qualifications, training and supervision with experience, professional standing and other relevant professional attributes of health practitioners. The purpose of having a formal process is to ensure good competence and highly perform professionals to provide safe and high-quality services within Ministry of Health Malaysia. The credentialing process enable healthcare practitioners to enhance and up skill their certification by following different pathways such as obtaining Post-Basic or Advance Diploma or Post Graduate in the field of specialization which is being conducted by the training Division of Ministry of Health Malaysia as well as Universities and Colleges. A formal Credentialing Committee that consist of experts coming from various field of practice will be established, to verify and analyze all the information submitted by an applicant including the log book. The committee will also play an important role to credentials and to determine on the scope of clinical practice for the applicants. Lastly, I would like to congratulate the team in making the credentialing and privileging guideline possible.

Thank you.

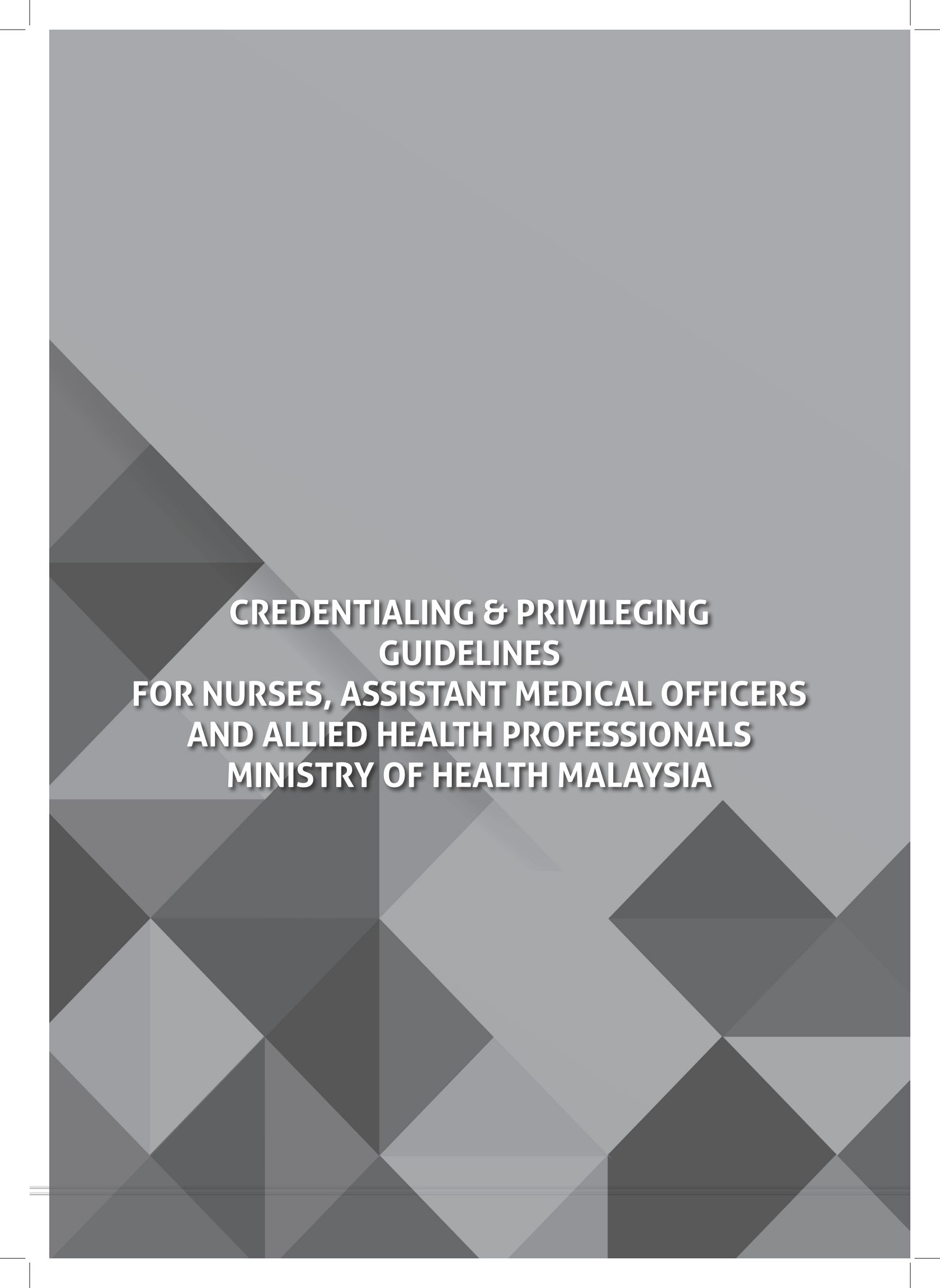
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Dato' Dr. Haji Azman bin Haji Abu Bakar
Deputy Director - General of Health (Medical)
Ministry of Health Malaysia

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**CREDENTIALING & PRIVILEGING
GUIDELINES
FOR NURSES, ASSISTANT MEDICAL OFFICERS
AND ALLIED HEALTH PROFESSIONALS
MINISTRY OF HEALTH MALAYSIA**

GUIDELINES FOR CREDENTIALING AND PRIVILEGING OF NURSES, ASSISTANT MEDICAL OFFICERS AND ALLIED HEALTH PERSONNEL IN THE MINISTRY OF HEALTH MALAYSIA

1. OBJECTIVE

This book is designed as a reference for health care managers on the delineation of clinical privileges for Nurses, Assistant Medical Officers and Allied Health Personnel (AHPs). Basically it covers the general guidelines for the procedures of applying, the initial granting and other towards awarding a competency certificate. Periodic reviews on updating of clinical privileges and others which are related are also covered.

2. OVERVIEW

Nurses, Assistant Medical Officers and Allied Health Personnel make up the most number of the medical personnel in the Ministry of Health Malaysia (MOH). The increasingly sophisticated roles and responsibilities they carry out have made them more exposed to errors if they are not professionally competent in their daily work. Medical knowledge and technology has not only changed the work environment for health care providers but has also introduced new and challenging treatment approaches and procedures. Internet, newspapers and other forms of the media where medical information is easily channeled to the public has increased the awareness for safe, efficient and affordable medical treatment for them. The reality of these demands can be translated by the increasing the number of complaints and legal suits against the medical institutions.

Therefore it is essential that there is a mechanism for hospitals 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. Even though individual healthcare providers provide services, the hospital is accountable and responsible for all activities, which take place in its premises. It is basic to the discharge of this responsibility that a hospital must satisfy itself as to competence of those providing patient care services in the hospital.

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, specialists, medical officers, nurses, assistant medical officers as well as allied health personnel. However considering the enormous task involved, the credentialing and privileging of the specialists in the MOH which has been implemented in 2002 has the following recommended:

- i) In introducing the system, the initial phase will be limited to credentialing of performing specialized procedures.
- ii) Establishing the Credentialing Committee at the National level.
- iii) Establishing the Privileging Committees in all hospitals.

This guideline sets out the following:

- i) Definitions of credentialing and privileging,
- ii) Organizational structure for credentialing and delineation of privileges
- iii) Process and procedures for delineating privileges
- iv) Criteria for competency in a particular procedures/ areas/ disciplines/ specialty.

3. GENERAL PRINCIPLES AND DEFINITIONS

Credentialing

The two-pronged process that involves establishing requirements and evaluating individual qualifications for entry into a particular status/ specialty based on pre-determined professional training requirements and experience. Credentialing first involves considering and establishing the professional training and experience. The second aspect of credentialing involves obtaining and evaluating evidence of the qualifications of individual applicants.

Credentials

Credentials represent the formal qualifications, training, experience and clinical competence of the healthcare provider providing the professional health service. They are evidenced by documentation of certificates of completion of specific courses, periods of verifiable formal instruction or supervised training and information contained in confidential professional referee reports.

Privileges

The right of a health care provider to provide specific care that is consistent with his/ her training, experience and competency.

Core Privileges

Privileges that a fully trained, entry-level health care provider is qualified to do in a particular specialty on completing an approved training program. Procedures that go beyond the core that would require additional training and/or experience are covered by additional specific privileges.

Delineation of privileges

The three-pronged process of determining which diagnostic and treatment procedures a hospital is equipped and staffed to support, the minimum training and experience necessary for a health care provider to competently carry out each procedure, and whether the credentials of applicants meet requirements and allow authorization to carry out requested procedures. The clinical privileges represent the range and scope of clinical responsibility that a health care provider may exercise in the hospital. Clinical privileges are specific to the individual, usually in a single hospital and are not automatically transferable to another.

Current competency

The determination of the extent to which a health care provider is presently sufficiently skilled to safely execute current privileges. A current competence assessment includes evaluating health care provider's training, experience, health, ability to interact with other staff members, clinical outcome statistics, continuing education and other such criteria the hospital may choose to include.

Healthcare provider

The term healthcare provider is used in this document as a generic term to reflect all medical practitioners, Nurses, Assistant Medical Officers and Allied Health Personnel.

Allied Health Personnel (AHP)

The term Allied Health Personnel is used in this document as a generic term to reflect all categories of Allied Health Personnel. The implementation of credentialing and privileging for the Nurses, Assistant Medical Officers and Allied Health Personnel will be done in phases, starting with Nurses and Assistants Medical Officers working specialized care areas.

4. INTRODUCING A CREDENTIALING SYSTEM

The process of Credentialing involves:

- a) Recognition of Nurses, Assistant Medical Officers and Allied Health Personnel's specialty status
- b) Assuring clinical competence and identifying procedures that practitioner be proficient in.
- c) Development of standards for clinical competence.
- d) Establishment of an organizational structure
- e) Establishment of credentialing process

4.1 Recognition of specialty status

A Nurse or Assistant Medical Officers wishing to practice in Malaysia must register with the Malaysian Nursing Board or Assistant Medical Officers Board. However this registration does not differentiate those practicing/working in a specialized area from general areas. In granting recognition for the various specialized areas, references are made to basic qualification, duration, structure of the course and the examination system. The MOH recognition of the course or training program is not obligatory to those who are practicing in the private sector or universities.

The granting of Nurses, Assistant Medical Officers and Allied Health Personnel specialty status will identify them as having completed a residency and having expertise in a specific field of medicine. The process is essential for the credentialing system.

4.2 Assuring clinical competence and identifying procedures that practitioner be proficient in.

i) Assuring clinical competence

On completing a recognized training program, Nurses, Assistant Medical Officers and Allied Health Personnel in MOH are required to undergo a period of assessment or validation of their knowledge, skill and experience in their respective field of training. On satisfactory completion of the assessment period, the Nurses, Assistant Medical Officers and Allied Health Personnel is credentialed as a competent staff. This process is useful for assessing his/her clinical competence.

Nurses, Assistant Medical Officers and Allied Health Personnel who have been working overseas in other specialized areas are also required to undergo a probationary period to assess their clinical competence.

ii) Procedural credentialing

Besides the core clinical activities, practitioners sometimes perform procedures that require a higher level of training and experience to avoid poor outcome. For the purpose of credentialing, each discipline must identify these procedures. The criteria for selection can include:

- a) Invasive procedures requiring extra skills and knowledge
- b) High risk procedures
- c) New techniques and technologies
- d) Complex procedures
- e) Procedures where the appropriateness of indication are open to abuse

4.3 Developing standards for procedural competence

The specialty committees are usually charged with the responsibility of identifying the minimum criteria necessary for competent performance of specific procedures. In developing standards for evaluating competence, the important aspect considered includes cognitive skills, technical skills and the quality of the educators. A specific number of procedures to be performed to attain competence are also taken into account.

4.4 Establishment of an organizational structure

In implementing credentialing, the following organizational structures committees have been recommended:

- i) National Nursing, Assistant Medical Officers & Allied Health Personnel (AHP) Credentialing Committee at the national level
- ii) Specialty Sub-Committees at the National level to assist and advise the National Credentialing Committee
- iii) Hospital Privileging Committee at hospital level

4.5 Establishment of credentialing process

The primary objective of this process is to ensure that government hospitals and other healthcare providers therein provide services, which are of appropriate scope and quality.

Therefore, there is the:

- i) Recognition of a range of training, experience and competency criteria required for different levels of complexity of medical services and procedures.
- ii) Identification and regular review by the National Credentialing Committee of the training experience and level of clinical competence of healthcare providers seeking to provide services and the subsequent formal recognition of the areas of clinical responsibility in which the healthcare provider is considered competent.
- iii) The formal definition and control by the Hospital Privileging Committee, of the medical services that individual healthcare providers shall be permitted to provide. This is accomplished by considering their clinical competencies and the hospital service level consistent with the community needs and the most efficient use of available resources.
- iv) Need for centralized monitoring of the quality and quantity of services being provided to permit regular review of privileges.

NATIONAL CREDENTIALING COMMITTEE (NCC) FOR NURSES, ASSISTANT MEDICAL OFFICERS AND ALLIED HEALTH PROFESSIONALS

Membership

Advisor	:	Director General of Health
Chairman	:	Deputy Director General of Health (Medical)
Members	:	Director of Medical Development Division Director of Allied Health Sciences Division Under-Secretary of Training Management Division Director of Malaysian Nursing Division Head of Assistant Medical Officer Specialty Sub-Committees Chairman
Co-opt members	:	When necessary

Main Functions:

1. Formulate and determine policies pertaining to standards of specialty practice.
2. Maintain standards of specialty practice.

Terms of Reference:

- i. Recommend / approve credentialing of specialties.
- ii. Endorse recommendations from Subspecialty Committee (SSC) to credential Allied Health Professional, Assistant Medical Officer and Nurses in the respective disciplines.
- iii. Co-ordination, standardization and certification of specialty training.
- iv. Provide guidelines on standards of specialty practice.
- v. Act as an advisory body to Hospital Privileging Committee.

National Nursing, Assistant Medical Officers and Allied Health Professionals Credentialing Committee (NCC) Meeting

1. A quorum of at least five (5) members must be established for the committee to begin and to continue to transact business.
2. An agenda shall accompany a notice of regularly scheduled meetings and it shall be distributed not less than ten (10) days prior to the meeting.
3. Minutes will be distributed with the agenda.
4. The committee shall meet 6 monthly or at such other frequency as decided by the chairperson. However, the chairperson or in his or her absence any five (5) members, may call for an emergency meeting of the committee without notice or agenda being distributed prior to the meeting.
 - 4.1 Matters coming before the committee shall be decided by a simple majority vote of those members present and voting in favor of the motion. The chairperson has a casting vote in the case of a tied vote. Proxy voting is not permitted.

SUBSPECIALTY COMMITTEES (SSC) FOR NURSES, ASSISTANT MEDICAL OFFICERS AND ALLIED HEALTH PROFESSIONALS

The Subspecialty Committee members will be chosen based on area of care to be credentialed or privileged.

Chairman : MOH Specialist – based on area of care / MOH Head of Profession
Members : 5 - 10 representatives - as per specialty
(Nurses / Assistant Medical Officer / Allied Health Professional)
1 representative from MOH Training Division

Functions:

1. The sub-committee will look into the credentialing requirements in their specialty area.
2. Each sub-committee is responsible in determining the core clinical activities within their specialty.
3. The sub-committee shall also identify the expanded and extended scopes for each specialty which require additional training such as:
 - Assisting in invasive procedures.
 - High risk procedures.
 - New technologies and technique.
 - Complex procedures.
4. All identified new procedures for credentialing by the Nurses, Assistant Medical Officers and Allied Health Professionals members will be verified by the specialist of the specialty concerned.
5. Each specialty will be responsible for the identification of training requirements. The specialty will also look into the accreditation of hospitals and trainers for the training programs.

Terms of Reference:

- Recommend the credentialing of Nurses, Assistant Medical Officers and Allied Health Professionals in respective areas applied
- Develop guidelines for clinical competencies for:
 - Specialized procedures and training requirements
 - Minimum criteria for competent performance of specific procedures
- Identify the list of procedures that require to be credentialed.

Application for credentialing

All practitioners wishing to be credentialed must make an application to the National Credentialing Committee using the designated form.

- a) Must state their qualification, training, experience and the details of the area of care/ service/ procedures they wish to practice.
- b) Provide evidence that he/she has sufficient working experience in the specialized area which incorporates experience in procedural skills or.

- c) Provide documentary evidence that he/she has undergone structured training for the particular area of care/ service/ procedures.
- d) Registered with the governing professional body, where applicable.
- e) Possess current Annual Practicing Certificate, where applicable.
- f) Provide satisfactory referee/supervisor report.

Recommendation for credentialing

1. The respective SSC will meet and review applications for credentialing in their respective disciplines.
2. They may recommend the applications to be approved, deferred or rejected.
3. For rejections and deferments, reasons must be stated.
4. All application outcomes will be tabled to the NCC for endorsement.
5. The process of credentialing once awarded will be valid for three (3) years. After that period the practitioner will have to apply for renewal.
6. The committee has the right to review the credentials at any time. Review of credentials before the three (3) years period should only be instituted when legitimate and verifiable concerns or complaints are expressed concerning an individual practitioner's clinical performance.
7. Upon approval of the recommended credentials by the committee, applicant will be informed in writing of the final decision.

APPEALS

1. Rejected applications are eligible for appeal All appeals must be made to the NCC within one (1) month of receipt of notification that the application for credentialing has been rejected.
2. The NCC shall appoint a committee at the next meeting to look into the appeal.
3. If the appeal is favorable to the applicant, he/she will be credentialed.
4. If the appeal is not favorable to the applicant, then the individual may discontinue the appeal or reapply to be credentialed taking note of the reasons for the previous rejection.
5. Outcome of the appeal shall be given in writing to the appellant.

Secretariat:

The division under Medical Programs (i.e. Nursing Division / Allied Health Sciences Division / Assistant Medical Officer Unit) will initiate the secretariat activities. The secretariat functions will be carried out on a 2-yearly rotational basis of the divisions concerned.

Functions:

1. Maintain database of credentialed Nurses, Assistant Medical Officer and Allied Health Professionals.
2. Process all applications for credentialing.
3. Verification of data pertaining to the credentialing process.
4. Preparation of reports as required.
5. Monitor and record credentialing results.
6. Issue credentialing certificate.



**PRIVILEGING IN HOSPITALS
MINISTRY OF HEALTH MALAYSIA**

PRIVILEGING IN HOSPITALS MINISTRY OF HEALTH MALAYSIA

1. HOSPITAL PRIVILEGING COMMITTEE

Hospital Privileging Committee

Chairman: Hospital Director

Members: 4-6 Senior Specialists-depends on type of hospital
(state hospital, district hospital with specialists or district hospital without specialists)
Representatives from Nursing, Assistant Medical Officer and AHPs according to needs.

Functions:

The committee shall determine and ensure that the granting of privileges is in accordance with the individual's qualifications, training, competence and appropriate to the available resources.

Terms of reference:

1. Consistent with credentials awarded by the National Credentialing Committee and the hospitals needs for services and appropriate to available resources.
2. To periodically check and review the privileges granted which is for a defined period.
3. To monitor and review the performance of individual healthcare providers practicing in the hospital as and when required

Committee Meetings

- i) A quorum must be established for the committee to begin and to continue committee transactions
- ii) An agenda shall accompany a notice of regularly scheduled meetings and it shall be distributed not less than (10) days prior to the meeting.
- iii) Minutes will be distributed with the agenda.
- iv) The committee shall meet at least 3 monthly or at such other frequency as decided by the committee. However, the chairperson, or in his or her absence any three members, may call for an emergency meeting of the committee without notice or agenda being distributed prior to the meeting.
- v) Matters coming before the committee shall be decided by a simple majority vote of those members present and voting in favor of the motion. The chairperson has a casting vote in the case of tied vote. Proxy voting is not permitted.

2. PROCEDURES FOR DELINEATION OF PRIVILEGES

2.1 Application for Clinical Privileges

2.1.1 All healthcare providers in the hospital shall have access to

- a) A copy of the approved application form
- b) A statement of the Hospital Privileging Committee's policy in relation to the range and level of medical care that may be undertaken which are predetermined based on specific department needs within the hospital.
- c) Information on the definitions of terms and criteria for privileges in specialty areas and
- d) A brief statement outlining the rights of appeal.

All the above shall be available with the Hospital Privileging Committee

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

2.1.3 The application for privileges must be made in the Application for Clinical Privilege Form (APPENDIX AHP 3). The applicant will be responsible for providing the appropriate documents which may include certificates of competency or any papers or documents pertaining to competency and clinical competency for the privileges being requested. Documentation should include:

- a) Application form for Clinical Privileges (Appendix AHP 3)
- b) Supporting documents of professional training and/or experience including log books
- c) Documents on continuing professional development (CPD) related to area and scope of clinical privileges
- d) Privileges obtained from other hospitals and copies of the certificates of privileging from other hospitals.

2.1.4 All documented references must be made with two referees including one from the current or most recent employer or institution where the applicant is practicing. Statements or references submitted by applicants regarding clinical competence must be verified by the referees.

2.2 Delineating Clinical Privileges

All applications for privileging will be submitted to the Hospital Privileging Committee (HPC) for verification and decisions. In considering the application:

2.2.1 The HPC will also take into consideration:

- i) The application for clinical privileges with available supporting documents.
- ii) The appropriateness of the service level of the granting hospital and
- iii) Other relevant factors (e.g. availability of OT time, the degree of available support and supervision) before granting the privileges.

- 2.2.2 The committee can verify information concerning the healthcare provider from the central database or other appropriate source such as place of practice.
- 2.2.3 Relevant information relating to the professional and clinical competence of the applicant in the areas of application can be extracted from Application Appraisal form (Appendix AHP 4)
- 2.2.4 Upon certification of the clinical privileges all new healthcare providers must undergo a provisional period of 6 months. During this period, the clinical performance and clinical competence of the healthcare provider's will be directly observed, at least periodically, by the referees. If, during this period; the healthcare provider demonstrates an acceptable level of clinical performance and conduct, the healthcare provider will be considered successful in completing the probationary period.
- 2.2.5 If during the 6 months the referee determines shortfalls in performance, the referee must submit a formal evaluation form of the healthcare provider's performance to the Hospital Privileging Committee (Appendix Proctor). The Hospital Privileging Committee will notify the applicant, extend the provisional status for an additional six months, or recommend corrective action as appropriate.
- 2.2.6 Clinical privileges will be granted for a period of three years and they will be reviewed and renewed every three years at the time of completion. However the committee shall have the right to review, vary or withdraw privileges at any time. The applicant must apply six months prior to completion of three years for renewal of privileging.
- 2.2.7 The Committee may grant all or parts of the privileges requested or deny some privileges. Any limitations or denial of privileges must be based on reasonable grounds, including:
- i) Proper evaluation of valid evidence, data or documents submitted
 - ii) Substantiated complaints against the applicant
 - iii) Hospital needs to be considered
- The HPC's evaluation is expected to be consistent from individual to individual.
- 2.2.8 The Committee must ensure that all its decisions are objective and fair.
- 2.2.9 The Committee must have a definite written policy for any denial of privileges.
- 2.2.10 Upon approval of privileges, the hospital should notify 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.
- 2.2.11 Copies of individual clinical privileges will be maintained in the hospital database.

- 2.2.12 The Hospital Privileging Committee must establish a formal appeal mechanism allowing healthcare provider to appeal against any unfavorable decision.
- 2.2.13 The committee may reduce or revoke privileges at any time. It may temporarily suspend such privileges if necessary, subject to the person obtaining further training or may choose to only allow him to perform the procedure under some form of supervision.
- 2.2.14 The business meeting of the Committee should be formally conducted and all decisions properly recorded. Minutes should be kept in the form of decisions and formally approved and signed.
- 2.2.15 A practitioner, notwithstanding the categories of privileges granted to him/ her by the Committee, would, in an emergency situation, be entitled to perform whatever acts or procedures which are deemed necessary to preserve the health or life of a patient, if no other suitably privileged practitioner is available.

2.3 Reduction and Revocation of privileges

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 disable 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.

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)

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 on the recommendation of the Hospital Privileging Committee may summarily suspend privileges, on a temporary basis, when there is sufficient concern regarding patient safety or specific problem.

The Hospital director should report any reduction or revocation of privileging to the National Credentialing Committee.

3. REAPPRAISAL AND REPRIVILEGING

- 3.1 **Reappraisal** is the process of reevaluating the clinical competence of healthcare providers who have been granted clinical privileges and will include evaluation of professional performance, clinical judgment, technical competence and skills.
- 3.2 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 HPCs recommendation for granting clinical privileges.

4. APPLICATION FOR ADDITIONAL CLINICAL PRIVILEGES

- 4.1 As hospital practice and clinical techniques change over time, it is normal that clinical privileges will also change. The Head of Department will review with the individual the specific procedures and treatments that are being requested. (Appendix AHP 5). These issues will be considered additional clinical privileges. The process of reappraisal and granting new clinical privileges within the core privileges will be the same as outlined above. The healthcare provider request for privileges will be reviewed, and a recommendation made, by the relevant referees one of which to include the Head of Department responsible for the particular specialty area for which the privileges have been requested.
- 4.2 The healthcare provider, may submit a request for **modification of clinical privileges** at any time. Requests will be accompanied by the appropriate documentation which support's the healthcare provider assertion of competence.

Requests for other changes should be accompanied by an explanatory statement. The Head of department will consider the additional information in the entire Credentialing and Privileging folder before making a recommendation to the Hospital Privileging Committee. After consideration, the Hospital Privileging Committee will present a recommendation for action.

5. MONITORING AND REVIEW OF PRIVILEGES

Every hospital needs to develop a system of monitoring to:

- 5.1 Ensure that health care providers obtain their privileges
- 5.2 Ensure that the services provided and services performed are within the set of privileges granted to them.
- 5.3 Ensure healthcare providers perform sufficient procedures to maintain their skills in their special area of practice.

- 5.4 Record the completion of any additional training of a healthcare provider which may entitle him to apply for additional privileges.
- 5.5 Ensure healthcare providers periodically undertake appropriate refresher training where necessary.
- 5.6 Investigate complaints against a healthcare provider concerning treatment or care of patients within the hospital.
- 5.7 To bring to the attention of the HPC any matter, which may reflect on a healthcare provider's ability to effectively exercise the clinical privileges.
- 5.8 Revoke, suspend, reduce and amend clinical privileges where the hospital is satisfied that a healthcare provider's ability to the clinical privileges is compromised.
- 5.9 Feedback to the National Credentialing Committee to update any changes pertaining to competency of a healthcare provider's privileges accordingly.
- 5.10 Methods of monitoring to be developed by each hospital may include the following:
 - i. Review of patients complaints
 - ii. Logbook
 - iii. Through peer assessment
 - iv. Periodic external review/audit
 - v. Audits/complications rates
 - vi. CPD Points
 - vii. Peri-operative mortality reviews/morbidity reviews
 - viii. Feedback from the heads of department

6. EXTENSION OF PRIVILEGES

Extension of privileges e.g. on completion of additional training can only be recommended after approval by the National Credentialing Committee.

7. TERMINATION OF PRIVILEGES

Clinical Privileges will be automatically terminated if the practitioners cease to be legally entitled to practice.

8. APPEALS

All appeals shall be handled by an Appeal committee within the HPC. In the event of an adverse decision or indecision by the appeal committee, the appeal committee will forward the appeal to the Medical and Dental Advisory Committee (MDAC). For hospitals that do not have MDAC of their own, all appeals should be made to the MDAC of the State Hospital. The appeal process is intended to allow for reconsideration of any adverse decision and for new information to be brought forward if available.

8.1 Formal Appeal Mechanism

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

- i) Deny privileges as requested
- ii) Apply conditions to granting of privileges
- iii) Withdraw or vary privileges

8.2 Lodgment of appeals

8.2.1 Applicants who wish to dispute the outcome must do so within 2 weeks of first receiving advice of the decision they wish to dispute. The appellant shall apply in writing stating the grounds for their appeal with supporting documents to the HPC. The Hospital Director on the advice of HPC will appoint members of the appeal committee comprising of 2 specialists and one representative the service area of the appellant.

8.2.2 If such appeals are not resolved satisfactorily, the appeal should then be directed to the Medical / Dental Advisory Committee who will have the final say.

8.3 Hearing Procedures for Nursing, Assistant Medical Officer and AHP

8.3.1 The committee should restrict its considerations to either written evidence or verbal testimony given at hearings.

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

- i) All reports presented to the Committee must remain confidential to those members and be treated accordingly
- ii) All hearings will be in closed sittings

8.3.3 The appeals committee will provide the Hospital Privileging Committee with a report on the hearing and make a recommendation that the appeal be either upheld or dismissed.

8.3.4 Recommendations may include obtaining additional training or qualifications as deemed necessary by the committee.

8.3.5 Upon receipt of the committee's report and recommendations the Hospital Privileging Committee should as soon as possible thereafter notify the appellant of its decision.

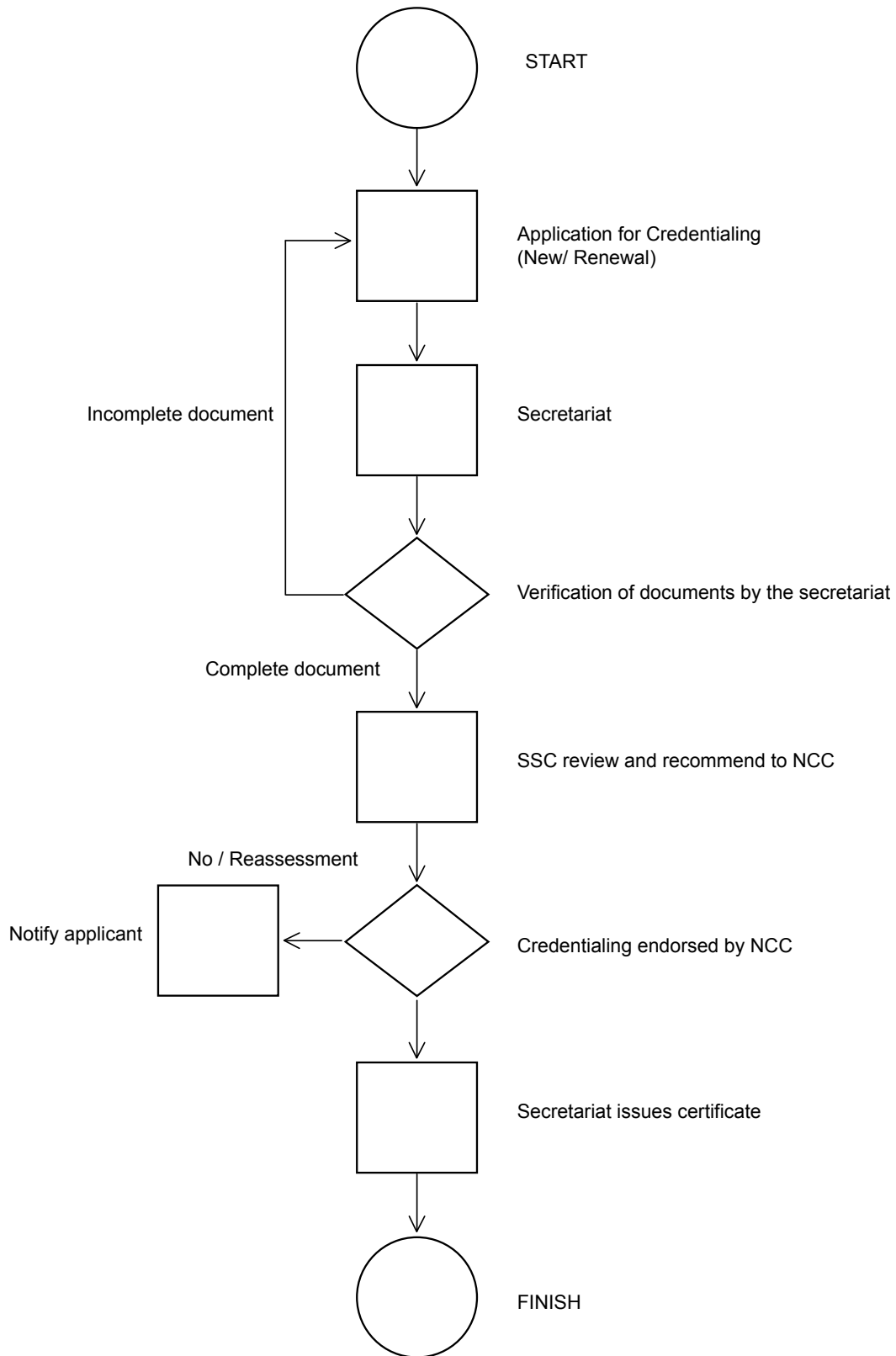
8.3.6 Where possible the Committees should explore any scope for mediation to resolve any dispute.



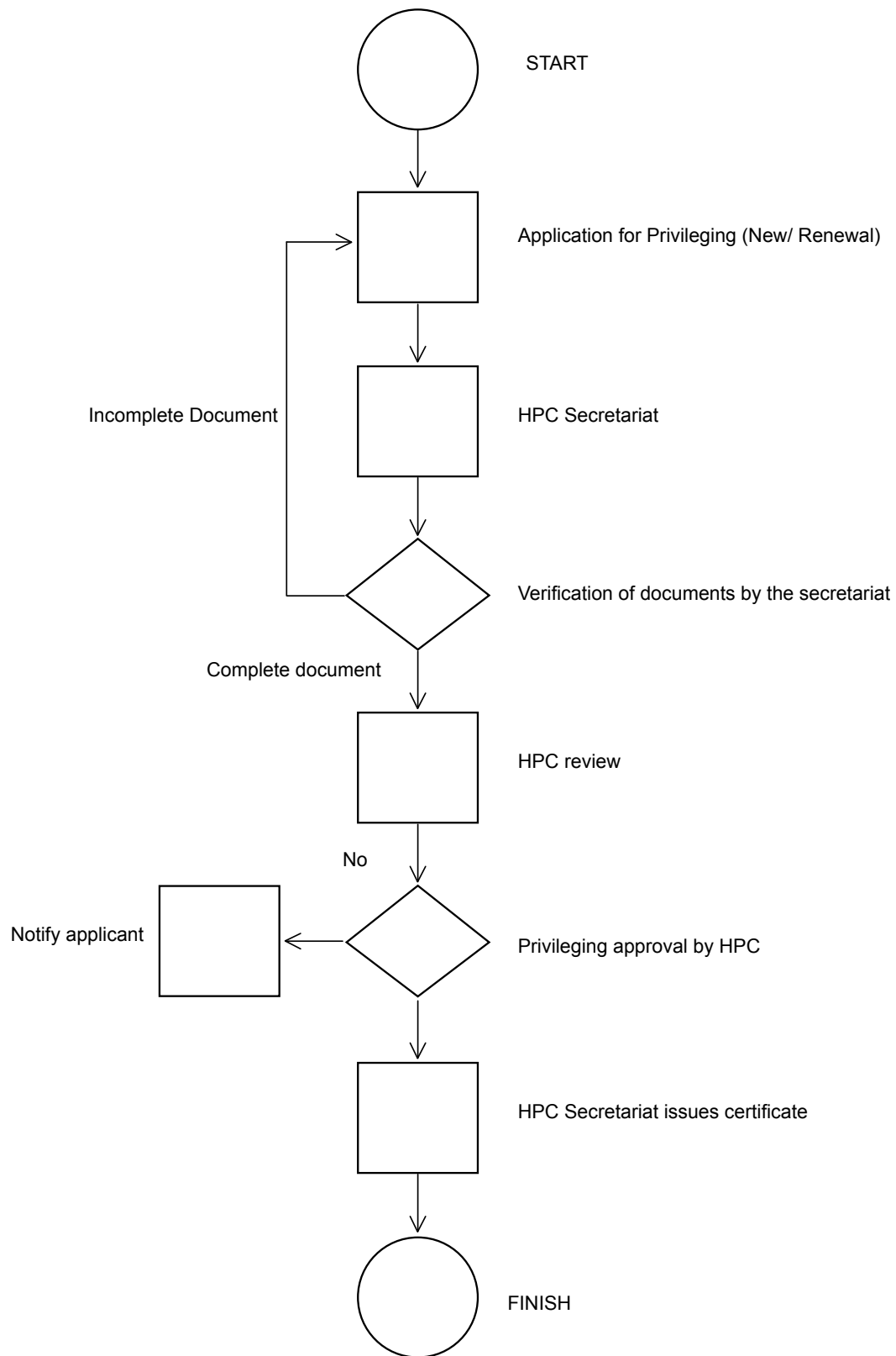


WORKFLOW

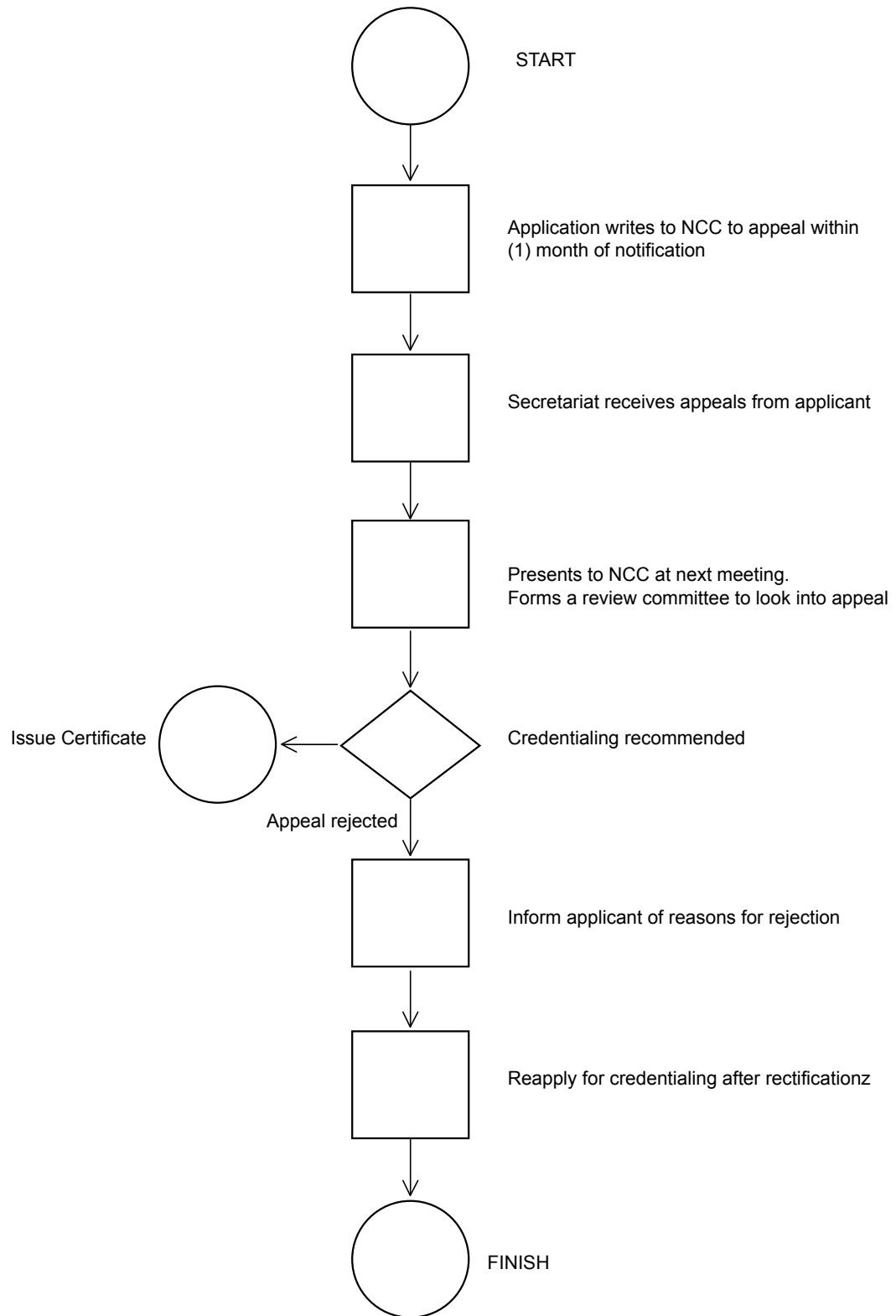
WORK PROCESS IN CREDENTIALING OF NURSES, ASSISTANT MEDICAL OFFICERS AND ALLIED HEALTH PROFESSIONALS IN THE MINISTRY OF HEALTH MALAYSIA

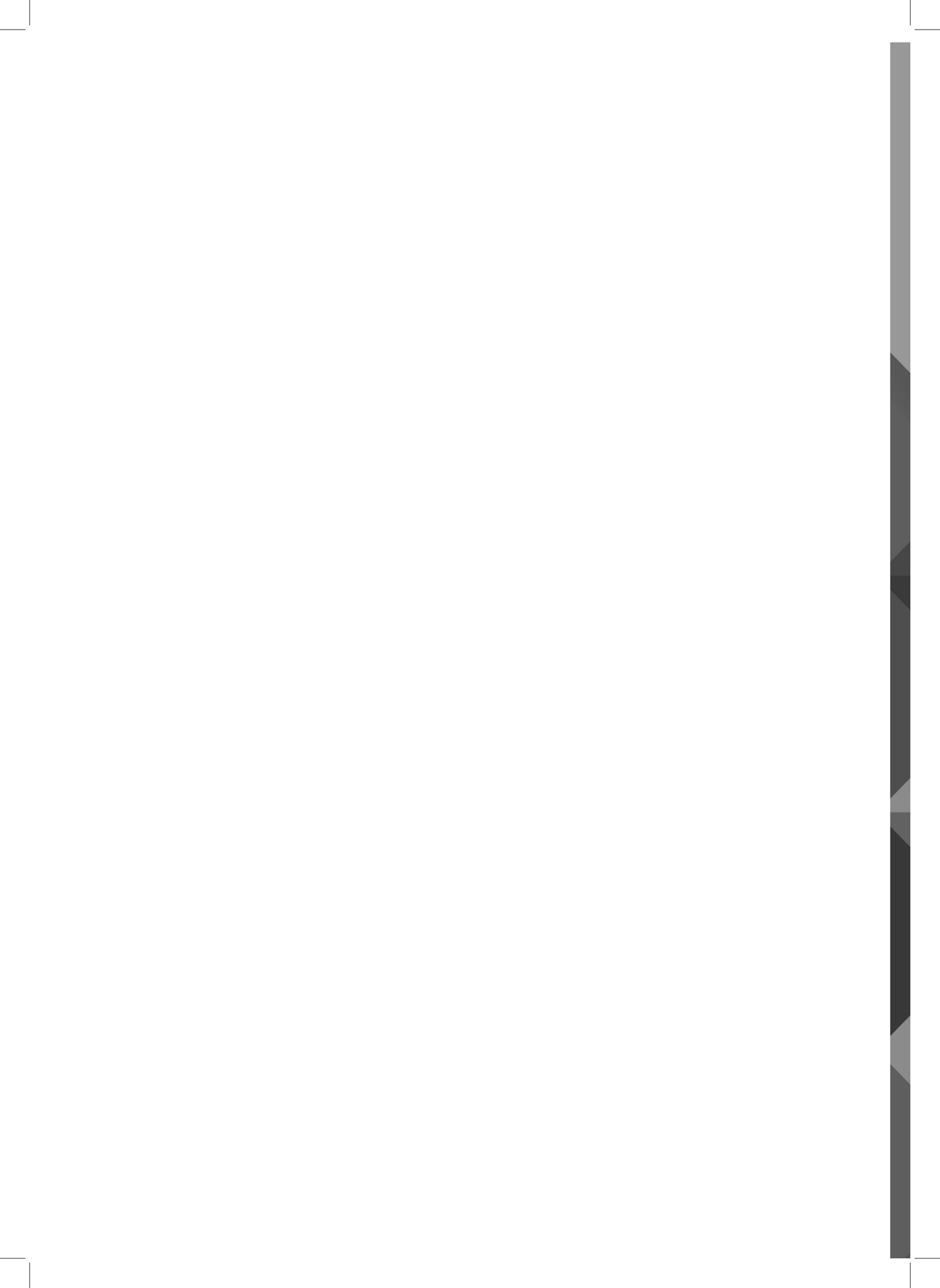


WORK PROCESS IN PRIVILEGING OF NURSES, ASSISTANT MEDICAL OFFICERS AND ALLIED HEALTH PROFESSIONALS IN THE MINISTRY OF HEALTH MALAYSIA



WORK PROCESS FOR APPEALS AT NATIONAL CREDENTIALING COMMITTEE





CRITERIA FOR CREDENTIALING OF NURSES AND ASSISTANT MEDICAL OFFICERS IN

- 1. PERI-OPERATIVE CARE**
- 2. INTENSIVE CARE NURSING**
- 3. OPHTHALMOLOGY**
- 4. EMERGENCY MEDICINE & TRAUMA SERVICES**
- 5. DIALYSIS CARE: HAEMODIALYSIS / PERITONEAL DIALYSIS**
- 6. PRE HOSPITAL CARE SERVICES**
- 7. ENDOSCOPY SERVICES**
- 8. GENERAL PAEDIATRIC NURSING**
- 9. NEONATAL NURSING**
- 10. ORTHOPAEDIC SERVICES**
- 11. CARDIOVASCULAR PERFUSION**
- 12. ANAESTHESIOLOGY & INTENSIVE CARE SERVICES:
ANAESTHESIA / PERI-ANAESTHESIA / INTENSIVE CARE**
- 13. PERI-ANAESTHESIA CARE (P.A.C)**

CRITERIA FOR CREDENTIALING OF NURSES & ASSISTANT MEDICAL OFFICERS IN PERI-OPERATIVE CARE

CRITERIA	PERI-OPERATIVE
Basic Academic Qualification	Recognized Diploma / Degree for Assistant Medical Officer / Nursing
CORE PROCEDURES	
Without post-basic certificate, working continuously in the area over a period of NOT less than five (5) years	6 months log book
With post-basic certificate / advanced diploma & working continuously in the area for more than 1 year	Can be credentialed with recommendation from supervisor & HOD
Completed post-basic certificate / advanced diploma and posted to the unit for a period of less than 1 year	6 months log book
With post-basic certificate and posted out for more than 2 years before returning to the unit.	Can be credentialed with recommendation from supervisor & HOD
OPTIONAL PROCEDURES	<ul style="list-style-type: none"> • Must first be credentialed in the core procedures • Must have worked continuously in the specialized area over a period of three (3) or more months • Attachment for very specialized procedures, time frame will be decided by the specialized area concerned • The procedures must be certified by specialist relevant to the procedure

CRITERIA FOR CREDENTIALING OF NURSES IN INTENSIVE CARE NURSING

CRITERIA	
Basic Academic Qualification	Recognized Diploma / Degree for / Nursing
CORE PROCEDURES	
Without post-basic certificate, working continuously in the area over a period of less than two (2) years	1 year log book
With post-basic certificate & working continuously	Can be credentialed with recommendation from supervisor & HOD
With post-basic certificate & was in the unit, then posted out. After 2 years reposted to the unit.	re-do log book as decided by HOD
General ICU with Neuro Intensive Care	Additional logbook for section on Neuro Intensive Care
General ICU with Paediatric Admission	Additional logbook for Paediatric Intensive
Cardiothoracic ICU	Additional logbook for Cardiothoracic Intensive Care
OPTIONAL PROCEDURES	
	<p>Must first be credentialed in the core procedures</p> <ul style="list-style-type: none"> • Must have worked continuously in the specialised area over a period of three (3) or more months • Attachment for very specialised procedures, time frame will be decided by the specialised area concerned • The procedures must be certified by specialist relevant to the procedure

CRITERIA FOR CREDENTIALING OF NURSES & ASSISTANT MEDICAL OFFICERS IN OPHTHALMOLOGY

NEW APPLICATION CRITERIA		OPHTHALMOLOGY
1.	Annual Practicing Certificate (APC)	Processes a current APC
2.	Post Basic qualification	Post Basic Training (Certification) in Ophthalmology (At least 6 months post qualification experience)
3.	Recommendation from Head of Ophthalmology	Recommended
4.	Logbook of core ophthalmology procedures	Summary of logbook (6 months) signed by Head of Ophthalmology
RENEWAL CRITERIA		OPHTHALMOLOGY
1.	Annual Practicing Certificate (APC)	Processes a current APC
2.	Recommendation from Head of Ophthalmology	Recommended
3.	Logbook of core ophthalmology procedures	Summary of logbook (6 months) signed by Supervisor or Head of Ophthalmology

CRITERIA FOR CREDENTIALING OF NURSES & ASSISTANT MEDICAL OFFICERS IN EMERGENCY MEDICINE & TRAUMA SERVICES (EMTS)

	NEW CRITERIA	WITH POST-BASIC	WITHOUT POST-BASIC
1	Basic Academic Qualification	Recognized Diploma / Degree for Assistant Medical Officer / Nursing ; or B.Sc (Emergency Medicine) recognized by MQA.	Recognized Diploma / Degree for Assistant Medical Officer / Nursing
2	Experience	<p>Qualified in AEMTC / ADEC (Continuously working in ED).</p> <p>Not working in Emergency Department less than 2 years.</p> <p>Not working in Emergency Department for more than 2 years</p>	<p>Hospital With Specialist</p> <p>Completed core procedure requirement.</p> <p>Pass a Viva test & Skill Stations with recommendation from Supervisor & Head of Department.</p> <p>Recommendation from Supervisor & Head of Department.</p> <p>Five years @ more</p> <p>More than 1 year & less than 2 years</p> <p>More than 2 years but less than 5 years</p> <p>Min 3 years</p> <p>Hospital without specialist</p>
3	Life Support Skill	<p>BLS</p> <p>MTLS/ TLS</p> <p>ACLS</p> <p>PALS /APLS</p>	<p>BLS</p> <p>MTLS/ TLS</p> <p>ACLS</p> <p>PALS /APLS</p> <p>Compulsory</p> <p>Compulsory & Recognized from National Committee of Resuscitation Training (NCORT)</p> <p>Either or</p> <p>Optional</p>
4	Log Book	Not Required	<p>Log Book</p> <p>Compulsory if less than 2 years of experience</p> <p>Compulsory</p>

CRITERIA FOR CREDENTIALING OF NURSES & ASSISTANT MEDICAL OFFICERS IN DIALYSIS CARE

		HAEMODIALYSIS		PERITONEAL DIALYSIS		
1	Basic Academic Qualification	Recognized Diploma/Degree for Assistant Medical Officer/Nursing, AND	Recognized Diploma/Degree for Assistant Medical Officer / Nursing, AND	Recognized Diploma/Degree for Assistant Medical Officer / Nursing, AND		
2	Post Graduate / Basic Qualification	Recognized Post Basic Renal Nursing Certificate or Advanced Diploma in Renal Nursing or equivalent, AND	Recognized Post Basic Renal Nursing Certificate or Advanced Diploma in Renal Nursing or equivalent, AND	Recognized Post Basic Renal Nursing Certificate or Advanced Diploma in Renal Nursing or equivalent, AND		
3	Experience	<p>Those currently working for more than 1 year in an accredited Hemodialysis Facility.</p> <p>Those with more than 3 years of experience in an accredited hemodialysis facility who may have left Haemodialysis Services but have returned to the Unit within 2 years.</p> <p>Those with more than 3 years of experience in an accredited Haemodialysis Facility and have been out of Haemodialysis Facility for more than 2 years.</p> <p>Those with experience of less than 3 years and currently not working in Haemodialysis Facility.</p>	<p>Recommendation from Visiting Consultant Nephrologist or the Head of Department. First application for credentialing must be endorsed by a Consultant Nephrologist. Assessor for log book should be Supervisor/ Manager</p> <p>Serve in accredited Haemodialysis Facility continuously for 6 months and complete log book within the period. Recommendation from Visiting Consultant Nephrologist or the Head of Department. First application for credentialing must be endorsed by a Consultant Nephrologist. Assessor for log book should be Supervisor/ Manager.</p> <p>Serve in accredited hemodialysis facility continuously for 6 months and complete log book within the period. Recommendation from Visiting Consultant Nephrologist or the Head of Department. First application for credentialing must be endorsed by a Consultant Nephrologist. Assessor for log book should be Supervisor/ Manager.</p> <p>Serve in accredited hemodialysis facility continuously for 6 months and complete log book within the period. Recommendation from Visiting Consultant Nephrologist or the Head of Department. First application for credentialing must be endorsed by a Consultant Nephrologist. Assessor for log book should be Supervisor/ Manager.</p> <p>Serve in accredited Hemodialysis Facility continuously for 12 months and complete logbook within the period. Recommendation from Visiting Consultant Nephrologist or the Head of Department. First application for credentialing must be endorsed by a Consultant Nephrologist. Assessor for log book should be Supervisor/ Manager.</p>	<p>Those currently working for more than 6 months in an accredited Peritoneal Dialysis Facility.</p> <p>Those with more than 3 years of experience in an accredited peritoneal dialysis facility but have worked outside the PD facility for less than 1 year.</p> <p>Those with more than 3 years of experience in accredited Peritoneal Dialysis Facility but have not worked in Peritoneal Dialysis for more than 1 year.</p>	<p>Recommendation from Visiting Consultant Nephrologist or the Head of Department. First application for credentialing must be endorsed by a Consultant Nephrologist. Assessor for log book should be staff in charge of PD Unit.</p> <p>Recommendation from Visiting Consultant Nephrologist or the Head of Department. First application for credentialing must be endorsed by a Consultant Nephrologist. Assessor for log book should be staff in charge of PD Unit.</p> <p>Serve in accredited Peritoneal Dialysis Facility continuously for minimum 6 months and complete log book within the period. Recommendation from Visiting Consultant Nephrologist or the Head of Department. First application for credentialing must be endorsed by a Consultant Nephrologist. Assessor for log book should be staff in charge of PD Unit.</p>	
4	*Log Book	All Applications for credentialing from 1st January 2017 onwards must be accompanied with a completed summary of the log book.	All Applications for credentialing from 1st January 2017 onwards must be accompanied with a completed summary of the log book.	All Applications for credentialing from 1st January 2018 onwards must be accompanied with a completed summary of the log book.		

CRITERIA FOR CREDENTIALING OF NURSES & ASSISTANT MEDICAL OFFICERS IN PRE HOSPITAL CARE SERVICES (PHCS)

	CRITERIA	AHP WITH > 2 YEARS' EXPERIENCE IN EMTS	AHP WITH POST BASIC QUALIFICATIONS
1	Basic Academic qualification	Diploma or Degree programme recognised by Medical Assistant Board (MAB) or Nursing Board (NB)	Post Basic Certificate in AEMTC or ADEC from Ministry of Health College of Allied Health Science; or Pre Hospital Care Degree accredited by MQA.
2	Registration	Valid current certificate to practice by MAB or NB	Valid current certificate to practice by MAB or NB
3	Discipline Placement	Emergency and Trauma Department or unit; or Pre Hospital Care Services Unit	Emergency and Trauma Department or unit; or Pre Hospital Care Services Unit
4	Log Book for Core Procedures	Compulsory submission of Summary of Core Procedures Log Book Completion verified by Head of Department	Exemption from submission of Summary of Core Procedures Log Book if application submitted within one year of Post Basic or ADEC certificate. Compulsory submission of Summary of Core Procedures Log Book Completion verified by Head of department if application submitted after one year of qualification.
5	Additional Certificates	Proof attendance of: <ul style="list-style-type: none"> • Basic Life Support Course (BLS) • Advanced Life Support Course (ALS) • Trauma Life Support Course (TLS) – Recognized from National Committee of Resuscitation Training (NCORT) • Pass the National PHCS ALS competency Examination 	<ul style="list-style-type: none"> • Pass the National PHCS ALS Competency Examination
6	Head of Department or Unit Recommendation	Completion of form B (Grading For Credentialing in Pre Hospital Care Services)	Completion of form B (Grading For Credentialing in Pre Hospital Care Services)
7	*Log Book	All Applications for credentialing after 1st June 2018 onwards must be accompanied with a completed log book	

CRITERIA FOR CREDENTIALING OF NURSES & ASSISTANT MEDICAL OFFICERS IN ENDOSCOPY SERVICES

CRITERIA			REQUIREMENT(S)
1	Basic academic qualification	Recognized Diploma or Degree for Nurses and Assistant Medical Officer	
	Post Graduate / Basic Qualification		
3	Discipline Placement	<p style="text-align: center;">APPLICANT</p> <p>Those currently working continuously for more than two (2) years in the Endoscopy Unit</p> <p>Those currently completed post-basic certificate (and posted to the unit) and is working less than 2 years in Endoscopy Unit</p> <p>Those with post-basic certificate and was working in the Endoscopy Unit for more than 2 years and then posted out, and later reposted back to Endoscopy Unit within 2 years or less</p> <p>Those with post-basic certificate and was working in the Endoscopy Unit for more than 2 years and then posted out, and later reposted back to Endoscopy Unit after more than 2 years</p>	<p style="text-align: center;">WITH POST BASIC GASTROINTESTINAL ASSISTANT</p> <p>Written recommendation from Head of Department/Specialist AND Sister/ Assistant Medical Officer in charge of the unit</p> <p>Complete log book within the last 6 months period</p> <p>Written recommendation from Head of Department/Specialist AND Sister/ Assistant Medical Officer in charge of the unit</p> <p>Complete log book within the last 6 months period AND written recommendation from Head of Department/Specialist AND Sister/ Assistant Medical Officer in charge of the unit</p>
		<p style="text-align: center;">WITHOUT POST BASIC</p> <p>Complete log book within the last 12 months period AND written recommendation from Head of Department/Specialist AND Sister/ Assistant Medical Officer in charge of the unit</p> <p>Complete log book within the last 6 months period AND written recommendation from Head of Department/Specialist AND Sister/ Assistant Medical Officer in charge of the unit</p> <p>Complete log book within the last 6 months period AND written recommendation from Head of Department/Specialist AND Sister/ Assistant Medical Officer in charge of the unit</p> <p>Complete log book within the last 12 months period AND written recommendation from Head of Department/Specialist AND Sister/ Assistant Medical Officer in charge of the unit</p>	

CRITERIA FOR CREDENTIALING OF NURSES IN GENERAL PAEDIATRIC NURSING

CRITERIA		WITHOUT POST – BASIC QUALIFICATION	WITH POST – BASIC QUALIFICATION IN GENERAL PAEDIATRICS
1	Basic academic qualification	Degree / Diploma in Nursing	
2	Experience	<p>2.1 More than two (2) years but less than 5 years of working experience in General Paediatrics</p> <p>2.2 More than five (5) years' experience in General Paediatrics</p>	<p>2.1 Worked in General Paediatrics in the last two (2) or more years</p> <p>2.2 Not working in General Paediatrics in the last two (2) or more years</p> <p>Recommendation from Supervisor & Head of Department needed</p> <p>To complete at least 30% of each core procedure requirement and recommendation from Supervisor & Head of Department</p>
3	Log Book	Compulsory if less than five (5) years in General Paediatrics	<p>3.1 Not required if has worked in General Paediatrics in the last two (2) or more years</p> <p>3.2 Completed at least 30% of each core procedure requirement if has not worked in General Paediatrics in the last 2 or more years.</p>
4	Life Support Skills	1. Basic Life Support (BLS) / Paediatric Life Support (PLS) / Paediatric Resuscitation Course (PRC)	

CRITERIA FOR CREDENTIALING OF NURSES IN NEONATAL NURSING

NO.	CRITERIA	WITHOUT POST – BASIC QUALIFICATION	WITH POST – BASIC QUALIFICATION IN NEONATOLOGY
1	Basic academic qualification	Degree / Diploma in Nursing	
2	Experience	2.1 More than two (2) years but less than 5 years of working experience in Neonatology	2.1 Worked in Neonatal Ward in the last two (2) or more years
		2.2 More than five (5) years experience in Neonatology	2.2 Not working in General Paediatrics in the last two (2) or more years
3	Log Book	To complete core procedure requirement.	To complete at least 30% of each core procedure requirement and recommendation from Supervisor & Head of Department
		Recommendation from Supervisor & Head of Department needed	3.1 Not required if has worked in General Paediatrics in the last two (2) or more years 3.2 Completed at least 30% of each core procedure requirement if has not worked in General Paediatrics in the last 2 or more years.
4	Life Support Skills	Compulsory if less than five (5) years in General Paediatrics	
		1. Neonatal Resuscitation Program (NRP)	

CRITERIA FOR CREDENTIALING OF NURSES & ASSISTANT MEDICAL OFFICERS IN ORTHOPAEDIC SERVICES

CRITERIA		REQUIREMENTS	
Basic Academic Qualification	Recognised Diploma or Degree for Nurses or Assistant Medical Officer		
Post Basic Qualification	Post Basic Orthopaedic		
Orthopaedic Service	Not applicable	Non Post Basic Orthopaedic	
Experience	Currently working continuously for more than 2 years in Orthopaedics facility or Worked in Orthopaedic facility for more than 2 years and then posted out and reposted to Orthopaedic facility within 2 years or less. (Last application date on 31/12/2018)	Minimum continuous 2 years of Orthopaedic service	Complete log book within 6 months period and recommendation from Specialist or HOD or Senior Nurse/ AMO in charge
	Currently working in Orthopaedics facility for less than 2 years (first posting or reposted within 2 years or less) or application of the above after 31/12/2018	Worked in Orthopaedics facility for more than 2 years and then posted out and later reposted to Orthopaedic facility within 2 years or less	Complete log book within 6 months period and recommendation from Specialist or HOD or Senior Nurse/ AMO in charge
	Worked in the Orthopaedic department and then posted out and later reposted to Orthopaedic facility after more than 2 years	Worked in Orthopaedics facility for more than 2 years and then posted out and later reposted to Orthopaedic facility after more than 2 years	Complete log book within 12 months period and recommendation from Specialist or HOD or Senior Nurse/ AMO in charge

CRITERIA FOR CREDENTIALING OF ASSISTANT MEDICAL OFFICERS IN CARDIOVASCULAR PERFUSION

	CRITERIA	REQUIREMENTS
1	Basic Academic Qualification	Degree/ Diploma in Medical Assistant
2	With Advanced Diploma in Cardiovascular Healthcare (Perfusion)	Advanced diploma in Cardiovascular Healthcare (Perfusion) or equivalent 1. Undergo a period of 6 months of validity and assessment 2. Review of log book. 3. Supervisors report based on direct observation of core procedures performance and other professional attributes. 4. Feedback from supervisors of previous place work.
3	Without Advanced Diploma in Cardiovascular Healthcare (Perfusion)	A one-off initial credentialing exercise with 1. Recommendation by Head of Department. 2. Experience in Clinical Perfusion since 2003. 3. Currently working in Cardiothoracic Anaesthesiology and Perfusion facility in the Ministry of Health Malaysia. 4. Evidence of active practice with a completed log book with minimum of 50 conducts of cardiopulmonary bypass past 12 months.
4	With previous credentials and was in the unit then posted out more than 3 months and later reposted back to the unit	A fresh application must be made as in initial application with 1. A period of 6 months of validity and assessment. 2. Completed log book of minimum 50 conducts of Cardiopulmonary bypass past 12 months. 3. Supervisors report based on direct observation of core Procedures performance and other professional attributes. 4. Feedback from supervisors of previous place work.

CRITERIA FOR CREDENTIALING OF ASSISTANT MEDICAL OFFICERS IN ANAESTHESIA

NO	CRITERIA	REQUIREMENT(S)								
1	Basic Academic Qualification	Recognized Diploma / Degree for Assistant Medical Officer (AMO)								
2	Post Graduate / Basic Qualification	Recognized Post Basic Anaesthesia Certificate or equivalent AND								
3	Experience	<table border="1"> <thead> <tr> <th data-bbox="590 986 670 1571">APPLICANT</th> <th data-bbox="590 248 670 986">REQUIREMENT</th> </tr> </thead> <tbody> <tr> <td data-bbox="670 986 837 1571">Those currently working Continguoouiy for more than 2 years in an accredited Anaesthesiology facility.</td> <td data-bbox="670 248 837 986">Recommendation from Anaesthesiologist / Senior AMO in charge of Anaesthesiology Department.</td> </tr> <tr> <td data-bbox="837 986 1111 1571">Those with post-basic certificate & was in an accredited Anaesthesiology facility and then posted out for less than two (2) years and later reposted to Anaesthesiology facility.</td> <td data-bbox="837 248 1111 986">Recommendation from Intensivist or Anaesthesiologist or Senior AMO in charge of Anaesthesiology Department and complete log book within 6 months period.</td> </tr> <tr> <td data-bbox="1111 986 1409 1571">Those with post-basic certificate & was in an accredited Anaesthesiology facility and then posted out for more than two (2) years and later reposted to Anaesthesiology facility.</td> <td data-bbox="1111 248 1409 986">Recommendation from Intensivist or Anaesthesiologist or Senior AMO in charge of Anaesthesiology Department and complete log book within 1 year period.</td> </tr> </tbody> </table>	APPLICANT	REQUIREMENT	Those currently working Continguoouiy for more than 2 years in an accredited Anaesthesiology facility.	Recommendation from Anaesthesiologist / Senior AMO in charge of Anaesthesiology Department.	Those with post-basic certificate & was in an accredited Anaesthesiology facility and then posted out for less than two (2) years and later reposted to Anaesthesiology facility.	Recommendation from Intensivist or Anaesthesiologist or Senior AMO in charge of Anaesthesiology Department and complete log book within 6 months period.	Those with post-basic certificate & was in an accredited Anaesthesiology facility and then posted out for more than two (2) years and later reposted to Anaesthesiology facility.	Recommendation from Intensivist or Anaesthesiologist or Senior AMO in charge of Anaesthesiology Department and complete log book within 1 year period.
APPLICANT	REQUIREMENT									
Those currently working Continguoouiy for more than 2 years in an accredited Anaesthesiology facility.	Recommendation from Anaesthesiologist / Senior AMO in charge of Anaesthesiology Department.									
Those with post-basic certificate & was in an accredited Anaesthesiology facility and then posted out for less than two (2) years and later reposted to Anaesthesiology facility.	Recommendation from Intensivist or Anaesthesiologist or Senior AMO in charge of Anaesthesiology Department and complete log book within 6 months period.									
Those with post-basic certificate & was in an accredited Anaesthesiology facility and then posted out for more than two (2) years and later reposted to Anaesthesiology facility.	Recommendation from Intensivist or Anaesthesiologist or Senior AMO in charge of Anaesthesiology Department and complete log book within 1 year period.									

CRITERIA FOR CREDENTIALING OF ASSISTANT MEDICAL OFFICERS IN PERI-ANAESTHESIA

NO	CRITERIA	REQUIREMENTS (WITH POST BASIC)	REQUIREMENTS (WITHOUT POST BASIC)																
1	Basic Academic Qualification	Recognized Diploma / Degree for Assistant Medical Officer (AMO)																	
1	Post Graduate / Basic Qualification	Post basic in Peri-anaesthesia Care (P.A.C)	Those WITHOUT Post Basic Peri-anaesthesia Care (P.A.C), must have 5 years in service with at least 2 years working experience in designated areas.																
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CRITERIA FOR CREDENTIALING OF ASSISTANT MEDICAL OFFICERS IN INTENSIVE CARE

NO	CRITERIA	REQUIREMENTS (WITH POST BASIC)	REQUIREMENTS (WITHOUT POST BASIC)																
1	Basic Academic Qualification	Recognized Diploma Or Degree For Assistant Medical Officer																	
2	Post Graduate / Basic Qualification	Post Basic Intensive Care Nursing OR Advanced Diploma in Intensive Care Technologist	Those without Post Basic Intensive Care Nursing or Advanced Diploma in Intensive Care Technologist, must have 5 years in service with at least 2 years working experience in designated areas.																
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**CRITERIA FOR CREDENTIALING OF NURSES AND ASSISTANT MEDICAL OFFICERS IN PERI-ANAESTHESIA CARE
SUMMARY FOR RECOMMENDATION OF CREDENTIALS AT INITIAL IMPLEMENTATION (ONE-OFF CREDENTIALING)**

CRITERIA	REQUIREMENTS
Basic academic qualification	Recognized Diploma / Degree for Nursing / Assistant Medical Officer (AMO)
Hospital with specialist a. With Peri-anaesthesia Care Certification	<ol style="list-style-type: none"> 1. At least 2 years experience in anaesthesia. 2. Recommendation by Head of Department. 3. Assessor's report based on direct observation of core procedures performance and other professional attributes.
b. Without Peri-anaesthesia Care Certification	<ol style="list-style-type: none"> 1. At least 5 years experience in anaesthesia. 2. Recommendation by Head of Department. 3. Currently working in Anaesthesiology & Intensive Care Department, Ministry of Health Malaysia.
Hospital without specialist a. With Peri-anaesthesia Care Certification	<ol style="list-style-type: none"> 1. At least 2 years experience in anaesthesia. 2. Recommendation by trained Medical Officer / Anaesthesiologist and endorsed by the State Anaesthesiologist. 3. Currently working in Anaesthesiology & Intensive Care Department, Ministry of Health Malaysia.
b. Without Peri-anaesthesia Care Certification	<ol style="list-style-type: none"> 1. At least 5 years experience in anaesthesia. 2. Recommendation by trained Medical Officer / Anaesthesiologist and endorsed by the State Anaesthesiologist. 3. Currently working in Anaesthesiology & Intensive Care Department, Ministry of Health Malaysia.

CRITERIA FOR CREDENTIALING OF NURSES AND ASSISTANT MEDICAL OFFICERS IN PERI-ANAESTHESIA CARE (P.A.C)

CRITERIA	REQUIREMENTS
Basic Academic Qualification	Recognized Diploma / Degree for Nursing / Assistant Medical Officer (AMO)
Hospital with specialist a. With Peri-anaesthesia Care Certification	<ol style="list-style-type: none"> 1. Undergo a period of 6 months of validity and assessment. 2. Completion of log book. 3. Recommendation by Head of Department. 4. Assessor's report based on direct observation of core procedures performance and other professional attributes.
b. Without Peri-anaesthesia Care Certification	<ol style="list-style-type: none"> 1. At least 5 years experience in anaesthesia. 2. Completion of log book. 3. Recommendation by Head of Department. 4. Assessor's report based on direct observation of core procedures performance and other professional attributes.
Hospital without specialist a. With Peri-anaesthesia Care Certification	<ol style="list-style-type: none"> 1. Undergo a period of 6 months of validity and assessment. 2. Completion of log book. 3. Recommendation by trained Medical Officer / Anaesthesiologist and endorsed by the State Anaesthesiologist. 4. Assessor's report based on direct observation of core procedures performance and other professional attributes.
b. Without Peri-anaesthesia Care Certification	<ol style="list-style-type: none"> 1. At least 5 years experience in anaesthesia. 2. Completion of log book. 3. Recommendation by trained Medical Officer / Anaesthesiologist and endorsed by the State Anaesthesiologist. 4. Assessor's report based on direct observation of core procedures performance and other professional attributes.
With previous credential and left the practice continuously for more than 2 years and later return to practice.	<p>A fresh application must be made as in initial application with</p> <ol style="list-style-type: none"> 1. Undergo a period of 6 months of validity and assessment. 2. Completion of log book. 3. Recommendation by Head of Department. 4. Assessor's report based on direct observation of core procedures performance and other professional attributes.

CRITERIA FOR CREDENTIALING OF ALLIED HEALTH PROFESSIONALS IN

- 1. DIAGNOSTIC RADIOLOGY**
- 2. RADIATION THERAPY**
- 3. PHYSIOTHERAPY**
- 4. OCCUPATIONAL THERAPY**
- 5. DENTAL TECHNOLOGY**
- 6. OPTOMETRY**
- 7. DIETETIC**
- 8. SPEECH LANGUAGE THERAPY**
- 9. AUDIOLOGY**

CRITERIA FOR CREDENTIALING OF ALLIED HEALTH PROFESSIONALS IN DIAGNOSTIC RADIOGRAPHY

CRITERIA	REQUIREMENTS	
Basic academic qualifications	<ul style="list-style-type: none"> • Diploma in Radiography / Medical Imaging • Degree in Medical Imaging / Diagnostic and Radiotherapy 	
Core Procedures	Working in the area before 1 Jan 2010	Recommendation from HOD (one of exercise)
	Working from 1 Jan 2010	Recommendation from HOD - minimum 3 years' experience - completed log book - submit summary: log book
Specialized Procedures	<ul style="list-style-type: none"> • Post Basic certificate / Advanced diploma of related field • Minimum 3 years in the specific area - completed procedures requirement in log book. • submit -summary log book 	
Optional Procedures	<ul style="list-style-type: none"> • Post Basic certificate / Advanced diploma of related field • Minimum 3 years in the specific field completed procedures requirement in log book. • Submit summary log book 	

CRITERIA FOR CREDENTIALING OF ALLIED HEALTH PROFESSIONALS IN RADIATION THERAPY

CRITERIA	REQUIREMENTS	
Basic academic qualifications	<ol style="list-style-type: none"> 1. Certificate of Radiotherapy Ministry of Health, Malaysia 2. Diploma College of Radiographers (DCR(T)) United Kingdom 3. Diploma of Radiotherapy Ministry of Health, Malaysia 4. Bachelor Degree in Diagnostic Imaging and Radiotherapy, UKM 5. Other recognized equivalent qualification 	
Core Procedures	Working in the area before 1 Jan 2010	Recommendation from HOD (one of exercise)
	Working from 1 Jan 2010	Recommendation from HOD - minimum 1 year experience - completed log book - submit summary : log book
Specialized Procedures	<ul style="list-style-type: none"> • Minimum 3 years in the specific field completed procedures requirement in log book. • Submit summary log book 	
Optional Procedures	<ul style="list-style-type: none"> • Minimum 3 years in the specific field completed procedures requirement in log book. • Submit summary log book 	

CRITERIA FOR CREDENTIALING OF ALLIED HEALTH PROFESSIONALS IN PHYSIOTHERAPY

CRITERIA	REQUIREMENTS	
Basic academic qualifications	<ul style="list-style-type: none"> • Diploma / Degree in Physiotherapy 	
Core Procedures	Working in the area before 1 Jan 2010	Recommendation from HOD (one of exercise)
	Working from 1 Jan 2010	Recommendation from HOD - minimum 2 years' experience - completed log book - submit summary: log book
Specialized Procedures	<ul style="list-style-type: none"> • Minimum 2 years in the specific area -completed procedures requirement in log book • Submit summary log book 	
Optional Procedures	<ul style="list-style-type: none"> • Minimum 2 years in the specific field completed procedures requirement in log book. • Submit summary log book 	

CRITERIA FOR CREDENTIALING OF ALLIED HEALTH PROFESSIONALS IN OCCUPATIONAL THERAPY

CRITERIA	REQUIREMENTS
Basic academic qualifications	<ul style="list-style-type: none"> • Diploma / Degree in Occupational Therapy
Core Procedures	<p>Working in the area before 1st January 2010:</p> <ol style="list-style-type: none"> 1. Recommendation from HOD (one of exercise)
	<p>Working in the area from 1st January 2010:</p> <ol style="list-style-type: none"> 1. Recommendation from HOD 2. Minimum 2 years of experience in MOH 3. Completed logbook within 15 months 4. Submit summary: logbook 5. Recommendation from supervisor and HOD
SPECIALISED PROCEDURES	<p>Occupational Therapy</p> <ol style="list-style-type: none"> 1. Basic academic qualification: Bachelor Degree in Occupational Therapy 2. Minimum 4 years of working experience in MOH 3. Minimum 3 years in the specific area 4. Completed procedures requirement in logbook within 3 months each procedure / those who have Post Basic Certificate in the related field are eligible to apply credentialing without logbook 5. Submit summary logbook / Post Basic Certificate 6. Recommendation from supervisor and HOD
OPTIONAL PROCEDURES	<p>Occupational Therapy</p> <ol style="list-style-type: none"> 1. Basic academic qualification: Diploma in Occupational Therapy 2. Minimum 4 years of working experience in MOH 3. Minimum 3 years in the specific area 4. Completed procedures requirement in logbook within 6 months each area / those who have Post Basic Certificate in the related field are eligible to apply credentialing without logbook 5. Submit summary logbook / Post Basic Certificate 6. Recommendation from supervisor and HOD

CRITERIA FOR CREDENTIALING OF ALLIED HEALTH PROFESSIONALS IN DENTAL TECHNOLOGY

CRITERIA		REQUIREMENTS	
Basic academic qualifications	Diploma / Degree in Dental Technology		
	Working in the area before 1 Jan 2010		Recommendation from HOD (one of exercise)
Core Procedures	Working from 1 Jan 2010		Recommendation from HOD - minimum 2 years' experience - completed log book - submit summary: log book
	Minimum 2 years in the specific area -completed procedures requirement in log book - submit - summary log book		
Specialized Procedures	Minimum 2 years in the specific field completed procedures requirement in log book. Submit summary log book		
Optional Procedures			

CRITERIA FOR CREDENTIALING OF ALLIED HEALTH PROFESSIONALS IN OPTOMETRY

A. ADVANCED CORE PROCEDURE

CRITERIA	REQUIREMENTS
Basic Academic Qualification	Bachelor Degree in Optometry
Experience : Working in the area before 1 st January 2012	<ol style="list-style-type: none"> 1. Minimum of 5 year working experience in clinical field and MOH facilities and / or university / private hospital 2. Qualified to apply for credentialing without logbook. 3. Recommendation from HOD Attended at least one Biometry course Attended Diabetic Retinopathy Clinical Practice Guideline (CPG) course
Experience: Working in the area from 1 st January 2012	<ol style="list-style-type: none"> 1. Minimum of 2 years working experience in clinical field and MOH facilities and / or university / private hospital 2. Qualified to apply for credentialing with completed advanced procedure and logbook. 3. Recommendation from HOD
Training	Attended at least one Biometry course Attended Diabetic Retinopathy Clinical Practice Guideline (CPG) course
Log book	Completed within 12 months.
Experience: Working in the area from 1 st January 2012	<ol style="list-style-type: none"> 1. Minimum of 2 years working experience in clinical field and MOH facilities and /or university / private hospital 2. Qualified to apply for credentialing with completed advanced procedure in logbook. 3. Recommendation from HOD
Training	Attended at least one Biometry course Attended Diabetic Retinopathy Clinical Practice Guideline (CPG) course
Log book	Completed within 12 months.

CRITERIA FOR CREDENTIALING OF ALLIED HEALTH PROFESSIONALS IN OPTOMETRY

B. SPECIALISED / OPTIONAL PROCEDURE

CRITERIA	REQUIREMENTS
Basic Academic Qualification	Bachelor Degree in Optometry For Masters and PhD holders with clinical components in specific areas may apply for credentialing without completing the logbook
Experience	<ol style="list-style-type: none"> 1. Minimum of 1 year working experience in specific field in MOH facilities and / or university / private hospital 2. Recommendation for credentialing shall be done by Head of Department
Training	Passed Binocular Vision/Vision Therapy (BVVT) course Part 1, 2 and 3 Attended training/ attachment at Contact Lens Training Centre Attended training/attachment at Paediatric Training Centre Attended training/ attachment at Low Vision & Rehabilitation Training Centre Completed Primary Eye Care (PEC) module training Completed Glaucoma Shared Care (GSC) module training
Logbook	Completed within 24 months.

CRITERIA FOR CREDENTIALING OF ALLIED HEALTH PROFESSIONALS IN DIETETIC

A. ADVANCED CORE PROCEDURE

CRITERIA	DIETETIC
Basic Academic Qualification	Degree in Dietetics/ Degree in Nutrition & Dietetics
Experience : Working in the area before 1 st January 2012	Minimum 2 years working experience in related field are qualified to apply for credentialing without log book
Experience: Working in the area from 1 st January 2012	<ol style="list-style-type: none"> 1. Minimum 2 years working experience in clinical field 2. Completed core procedures requirement 3. Recommendation from visiting Dietitian
Log book	Log book to be submitted for assessment within 2 years.
Experience: Working in the area from 1 st January 2012	<ol style="list-style-type: none"> 1. Minimum 2 years working experience in clinical field 2. Completed core procedures requirement 3. Recommendation from visiting Dietitian
Log book	Log book to be submitted for assessment within 2 years.

CRITERIA FOR CREDENTIALING OF ALLIED HEALTH PROFESSIONALS IN DIETETIC

B. SPECIALISED / OPTIONAL PROCEDURE

CRITERIA	DIETETIC
Basic Academic Qualification	Degree in Dietetics/ Degree in Nutrition & Dietetics
Experience	<ol style="list-style-type: none"> 1. Minimum 2 years in the specific area/ discipline 2. Recommendation from HOD 3. Has been appointed by the hospital or department to carry out the specific optional procedures
Logbook	Compulsory if started working from 1 Jan 2012

CRITERIA FOR CREDENTIALING OF ALLIED HEALTH PROFESSIONALS IN SPEECH LANGUAGE THERAPY

A. ADVANCED CORE PROCEDURE

CRITERIA	SPEECH LANGUAGE THERAPY
Basic Academic Qualification	Bachelor in Speech Sciences or equivalent
Experience: Working in the area from 1 st January 2012	<ol style="list-style-type: none"> 1. year working experience in MOH and/or University/ Private Hospital 2. Completed advance procedures requirement 3. Recommendation from Head of Speech Unit / Head of State (Speech Language Therapist)
Log book	Completing logbook within 24 months
Experience: Working in the area from 1 st January 2012	<ol style="list-style-type: none"> 1 year working experience in MOH and/or University/ Private Hospital 2. Completed advance procedures requirement 3. Recommendation from Head of Speech Unit / Head of State (Speech Language Therapist)
Logbook	Completing log book within 24 months

CRITERIA FOR CREDENTIALING OF ALLIED HEALTH PROFESSIONALS IN SPEECH LANGUAGE THERAPY

B. SPECIALISED / OPTIONAL PROCEDURE

CRITERIA	SPEECH LANGUAGE THERAPY
Basic Academic Qualification	Bachelor in Speech Sciences or equivalent
Experience	<ol style="list-style-type: none"> 1. Recommendation from the Head of Speech Unit 2. Minimum 2 years in the specific area / discipline 3. Has been appointed by the hospital or department to carry out the specific procedures
Training	<p>Postgraduate qualification in Speech Sciences or equivalent (Postgraduate diploma/ Masters without clinical component/ PhD without clinical component/ recognized certification courses) *for Masters/ PhD holders with clinical components in specific areas may apply for credentialing without completing log book</p>
Logbook	Must submit summary of log book as evidence of competency in the specific area of practice

CRITERIA FOR CREDENTIALING OF ALLIED HEALTH PROFESSIONALS IN AUDIOLOGY

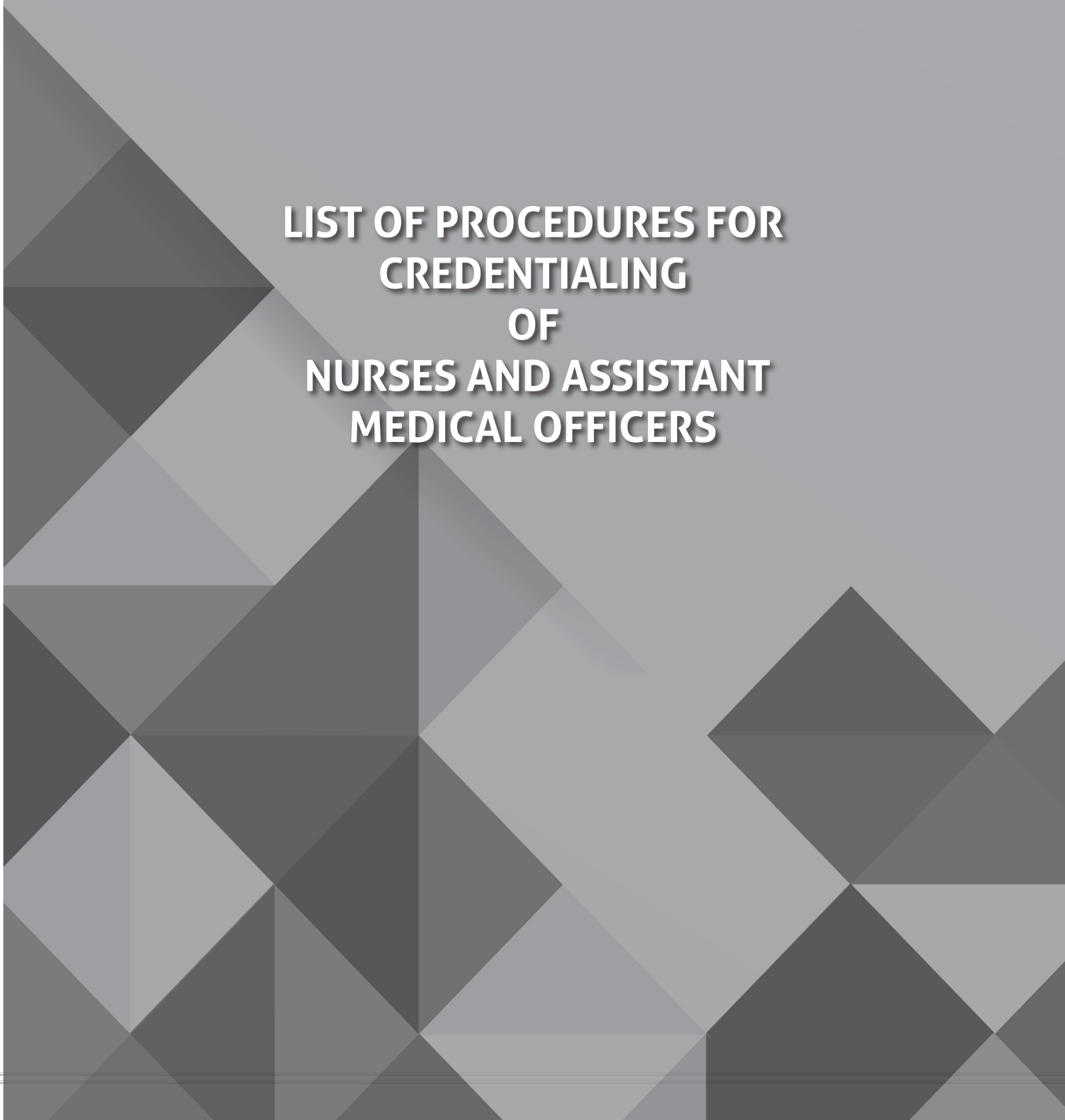
A. ADVANCED CORE PROCEDURE

CRITERIA	AUDIOLOGY
Basic Academic Qualification	Bachelor of Audiology (Honours) / Bachelor of Health Science (Audiology) Honours
Experience : Working in the area before 1 st January 2012	Minimum 2 years working experience in related field are qualified to apply for credentialing without logbook
Experience: Working in the area from 1 st January 2012	1. Application for credentialing can only be submitted after a minimum of 1 years working experience. 2. Completed logbook
Logbook	Logbook to be submitted for assessment within 2 years.
Experience: Working in the area from 1 st January 2012	1. Application for credentialing can only be submitted after a minimum of 1 years working experience. 2. Completed logbook.
Logbook	Logbook to be submitted for assessment within 2 years.

CRITERIA FOR CREDENTIALING OF ALLIED HEALTH PROFESSIONALS IN AUDIOLOGY

B. SPECIALIST / OPTIONAL PROCEDURE

CRITERIA	AUDIOLOGY
Basic Academic Qualification	Bachelor of Audiology (Honours) / Bachelor of Health Science (Audiology) Honours
Experience	<ol style="list-style-type: none"> 1. Minimum of 3 years working experience in MOH. 2. Completed Specialised procedures requirements. 3. Recommendation for credentialing shall be done by: <ol style="list-style-type: none"> i. Head of Audiology Unit with 5 years working experience ii. State Advisor of Audiologist in hospital without Senior Audiologist iii. Head of Department.
Logbook	Completed specialised procedures requirement within 2 years. Compulsory for Audiologist who have started working from 1st January 2012.



**LIST OF PROCEDURES FOR
CREDENTIALING
OF
NURSES AND ASSISTANT
MEDICAL OFFICERS**

(i) LIST OF CORE PROCEDURES FOR CREDENTIALING IN PERI-OPERATIVE NURSING

NO	PROCEDURE
1	Assessment Of Patient On Arrival To Operating Theatre
2	Preparation For General Anaesthesia
3	Assist During Induction Of General Anaesthesia
4	Preparation For Regional Anaesthesia
5	Assist During Regional Anaesthesia
6	Handling Of Electro Surgical Unit
7	Care Of Patient In With Tourniquet
8	Care Of Patient In Supine Position
9	Care Of Patient In Lateral /Kidney Position
10	Care Of Patient In Lithotomy Position
11	Care Of Patient In Prone Position
12	Care Of Patient In Orthopaedic Extension Position
13	Care Of Patient In Trendelenburg Position
14	Surgical Scrub, Gowning & Gloving
15	Circulating Nurse In General Surgery
16	Instrument Nurse In General Surgery
17	Circulating Nurse In Gynaecology Surgery
18	Instrument Nurse In Gynaecology Surgery
19	Circulating Nurse In Obstetric Surgery
20	Instrument Nurse In Obstetric Surgery
21	Circulating Nurse In Orthopaedic Surgery
22	Instrument Nurse In Orthopaedic Surgery
23	Circulating Nurse In Neurosurgery
24	Circulating Nurse In Otorhinolaryngology Surgery
25	Instrument Nurse In Otorhinolaryngology Surgery
26	Circulating Nurse In Plastic & Reconstructive Surgery
27	Instrument Nurse In Plastic & Reconstructive Surgery
28	Circulating Nurse In Urology Surgery
29	Instrument Nurse In Urology Surgery
30	Circulation Nurse In Ophthalmic Surgery
31	Care Of Post Anaesthetic Patient
32	Sterilization-Steam Under Pressure
33	Sterilization-Chemical Active Glutraldehyde High Level Disinfection
34	Sterilization –Monitoring Of Sterilizer
35	Cleaning, Washing And Packing Of Instruments For Sterilization
36	Decontamination Of Environment
37	Decontamination Of Spillage
38	Decontamination Of Clinical Waste
39	Decontamination Of Instrument & Equipment

NO	PROCEDURE
40	Handling Of use Drapes
41	Decontamination Of Electrical & Pneumatic Instrument
42	Clean And Care Of Fibre Optic Scopes
43	Handling Of Specimens

LIST OF OPTIONAL PROCEDURES FOR CREDENTIALING IN PERI-OPERATIVE

NO	PROCEDURE
1	Instrument Nurse in Neuro Surgery
2	Instrument Nurse in Ophthalmic Surgery
3	Instrument Nurse in Vascular Surgery
4	Instrument Nurse in Robotifc Surgery
5	Instrument Nurse in Cardio thoracic Surgery

(ii) LIST OF CORE PROCEDURAL FOR CREDENTIALING IN INTENSIVE CARE NURSING

NO	PROCEDURE
1	Preparation in receiving patient
2	Transport of the critically ill patient
3	Charting of ICU observation
4	Hand hygiene
5	Calculation of dosage and preparation of :
	5.1. Dopamine 5.2. Dobutamine 5.3. Adrenaline 5.4. Nor-adrenaline 5.5. Insulin 5.6 Fentanyl 5.7 Midazolam 5.8 Morphine
6	Assemble pressure transducer system
7	Blood sampling from arterial line
8	Care of patient on arterial line
9	Care of patient on central venous line
10	Management of Invasive Ventilation 10.1. Assemble ventilator circuit 10.2. Set and change ventilator parameters and alarms 10.3. Troubleshooting problems
11	Prepare and assist in intubation
	11.1 Prepare Capnometry
12	Perform manual ventilation in intubated patients
13	Management of Endotracheal Tube 13.1. Secure tube 13.3. Cuff pressure monitoring 13.4. Tube placement 13.4.1. auscultation 13.4.2. chest x'ray
14	Management of Trachesotomy Tube 14.1. Secure tube 14.2. Tracheostomy suctioning 14.3. Cuff pressure monitoring 14.4. Tube placement 14.4.1. auscultation 14.4.2. chest x'ray
15	Management of Non-Invasive Ventilation (NIV) 15.1. Choose appropriate mask 15.2. Assemble ventilator circuit 15.3. Set and change ventilator parameters and alarms 15.4. Troubleshooting problems (e.g. air leaks, patient discomfort)

NO	PROCEDURE
16	Management of humidifier 16.1. Heated water bath 16.2. Heat moisture exchanger (HME)
17	Assist chest physiotherapy
18	Assist patient to perform incentive spirometry
19	Perform tracheo-bronchiol suctioning 19.1. Open method 19.2. Close method
20	Administer aerosol drugs via metered-dose inhaler (MDI) or nebulizer to patients on mechanical ventilation
21	Prepare and extubate patient 21.1 Monitor vital sign and blood gases post extubation 21.2 Educate patient on cough and breathing exercise 21.3 Trouble of problems (desaturation, hypotension) 21.4 Application of appropriate oxygen therapy adjunct (High flow mask , Nasal prong)
22	Recognise abnormal laboratory results 22.1. Full Blood Count 22.2. Blood Urea and Serum Electrolyte 22.3. Coagulation Profile 22.4. Arterial Blood Gases 22.5. Blood Sugar 22.6. Culture and Sensitivity
23	Perform pain score 23.1 Trouble shoot (High pain score , oversedation)
24	Perform sedation score 24.1 Trouble shoot (oversedation, undersedation)
25	Management of continuous enteral nutrition 25.1. Confirmation of tube placement 25.2. Preparation of equipment 25.3. Preparation of formula 25.4 Administer 25.5 Troubleshooting problem (e.g high aspirate)
26	Management of total parenteral nutrition (TPN) 26.1. Confirmation of central venous line 26.2. Preparation of equipment 26.3. Administer & Calculate rate of infusion 26.4. Troubleshooting of problems
27	Recognition of life – threatening arrhythmias (e.g PEA , Pulseless VT, VF, Ectopics)
28	Assist or perform defibrillation.

LIST OF OPTIONAL PROCEDURES FOR CREDENTIALING IN INTENSIVE CARE NURSING

NO	PROCEDURE
1	Calculate and administer neuro-muscular blockers
2	Apply capnometer and clinical application
3	Apply pneumatic cuff compressors for deep vein thrombosis prophylaxis
4	Prepare and assist in percutaneous tracheostomy
5	Care of the patient on ICP monitoring with external ventricular drainage
6	Prepare and assist in bronchoscopy
7	Care of patient Continuous Renal Replacement therapy (CRRT)
8	Administer aerosol drugs via nebulizer or MDI to patients on non-invasive positive pressure ventilation.
9	Prepare and assist in Brain stem function test

LIST OF CORE PROCEDURES FOR CREDENTIALING IN PAEDIATRIC INTENSIVE CARE UNIT

NO	PROCEDURE
1	Physical assessment of vital sign : Central Venous System
2	Physical assessment of vital sign : Cardiovascular system
3	Physical assessment of vital sign : Respiratory System
4	Physical assessment of vital sign : Genito- Urinary System
5	Physical assessment of vital sign : Gastrointestinal system
6	Assessment of pain score
7	Calculation and administration of fluid maintenance/resuscitation
8	Care of child on ventilator
9	ETT/ Tracheostomy suctioning with hand bagging

OPTIONAL PROCEDURES

NO	PROCEDURE
1	Glasgow coma scale for infant

LIST OF CORE PROCEDURES FOR CREDENTIALING IN CARDIOTHORASIC INTENSIVE CARE UNIT

NO	PROCEDURE
1	Observe Coronary Artery Bypass
2	Observe Valve Surgery
3	Preparation for admission of post cardiac surgery patient
4	Role of Charge Nurse in receiving post cardiac surgery patient and immediate post-operative care

NO	PROCEDURE
5	Set up and inflate temporary single chamber epicardial cardiac pacemaker
6	Set up and inflate temporary dual chamber epicardial cardiac pacemaker
7	Removal of pulmonary artery catheter
8	Perform thermodilution cardiac output study (using pulmonary artery catheter)
9	Care of patient on Intra-aortic ballon pump (IABP)
10	Perform Doppler ultrasound for posterior tibialis/dorsalis pedis arterial pulsation
11	Potassium infusion therapy
12	Calcium infusion therapy
13	Magnesium infusion therapy
14	Care of post cardiac surgical patient with chest drain
15	Removal chest Drain

OPTIONAL PROCEDURES

NO	PROCEDURE
1	Observe thoracic surgery
2	Assist in insertion of pulmonary artery catheter
3	Assist in elective cardio version
4	Assist in insertion of IABP
5	Assist in removal of IABP
6	Care of patient after removal of IABP
7	Assist removal of epicardial pacing wire
8	Assist emergency chest re open in CICU as a scrub nurse

LIST OF CORE PROCEDURES FOR CREDENTIALING IN NEURO INTENSIVE CARE UNIT

NO	PROCEDURE
1	Interpret ICP waveform
2	Set up ICP monitoring with External Ventricular drainage (EVD) system
3	Care of patient on ICP monitoring with EVD
4	Perform draining of CSF in patient with increased ICP
5	Care of patient with raised ICP
6	Post-Operative care of neurosurgical patient

OPTIONAL PROCEDURES

NO	PROCEDURE
1	Perform collection of CSF sampling via EVD
2	Post-operative care of patient with cerebral aneurysm surgery

(iii) LIST OF CLINICAL PROCEDURES FOR CREDENTIALING IN OPHTHALMOLOGY

NO	PROCEDURE
1	Triaging
2	Measurement of Visual Acuity (Adult)
3	Measurement of Visual Acuity (Children)
4	Measurement of Near Vision
5	Eye Examination (Anterior segment)
6	IOP measurement and calibration
7	Pre-operative counseling
8	Perform Schirmer's test
9	Color Vision Testing - Ishihara
10	Eyelid hygiene (Eye lid Scrub)
11	Eye dressing (First dressing)
12	Instilling eye drops with punctual occlusion
13	Application of eye pad and eye shield
14	Insertion and removal of bandage contact lens
15	Counseling on contact lens wear
16	Insertion and removal of bandage contact lens
17	Perform eye rodding
18	Perform pH testing of tears
19	Perform Eye Irrigation
20	Perform Corneal Staining
21	Perform Fundus Photography
22	Perform Conjunctival swabs
23	Prepare and assist in corneal scrapping
24	Preparation and assist in ROP screening
25	Prepare and assist in laser therapy
26	Prepare and assist in FFA (If services available)
27	Prepare and assist in syringing of lacrimal drainage system
28	Prepare and assist in incision and curettage
29	Prepare and assist in intravitreal injection (If service available)

LIST OF SURGICAL PROCEDURES FOR CREDENTIALING IN OPHTHALMOLOGY

NO	PROCEDURE
1	Cleaning and sterilization of microsurgical instruments
2	Prepare and assist in ECCE
3	Prepare and assist in Phacoemulsification
4	Prepare and assist in Pterygium excision
5	Prepare and assist in vitreoretinal surgery (If service available)
6	Preparation of intraocular gases for tamponade (If service available)
7	Prepare and assist in Trabeculectomy / GDD surgery n(If service available)
8	Prepare and assist in corneal transplantation (If service available)
9	Prepare and assist in oculoplastic surgery (If service available)
10	Prepare and assist in squint surgery (If service available)

(iv) LIST OF PROCEDURES FOR CREDENTIALING IN EMERGENCY MEDICINE AND TRAUMA SERVICES

NO	PROCEDURE
1	TRIAGE 1.1 Hospital Triage 1.1 Field Triage
2	AIRWAY MANAGEMENT 2.1 Insertion of Airway Adjunct 2.2 Insertion of Supraglottic devices 2.3 Perform Tracheal Bronchial Suctioning 2.4 Prepare and Assist Endotracheal Intubation 2.5 Perform and Assist Emergency Cricothyrotomy
3	VENTILATION AND OXYGEN THERAPY 3.1 Bag Valve Mask Ventilation 3.2 Assemble, Test, Set and change Parameters of Ventilator 3.3 Assess the Severity of Acute Bronchial Asthma / COAD 3.4 Prepare, Prescribe and Administer Nebulisers 3.5 Administration of Oxygen Therapy
4	CIRCULATION 4.1 Intravenous Cannulation 4.2 Preparation and Administration of Emergency Drugs 4.3 Preparation, Prescribe and Administration of IV Fluids for Resuscitation 4.4 Preparation and Assist in CVP Line Insertion and Monitoring 4.5 Arterial Blood Sampling
5	RESUSCITATION 5.1 Perform and Interpretation of ECG 5.2 Recognition of Lethal Arrhythmias – VT, VT and Asystole 5.3 Application and Usage of Automated External Defibrillator 5.4 Cardiopulmonary Resuscitation
6	SURGICAL PROCEDURES 6.1 Removal of Superficial Foreign Body (Not penetrating muscle layer) 6.2 Basic Eyes Procedures – Irrigation and Staining 6.3 Basic ENT Emergency Procedure – Nasal Packing 6.4 Basic ENT Emergency Procedure – Foreign Body Removal 6.5 Toilet and Suturing 6.6 Incision and Drainage of Superficial Abscess of Limbs 6.7 Nail Avulsion 6.8 Prepare and Assist Chest Tube Insertion or Pericardiocentesis
7	PATIENT CARE 7.1 Care of Patient on Chest Tube 7.2 Care of patient on ventilator 7.3 Transport of critically ill patient
8	MEDICO LEGAL 8.1 Assist in the examination of the OSCC patient 8.2 Handling of Medico Legal Specimen

NO	PROCEDURE
9	IMMOBILISATION 9.1 Cervical Collar Application 9.2 Spine Immobilisation 9.3 Extremity Immobilisation 9.4 Application of Pelvic immobiliser 9.5 Perform Log Roll 9.6 Plaster of Paris Application and Care
10	OTHERS 10.1 Reduction of simple Small Joint Dislocation 10.2 Wound Management 10.3 Handling of Amputated Limb 10.4 Bladder Catheterization 10.5 Stomach Wash Out 10.6 External Decontamination Procedure 10.7 Handling of Violent Patient 10.8 Perform Blood Cross-match Sampling and Setup of Transfusion 10.9 Assisting Normal Delivery and Care of New Born 10.9 Assisting Normal Delivery and Care of New Born

Appendix B



GRADING FOR CREDENTIALING IN EMERGENCY MEDICINE & TRAUMA SERVICES

No.	Criteria	0	1	2	3	4	5	
1.	Current medical knowledge							
2.	Leadership qualities							
3.	Professional clinical judgment							
4.	Sense of clinical responsibility							
5.	Ethical conduct							
6.	Clinical skill							
7.	Cooperativeness, ability to work with others							
8.	Teaching skill							
9.	*AHP-patient relationship							
10.	*AHP-physician understanding							
11.	Compliance with hospital rules and regulations							
12.	Personality							
13.	Research and development/Publication							
14.	Pre hospital Care							
15.	Medical standby/Disaster management							
Grand Total								

Grading	Credentialing Eligibility
Less than 15	Not qualified
16 - 25	Pending
26 - 59	Qualified
60 and above	Qualified with excellent

*AHP = Allied Health personnel

Comment :

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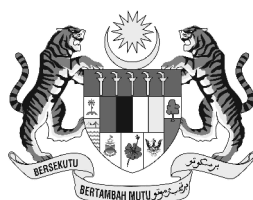
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Signature
Head of Department (HoD)/ Visiting EP

(v) LIST OF PROCEDURES FOR CREDENTIALING IN PRE HOSPITAL CARE SERVICES

NO	PROCEDURES
1	DISPATCH AND COMMUNICATION PROCEDURES 1.1 Ability to provide dispatch CPR instruction 1.2 Ability to Manage and Triage Emergency Call including METHANE 1.3 Ability to Provide Delivery and Management of New Born Instruction (Normal Delivery)
2	SCENE ASSESSMENT AND SAFETY 2.1 Scene Assessment in Primary Response 2.2 Scene and Risk Assessment in Medical Standby 2.3 Scene Staging in Multiple Casualty Incident
3	AIRWAY PROCEDURES 3.1 Insertion of airway adjuncts (oropharyngeal or nasopharyngeal airway) 3.2 Sellick's Manoeuvre 3.3 Insertion of Supraglottic devices 3.4 Perform tracheal bronchial suctioning 3.5 Perform adult endotracheal intubation (crash airway) 3.6 Removal of foreign body (ENT) using direct or indirect methods
4	BREATHING AND VENTILATION 4.1 Administration of oxygen therapy 4.2 BiPAP / CPAP 4.3 Needle Chest Decompression 4.4 Chest Tube Monitoring 4.5 ETCO ₂ / Capnography 4.6 Bag Valve Mask Ventilation 4.7 Assemble and Test, Set and Change Parameters of Ventilator 4.8 Assess the Severity of Acute Bronchial Asthma / COAD Prepare, Pricibe and Administer Nebulizers
5	CIRCULATION 5.1 Intravenous Cannulation 5.2 Intraosseous 5.3 Central Line Cannulation – Femoral and External Jugular Vein
6	CARDIAC CARE 6.1 AED /Manual Defibrillation 6.2 Cardioversion 6.3 Carotid Massage 6.4 Transcutaneous Pacing
7	TRAUMA CARE 7.1 Spinal immobilization 7.2 Extrication of Seated Trauma Patient 7.3 Extremity Splinting 7.4 Traction Splinting 7.5 Tourniquet Application and Care 7.6 Cervical Immobilization 7.7 Application of Pelvic Immobilizers 7.8 Apply haemorrhage control principles in open wound 7.9 Perform hemostatic suturing 7.10 Management of patient with Evisceration 7.11 Management Of Patient with Impaled Foreign Object 7.12 Management and Handling Amputation Injury and Amputated Limb

NO	PROCEDURES
8	PPE AND INFECTION CONTROL 8.1 PPE Level 2 8.2 PPE Level 3 8.3 PPE Level 4 8.4 Decontamination of Vehicle and Equipment 8.5 Decontamination of Person (CBRN)
9	TRANSPORTATION OF PATIENT (MANUAL HANDLING) 9.1 Emergency Move of Patient 9.2 Non-Emergency Move
10	COMMUNICATION SKILLS 10.1 Radio Communication
11	DRUGS 11.1 Proper Application of 7R in Drug Administration 11.2 Knowledge on use of adenosine 11.3 Knowledge on use of adrenaline 11.4 Knowledge on use of amiodarone 11.4 Knowledge on use of amiodarone 11.5 Knowledge on use of aspirin 11.6 Knowledge on use of atropine 11.7 Knowledge on use of dextrose solution 11.8 Knowledge on use of diclofenac sodium 11.9 Knowledge on use of furosemide 11.10 Knowledge on use of lidocaine 11.11 Knowledge on use of magnesium sulphate 11.12 Knowledge on use of midazolam 11.13 Knowledge on use of morphine 11.14 Knowledge on use of naloxone 11.15 Knowledge on use of nitroglycerine 11.16 Knowledge on use of nitrous oxide
12	PATIENT MOVEMENT AND TRANSPORTATION 12.1 Emergency move of patients 12.2 Patient transfer methods
13	DISASTER MANAGEMENT 13.1 Field triage 13.2 Scene Staging in Multiple casualty incident 13.3 Decontamination in CBRN incident
14	SIMULATION ON PATIENT ASSESSMENT AND INTERVENTION 14.1 Assessment and management of patient in respiratory distress 14.2 Assessment and management of patient with bronchial asthma 14.3 Assessment and management of patient with unconscious patient 14.4 Assessment and management of patient with trauma patient with haemorrhage 14.5 Assessment and management of patient with trauma patient with chest injury 14.6 Assessment and management of patient with trauma patient with abdominal injury 14.7 Assessment and management of patient with failed airway



GRADING FOR CREDENTIALING IN PRE HOSPITAL CARE SERVICES

No.	Criteria	0	1	2	3	4	5
1.	Current medical knowledge						
2.	Leadership qualities						
3.	Professional clinical judgment						
4.	Sense of clinical responsibility						
5.	Ethical conduct						
6.	Clinical skill						
7.	Cooperativeness, ability to work with others						
8.	Teaching skill						
9.	*AHP-patient relationship						
10.	*AHP-physician understanding						
11.	Compliance with hospital rules and regulations						
12.	Personality						
13.	Research and development/Publication						
14.	Pre hospital Care						
15.	Medical standby/Disaster management						
Grand Total							

Grading	Credentialing Eligibility
Less than 15	Not qualified
16 - 25	Pending
26 - 59	Qualified
60 and above	Qualified with excellent

*AHP = Allied Health personnel

Comment :

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Signature
Head of Department / Visiting EP

(vi) LIST OF PROCEDURES FOR CREDENTIALING IN HAEMODIALYSIS

NO	PROCEDURES
1	Assessment Of Patient For Haemodialysis Treatment
2	Care Of Arterio-Venous Fistula (Native And Graft)
3	Care Of Haemodialysis Catheter (Cuffed And Non-Cuffed)
4	Anti-Coagulation Therapy
5	Preparation Of Haemodialysis Machine
6	Setting Up and Priming Of Dialyzer And Bloodline
7	Cannulation Technique
8	Initiation Of Haemodialysis Treatment
9	Termination Of Haemodialysis Treatment
10	Disinfection And Decalcification Of Haemodialysis Machine
11	Reprocessing Of Dialysis
12	Management Of Intradialytic Complication
13	Identification Of Components And Functions Of Haemodialysis Machine
14	Monitoring And Management Of Water Treatment System
15	Parental Iron Administration
16	Management Of Erythropoiesis Stimulating Agents
17	Assessment Of Dialysis Adequacy

LIST OF PROCEDURES FOR CREDENTIALING IN PERITONEAL DIALYSIS

NO	PROCEDURES
1	Assessment of Patient (and or Assistant) for Peritoneal Dialysis Treatment
2	Care of PD Catheter Pre and Post Operatively
3	Flushing of PD Catheter
4	PD Prescription
5	Continuous Ambulatory Peritoneal Dialysis (CAPD) Training
6	Automated Peritoneal Dialysis (APD) Training
7	Application and Change of Transfer Set
8	Exit Site Care
9	Management of Peritonitis
10	Peritoneal Equilibration Testing (PET)
11	Assessment of Dialysis Adequacy
12	PD Effluent Sampling for Microbiological Testing
13	Obtaining Swab Samples from Exit Site and Tunnel Infections
14	Nasal Swab Sampling for Culture
15	Intraperitoneal Antibiotic Administration
16	Parenteral Iron Administration
17	Home visits
18	Handling of PD Effluent In Patients with Infective Risk (Hepatitis B, Hepatitis C or HIV)
19	Calculation and Reporting of PD Peritonitis Rates

(vii) LIST OF CORE PROCEDURES FOR CREDENTIALING IN ENDOSCOPY

NO	PROCEDURES
1	Assessment of Patients - History Taking
2	Discharge Patients from Endoscopy Unit
3	Prepare Patients for Procedure Endoscopy a) Oesophagogastroduodenoscopy (OGDS) b) Colonoscopy
4	Prepare Trolleys/Equipment/Accessories Before Procedures a) Oesophagogastroduodenoscopy (OGDS) b) Colonoscopy
5	Preparation Monitoring System Prior to Procedures a) Oesophagogastroduodenoscopy (OGDS) b) Colonoscopy
6	Care of Patients During Procedures a) Oesophagogastroduodenoscopy (OGDS) b) Colonoscopy
7	Immediate Care of Patients Post Procedures a) Oesophagogastroduodenoscopy (OGDS) b) Colonoscopy
8	Collection of Tissue Sampling and Dispatch
9	Diagnostic a) Oesophagogastroduodenoscopy (OGDS) b) Colonoscopy
10	Therapeutic 10.1 Haemostasis a) Adrenalin Injection b) Rubber Band Ligation c) Thermal Therapy: Argon Plasma Coagulation d) Thermal Therapy: Heater Probe e) Haemoclip f) Haemospray /Endoclot g) Histoacryl Glue Injection 10.2 Polypectomy
11	Administration of Sedation
12	Endoscope and Accessories Reprocessing

LIST OF OPTIONAL PROCEDURES FOR CREDENTIALING IN ENDOSCOPY

NO	PROCEDURES
1	Endoscopic Retrograde PancreatOgraphy (ERCP)
2	Endoscopic Ultrasound (EUS)
3	Enteroscopy (Single and Double Balloon)
4	Percutaneous Endoscopic Gastrostomy (PEG)/Jejunostomy (PEJ)
5	Endoscopic Mucosal Resection (EMR)
6	Endoscopic Submucosal Dissection (ESD) and Per-oral Endoscopic Myotomy (POEM)
7	Oesophageal Dilatation
8	Metallic Stenting
9	Enteral Feeding
10	Manometry
11	24 Hours pH Monitoring (Catheter and Non-Catheter Based) and Impedance
12	Urea Breath Test (UBT)
13	Capsule Endoscopy
14	Sengstaken Tube Insertion
15	Pseudocyst Drainage
16	Spyglass Cholangioscopy
17	Endoscopic Marker Injection

(viii) LIST OF CORE PROCEDURES FOR CREDENTIALING IN GENERAL PAEDIATRICS

NO	PROCEDURES
1	Assess patient on admission
2	Assess level of consciousness
3	Venepuncture
4	Peripheral venous cannulation
5	Heel/finger prick for capillary blood sugar
6	Insertion of naso / orogastric tube
7	Enteral tube feeding
8	Collection of urine for culture
9	Peak flow meter measurement
10	Administration of metered dose inhaler
11	Nebulization
12	Assist lumbar puncture
13	Blood transfusion
14	Administration of oral sedation
15	Administration of medication by rectal route
16	Monitoring of patient under sedation
17	Suctioning – oro/nasopharyngeal
18	Bag valve mask ventilation
19	Use of cardiorespiratory monitor and alarm limits setting
20	Intra/inter hospital transfer of patient
21	Assist chest tube placement

LIST OF OPTIONAL PROCEDURES FOR CREDENTIALING IN GENERAL PAEDIATRICS

NO	PROCEDURES
1	Assist in central line placement
2	Care of central venous line
3	Care of chemo port
4	Setting up total parenteral nutrition
5	Assist intubation
6	Suctioning - endotracheal
7	Care of patient with tracheostomy
8	Blood sampling from arterial line
9	Care of patient on non-invasive ventilation
10	Stoma care
11	Phototherapy
12	Checking photo light irradiance
13	Assist bone marrow aspiration
14	Assist chest tube placement
15	Assist bladder catheterisation
16	Care of patient on peritoneal dialysis
17	Wet wrap
18	Basic ECG

(ix) LIST OF CORE PROCEDURES FOR CREDENTIALING IN NEONATAL NURSING

NO	PROCEDURES
1	Admission of newborn
2	Clinical assessment of neonate
3	Anthropometric measurements
4	Thermoregulation of newborn
5	Stabilisation and transfer of neonate
6	Discharge of newborn
7	Application of pulse oximeter and interpretation of oxygen saturation
8	Setting up invasive blood pressure monitoring
9	Use of cardiorespiratory monitor and alarm limits setting
10	Heel prick
11	Incubator care (including disinfection)
12	Care of neonate in basic incubator
13	Care of neonate in humidified incubator
14	Weaning neonate from incubator
15	Use of radiant warmer – manual
16	Use of radiant warmer – servo-controlled
17	Phototherapy
18	Checking photolight irradiance
19	Preparation for and assisting exchange transfusion
20	Administration of nasal prong oxygen
21	Setting up conventional ventilator
22	Care of baby on conventional ventilator
23	Setting up non-invasive ventilator
24	Care of baby on non-invasive ventilator
25	Blood gas interpretation
26	Assist in umbilical venous and arterial cannulation
27	Assist in peripherally inserted central catheter placement
28	Care of central line
29	Setting up total parenteral nutrition
30	Blood sampling from arterial line
31	Education on collection and storage of expressed breast milk
32	Handling of expressed breast milk and formula milk
33	Cup/spoon feeding
34	Enteral tube feeding
35	Administration of medication
36	Administration of oral sedation
37	Monitoring of patient under sedation
38	Administration of medication by rectal route
39	Bag valve mask resuscitation
40	Suctioning – oro/nasopharyngeal

NO	PROCEDURES
41	Assist in intubation
42	Endotracheal tube suction – open
43	Endotracheal tube suction – closed
44	Extubation of patient
45	Assist lumbar puncture
46	Blood transfusion
47	Assist chest tube placement
48	Care of patient with chest tube
49	Preparation of infant for retinopathy of prematurity screening

LIST OF OPTIONAL PROCEDURES FOR CREDENTIALING IN NEONATAL NURSING

NO	PROCEDUR
1	Use of transcutaneous bilirubinometer
2	Use of transcutaneous carbon dioxide monitor
3	Setting up high frequency ventilator
4	Care of neonate on high frequency ventilation
5	Care of neonate on inhaled nitric oxide
6	Care of newborn undergoing hypothermia therapy
7	Stoma care
8	Care of patient with tracheostomy
9	Newborn Hearing Screening

(x) LIST OF PROCEDURES FOR CREDENTIALING IN ORTHOPEDIC SERVICES

NO	PROCEDUR
1	Preparation and application of Thomas Splint
2	Preparation and application of Bohler Braun Frame
3	Application and care of patient on skin traction
4	Application and care of patient on skeletal traction
5	Application and care of patient on Fixed traction
6	Care of patient with Plaster of Paris
7	Application and care of Halter Traction
8	Assist application and care of patient with Halovest
9	Assessment of neurovascular status:- - With Traction - With Cast - Post Operative
10	Pre and post op care of patient : Amputation
11	Pre and post op care of patient : Trauma
12	Pre and post op care of patient : Non trauma
13	Application of cryo cuff
14	Application of CPM
15	Immediate management of spinal injury:- - Long Turning - Skin Care - Bowel Training - Bladder Training
16	Health education and exercise:- - Range of Motion Upper and Lower Limb - Static Quadriceps - Ankle Foot Pump Exercise - Deep Breathing Exercise
17	Ambulating patient:- - With Crutches - With Walking Frame - With Wheelchair
18	Care of patient with cast / slab
19	Interpretation of musculoskeletal plain x ray:- - Upper Limb - Lower Limb - Spine
20	Application of arm sling
21	Application of Stump bandage
22	Application of limb bandage
23	Principle and Care of orthosis:- - Knee Brace - JUWETTE Brace - SOMI Brace

NO	PROCEDUR
24	Application of shoulder strapping
25	Application of Volar Slab
26	Application of Dorsal Slab
27	Application of Above Elbow Backslab
28	Application of Above Elbow Cast
29	Application of Below Elbow cast
30	Application of Below elbow backslab
31	Application of Colle's cast
32	Application of Bennet Cast
33	Application of Ulnar Gutter
34	Application of Thumb Spica
35	Application of Scaphoid cast
36	Application of Hanging Cast
37	Application of 'U' Slab
38	Application of Below knee back slab
39	Application of Above knee backslab
40	Application of Above knee Cast
41	Application of Below knee Cast
42	Application of Cylinder back slab
43	Application of Cylinder Cast
44	Application of Boot Cast
45	Application of Patellar Tendon Bearing cast
46	Application of body Cast
47	Application of Minerva Jacket
48	Application of hip spica
49	Application of serial casting for CTEV / Ponseti Cast
50	Wedging of Cast
51	Removal of Halovest
52	Removal of external fixator
53	Removal of Cast
54	Perform Closed Manual Reduction (CMR)* - AMO's Perform Closed Manual Reduction (CMR)* - Nurses

(xi) LIST OF PROCEDURES FOR CREDENTIALING IN CARDIO VASCULAR PERFUSION

A. Core Procedures

NO	PROCEDUR
1	Conduct of CPB for CABG / valve / adult congenital heart surgery
2	Set-up of intra-aortic balloon pump
3	Perform intra operative red cell salvage with cell saver

B. Optional Procedure

NO	PROCEDUR
1	Conduct of CPB using centrifugal pump
2	Conduct of CPB using VAVD
3	Conduct of CPB for thoracic aortic surgery
4	Perform ultrafiltration during CPB

C. Specialize Procedures

NO	PROCEDUR
1	Extracorporeal Membrane Oxygenation
2	Neonatal and Paediatric Perfusion

(xii) LIST OF PROCEDURES FOR CREDENTIALING IN ANAESTHESIA

NO	PROCEDUR
1	Skill 1: Cleaning And Sterilization Of Anaesthetic Equipment
2	Skill 2: Decontamination Of Anaesthetic Machine And Monitors
3	Skill 3: Checking Of Anaesthetic Machine Before Use.
4	Skill 4: Pre-Anaesthetic Assessment
5	Skill 5: Final Assessment For Patient In Operating Theatre
6	Skill 6: Preparation Of Anaesthetic Machine And Equipments
7	Skill 7: Preparation Of Anaesthetic Drugs
8	Skill 8: Preparation Of Patient For Anaesthesia In Operating Theatre
9	Skill 9: Induction Of Anaesthesia
10	Skill 10: Endotracheal Intubation
11	Skill 11: Rapid Sequence Induction
12	Skill 12: Expected Difficult Intubation
13	Skill 13: Failed Intubation Drill
14	Skill 14: Extubation
15	Skill 15: Administration Of General Anaesthesia (Ippv)
16	Skill 16: General Anaesthesia (Spontaneous – Hold Mask)
17	Skill 17: General Anaesthesia (Spontaneous – Supraglottic Airway)
18	Skill 18: Administration Of Total Intravenous Anaesthesia (Tiva)
19	Skill 19: Spinal Anaesthesia
20	Skill 20: Administration Of Monitored Sedation
21	Skill 21: Post Anaesthesia Care
OPTIONAL PROCEDURE	
22	Skill 22: Administration Of Anaesthesia For Electro-Convulsive Therapy (Ect)
23	Skill 23: Caudal Block
24	Skill 24: Brachial Plexus Nerve Block (Supraclavicular Approach)
25	Skill 25: Brachial Plexus Nerve Block (Axillary Approach)
26	Skill 26: Wrist Block
27	Skill 27: Femoral Nerve Block – Anterior Approach
28	Skill 28: Sciatic Nerve Block – Posterior Approach
29	Skill 29: Ankle Block

(xiii) LIST OF PROCEDURES FOR CREDENTIALING IN PERI-ANAESTHESIA

NO	PROCEDUR
1	Skill 1: Assemble And Disassemble Laryngoscope
2	Skill 2: Preparation And Handling Of Video Assisted Laryngoscope (Val)
3	Skill 3: Cleaning , Decontamination & Sterilization Of Breathing System Apparatus
4	Skill 4: Preparation For Intubation
5	Skill 5: Application Of Cricoid Pressure
6	Skill 6: Preparation Of Supraglottic Airway Adjuncts
7	Skill 7: Preparation Of Difficult Airway Adjuncts
8	Skill 8: Perform Endotracheal Intubation
9	Skill 9: Perform Endotracheal Extubation
10	Skill 10: Perform Supraglottic Airway Insertion
11	Skill 11: Perform Supraglottic Airway Extubation
12	Skill 12: Checking And Calibrate Anaesthetic Machine
13	Skill 13: Identify And Troubleshoot Anaesthetic Machine
14	Skill 14: Identify And Troubleshoot Monitors
15	Skill 15: Refilling And Emptying Vaporizers
16	Skill 16: Assemble Anaesthesia Breathing Circuit
17	Skill 17: Assemble Ayre's T-Piece Breathing Circuit
18	Skill 18: Rapid Sequence Induction
19	Skill 19: Assemble Passive Humidification
20	Skill 20: Prepare Anaesthetic Nebulization
21	Skill 21: Replenishment Of Anaesthetic Resuscitation Trolley
22	Skill 22: Replenishment Difficult Intubation Trolley
23	Skill 23: Handling Of Patient Controlled Analgesia (Pca) Pump
24	Skill 24: Care Of Patient During Various Operative Position

25	Skill 25: Care Of Patient Pneumatic Tourniquet
26	Skill 26: Preparations And Care Of Patient In Spinal Anaesthesia
27	Skill 27: Preparations And Care Of Patient In Epidural Anaesthesia
28	Skill 28: Applying Pulse Oximeter And Its Clinical Application
29	Skill 29: Applying Capnometer And Its Clinical Application
30	Skill 30: Core Temperature Probe Insertion
31	Skill 31: Preparation Of Pressure Transducer System
32	Skill 32: Preparation Of Central Venous Pressure System
33	Skill 33: Care Of Patient With Arterial Line
34	Skill 34: Care Of Patient With Central Venous Line
35	Skill 35: Assemble Of Oxygen Therapy Device
36	Skill 36: Prepare And Assist In Peripheral Block
37	Skill 37: Assemble Intraoperative Warming Devices
38	Skill 38: Assemble Blood Warming Devices
39	Skill 39: Transportation Of Critically ill Patient
40	Skill 40: Assemble, Setting And Troubleshoot Ventilators
41	Skill 41: Preoperative Assessment
42	Skill 42: Assist In Difficult Intubation Drill
43	Skill 43: Care Of Patient In Recovery
44	Skill 44: Check Level Of Regional Anaesthesia
45	Skill 45: Assess Bromage Score
46	Skill 46: Assess Sedation Scale
47	Skill 47: Assess Recovery Score
48	Skill 48: Assess Pain Score
49	Skill 49: Preparation And Assisting In Flexible Fiberoptic Endo-Tracheal Intubation
50	Skill 50: Preparation And Assisting In Awake Fiberoptic Intubation
OPTIONAL PROCEDURE	
51	Skill 51: Handling And Assist In Total Intravenous Anaesthesia/Target Controlled Infusion (Tiva/Tci) Procedure
52	Skill 52: Preparation And Assisting Non Invasive Cardiac Output Monitoring
53	Skill 53: Preparations And Care Of Patient In Combined Spinal Epidural (Cse)
54	Skill 54: Preparation And Assisting Invasive Cardiac Output Monitoring
55	Skill 55: Assemble Rapid Infusion Device
56	Skill 56: Preparation And Assisting In One - Lung Ventilation
57	Skill 57: Assemble And Calibrate - Intracranial Pressure Monitoring
58	Skill 58: Assist In Autologous Blood Transfusion
59	Skill 59: Assemble Jet Ventilation
60	Skill 60: Preparation And Assisting In Cricothyrotomy
61	Skill 61: Preparation And Assisting In Needle Cricothyrotomy
62	Skill 62: Application Of Peripheral Nerve Stimulator
64	Skill 63: Assemble Bispectral Index (Bis) Monitoring
65	Skill 64: Care Of Ultrasound

(xiv) LIST OF PROCEDURES FOR CREDENTIALING IN INTENSIVE CARE

NO	PROCEDUR
1	Skill 1:Cleaning,Decontamination &Sterilization Of Medical And Non-Medical Apparatus
2	Skill 2: Applying Pulse Oximeter & Its Clinical Application
3	Skill 3: Applying Capnometer & Its Clinical Application
4	Skill 4: Applying Rebreathing / Non-Rebreathing Masks
5	Skill 5: Testing And Assembling Reusable / Disposable Ventilator Circuits
6	Skill 6: Setting And Change Basic Ventilator Parameters
7	Skill 7: Identify And Troubleshoot Ventilators
8	Skill 8: Identify And Troubleshoot Monitors & Defibrillators
9	Skill 9: Maintenance, Calibration & Quality Control Of Arterial Blood Gas Machine
10	Skill 10: Set-Up Transport Ventilator
11	Skill 11: Management Of Invasive Ventilators And Accessories
12	Skill 12: Management Of Non – Invasive Ventilators And Accessories
13	Skill 13: Applying Full Barrier Personnel Protective Equipments With N95 Respirator
14	Skill 14: Transportation Of Critically-Ill Patient
15	Skill 15: Preparation, Assemble,Function Testing & Performing Bag-Valve Mask
16	Skill 16: Preparation And Assisting In Endotracheal Intubation
17	Skill 17: Preparation And Assisting In Flexible Fibreoptic Bronchoscopy
18	Skill 18: Preparation And Assisting Difficult Intubation
19	Skill 19: Preparation And Assembling Active Humidification System
20	Skill 20: Preparation And Assembling Passive Humidification System
21	Skill 21: Preparation Pressure Transducer System And Its Clinical Application
22	Skill 22: Perform Tracheo-Bronchiol Suctioning - Open Method
23	Skill 23: Perform Tracheo-Bronchiol Suctioning - Closed Method
24	Skill 24: Perform Pre-Use Check On Non -Invasive Ventilator.
25	Skill 25: Perform Pre-Use Check On Invasive Ventilator.
26	Skill 26: Perform Checking On Portable Oxygen System
27	Skill 27: Administration Of Aerosolized Drugs Via Metered-Dose-Inhaler Or Nebulizer
OPTIONAL PROCEDURES	
28	* Skill 28: Preparation And Assisting Non-Invasive Cardiac Output Monitoring
29	* Skill 29: Preparation And Assisting Invasive Cardiac Output Monitoring
30	* Skill 30: Preparation And Assisting Percutaneous Tracheostomy
31	* Skill 31: Prepare, Set-Up And Calibration High Frequency Oscillatory Ventilator
32	* Skill 32: Prepare And Assist On Intra-Cranial Pressure Monitoring
33	* Skill 33: Prepare And Assist Brain Stem Function Test
34	* Skill 34: Perform Echocardiogram
35	* Skill 35: Preparation And Perform Continuous Renal ReplacementTheraphy (Crrt)
36	* Skill 36: Preparation For Level Of Consciousness Monitoring (Bis / Nmt)
37	* Skill 37: Assisting General Anaesthesia For Remote Anaesthesia

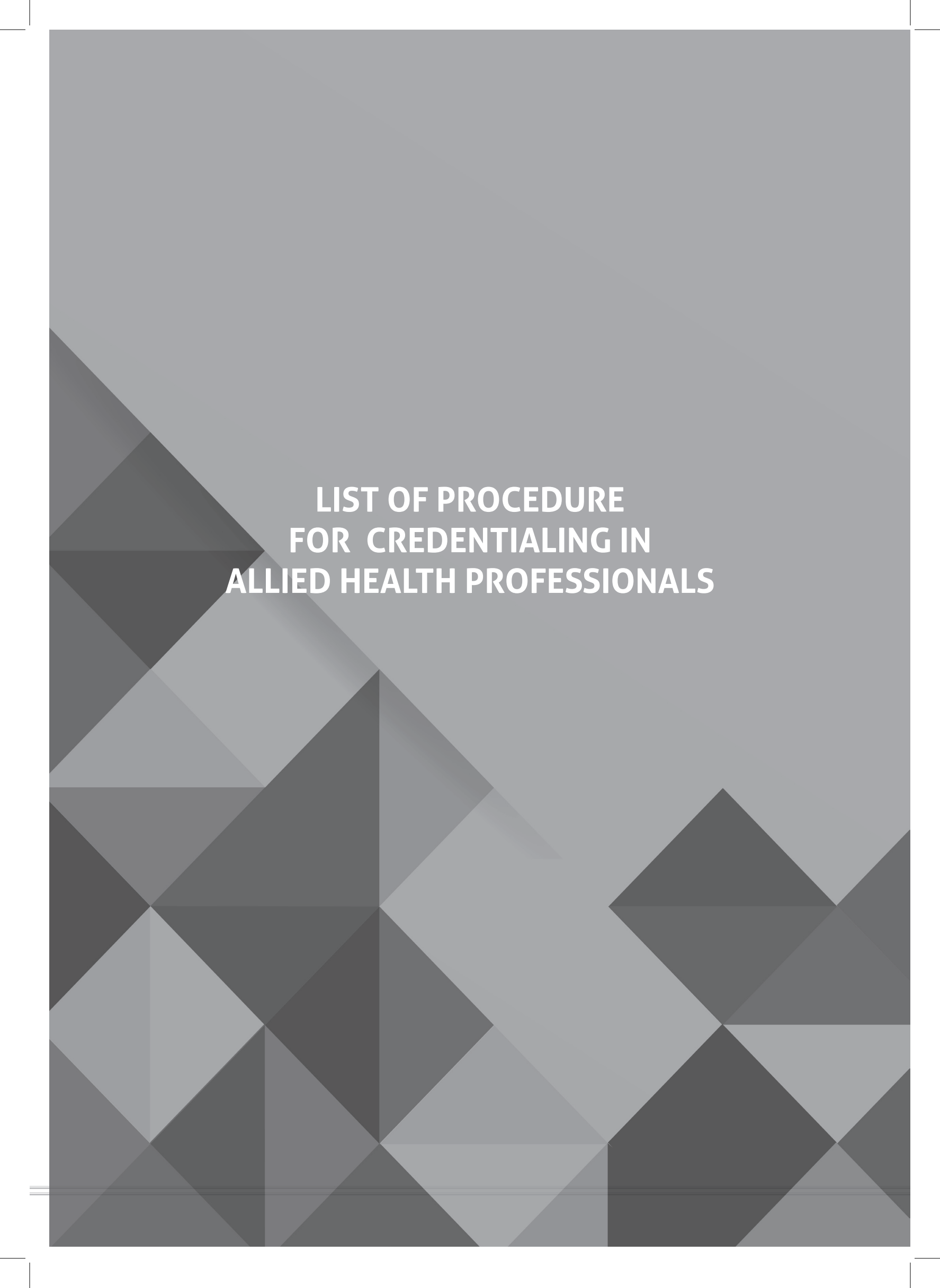
(xv) LIST OF CORE PROCEDURES FOR CREDENTIALING IN PERI-ANAESTHESIA CARE

NO	PROCEDUR
1	Assemble, disassemble and decontaminate laryngoscope
2	Prepare and assemble of video assisted laryngoscope
3	Cleaning, decontamination & sterilization of breathing system apparatus
4	Preparation for intubation
5	Preparation and assisting in awake fibreoptic intubation
6	Application of cricoid pressure
7	PREPARATION OF SUPRAGLOTIC AIRWAY ADJUNCTS
8	Preparation of difficult airway trolley and airway adjuncts
9	Assist in difficult intubation
10	Perform endotracheal intubation*
11	Perform endotracheal extubation*
12	Perform supraglottic airway insertion*
13	Perform supraglottic airway extubation*
14	Checking and calibrate anaesthesia machine
15	Identify problems and troubleshoot anaesthesia machine
16	Identify problems and troubleshoot haemodynamic monitor
17	Prepare and assist in total intravenous anaesthesia/target controlled infusion (TIVA/TCI) procedure
18	Assemble bispectral index (BIS) monitor
19	Prepare and assist chest tube insertion
20	Refilling and emptying vaporizers
21	Assemble anaesthesia breathing circuit
22	Assemble ayre's t-piece breathing circuit
23	Application of rapid sequence induction
24	Assemble passive humidification system
25	Prepare anaesthetic nebulizer system
26	Prepare & checking anaesthesia resuscitation trolley
27	Setting up patient controlled analgesia (PCA) pump
28	Care during positioning of patient
29	Care of patient on pneumatic tourniquet
30	Prepare and care of patient for spinal anaesthesia
31	Prepare and care of patient for epidural anaesthesia
32	Prepare and care of patient for peripheral nerve block
33	Assemble pulse oximeter probe
34	Assemble capnograph system • side stream Main stream
35	Temperature probe insertion

NO	PROCEDUR
36	Assemble & calibrate pressure transducer system Arterial line Central venous pressure Pulmonary artery catheter
37	Care of patient with invasive lines • arterial line • central venous pressure Pulmonary artery catheter
38	Assemble of oxygen therapy device
39	Application of peripheral nerve stimulator
40	Assemble intraoperative warming device
41	Assemble fluid/blood warming devices
42	Transportation of critically ill patient
43	Preoperative assessment
44	Care of patient in recovery area
45	Check level of block for regional anaesthesia
46	Assess bromage score
47	Assess sedation scale
48	Assess recovery score
49	Assess pain score
50	Care of patient under acute pain service

LIST OF OPTIONAL PROCEDURES FOR CREDENTIALING IN PERI-ANAESTHESIA CARE

NO	PROCEDUR
1	Prepare and assist non-invasive cardiac output monitoring
2	Prepare and assist invasive cardiac output monitoring
3	Assemble rapid infusion device
4	Prepare and assist in double lumen tube / endobronchial blocker
5	Assemble and calibrate - intracranial pressure monitoring
6	Assist in autologous blood transfusion
7	Assemble jet ventilation
8	Prepare and assist in cricothyrotomy
9	Assemble cerebral oximetry
10	Care of echocardiography/ultrasound machine
11	Assist and prepare patient under general anaesthesia in magnetic resonance image (MRI) suite
12	Assist and prepare patient under general anaesthesia in electro convulsive therapy (ECT) Suite
13	Assist and prepare patient under general anaesthesia for procedures in remote areas • Interventional radiological procedures • CT scan • Oncology procedures
14	Assist and prepare patient under general anaesthesia in intensive cardiac laboratory (ICL)



**LIST OF PROCEDURE
FOR CREDENTIALING IN
ALLIED HEALTH PROFESSIONALS**

**(i) LIST OF OPTIONAL PROCEDURES FOR CREDENTIALING
IN DIAGNOSTIC RADIOGRAPHY**

NO	PROCEDUR
GENERAL RADIOGRAPHY	
1.	Chest
2.	Paediatric Chest
3.	Abdomen/KUB
4.	Paediatric Abdomen
5.	Shoulder Girdle
6.	Upper Extremities (Humerus/Elbow/Radius/Ulna/wrist/Hand)
7.	Lower Extremities(Femur/Knee/Tibia/Fibula/Ankle/Foot)
8.	Pelvic Girdle
9.	Spinal Vertebrae (Cervical/Thoracic/ Lumbar)
10.	Skull /Facial Bones /PNS
MOBILE RADIOGRAPHY	
1.	Chest
2.	Pediatric Chest
3.	Abdomen
4.	Pediatric Abdomen
5	Extremities
TRAUMA RADIOGRAPHY	
1.	Head & Facial Injury
2.	Chest/ Thoracic Injury
3.	Abdominal Injury
4.	Upper & Lower Extremity
5.	Spinal Injury
6.	Pelvic Injury

SPECIALIZED PROCEDURE

NO	PROCEDUR
BASIC CT SCAN	
1.	Brain
2.	Neck
3.	Thorax
4.	Abdomen/Pelvis
5.	Spinal Vertebrae (Cervical/Thoracic/ Lumbar Spine)

NO	PROCEDUR
	ADVANCED CT SCAN
1.	Paranasal Sinuses
2.	Orbits
3.	HRCT Temporal
4.	HRCT Thorax
5.	3 - Phase Liver / Pancreas
6.	4 – Phase Renal / Adrenal
7.	CTU /CTU-IVU
8.	CT Angiography
9.	Extremity
10.	Biopsy/FNAC /Drainage
	MAMMOGRAPHY
1.	Screening Mammography
2.	Diagnostic Mammography
3.	Biopsy
4.	Localization

OPTIONAL CT SCAN

NO	PROCEDUR
1.	Dental CT
2.	Colonography
3.	Perfusion CT
4.	Cisternogram CT
5.	Forensic CT
6.	Cardiac CT

(ii) LIST OF OPTIONAL PROCEDURES FOR CREDENTIALING IN RADIATION THERAPY

NO	PROCEDUR
A	CORE PROCEDURE
1	Radiotherapy Imaging (Conventional Simulation, CT Simulation) 1.1. Brain 1.2. Head & Neck 1.3. Breast 1.4. Thorax (Non Breast Cases) 1.5. Abdomen and Pelvis 1.6. Spine 1.7. Extremities
2.	Radiotherapy Treatment & Verification 2.1. Brain 2.2. Head & Neck 2.3. Breast 2.4. Thorax (Non Breast Cases) 2.5. Abdomen and Pelvis 2.6. Spine 2.7. Extremities
3.	Brachytherapy Imaging and Treatment 3.1. Gynaecological cases
4.	Patient Management 4.1. Scheduling for Radiotherapy Imaging 4.2. Scheduling for Radiotherapy treatment 4.3. Patient Education - Pre Conventional / CT Stimulation Procedure 4.4. Patient Education - Post Conventional / CT Simulation Procedure 4.5. Patient Education - Pre Radiotherapy Treatment 4.6. Patient Education - Post Radiotherapy Treatment
5.	Fabrication of Treatment Accessories 5.1. Immobilization Devices 5.2. Treatment Devices
6.	Quality Assurance in Radiotherapy 6.1. Daily QC for Conventional Simulator / CT 6.2. Daily QC for Linear Accelerator
B	SPECIALISED PROCEDURE
1.	Radiotherapy Dosimetry 1.1. Contouring of organ at risk 1.2. 3D Planning 1.2.1. Head & Neck 1.2.2. Thorax & Abdomen 1.2.3. Pelvis, Breast & Others

NO	PROCEDUR
C	OPTIONAL PROCEDURE
1.	Stereotactic Radiosurgery 1.1.Immobilization and Imaging 1.2.Treatment and Verification
2	Stereotactic Radiotherapy 2.1.Fabrication of Immobilization device 2.2.Imaging 2.3.Treatment and Verification
3.	Total body Irradiation 3.1.Imaging 3.2.Treatment

**(iii) LIST OF OPTIONAL PROCEDURES FOR CREDENTIALING IN
PHYSIOTHERAPY (DIPLOMA)**

1. CARDIORESPIRATORY

A) ASSESSMENT

NO	PROCEDUR
1.	Interpretation of Chest Auscultation
2.	Interpretation of Chest X-ray
3.	Interpretation of Arterial Blood Gas
4.	Perform exercises tolerance test: 6 minutes walking test

B) TREATMENT

NO	PROCEDUR
1	Airway Clearance Techniques: Gravity Assisted Drainage Position (GAPD) (I) i. Upper Lobe ii. Lower Lobe
2	Airway Clearance Techniques (II): - Active Cycle Breathing Technique
3	Respiratory Muscle Training (I): - Breathing Exercises with 3 seconds hold at each level
4	Respiratory Muscle Training (II) : -with Incentive Spirometry
5	Airway Clearance Techniques Using Physiotherapy Adjuncts: i. Flutter ii. Acapella
6	Suctioning Techniques via: i. Endotracheal Tube ii. Tracheotomy
7	Prescription of Exercise Program for Cardio respiratory condition
8	Conduct Cardiac Rehabilitation Program
9	Conduct Pulmonary Rehabilitation Program

2. CORE PROCEDURE FOR MUSCULOSKELETAL PHYSIOTHERAPY

A) ASSESSMENT AND OUTCOME MEASURE

NO	PROCEDUR
1	Interpretation of Posture
2	Interpretation of Gait
3	Neer Impingement Test For The Shoulder Joint
4	Anterior Drawer Test for the Knee Joint
5	Evaluation of Revised Owestery Disability Indexes Scoring (RODI)
6	Evaluation of Neck Disability Indexes Scoring (NDI)
7	Interpretation of Vertebral Basilar Artery Insufficiency Test (VBI)

B) TREATMENT

NO	PROCEDUR
1	Core Stability Exercises for The Back
2	Proprioceptive Training
3	Tendon Glide Exercises for the hand
4	Joint Mobilization for the Shoulder Joint
5	Joint Mobilization for the Knee Joint
6	Usage of Pressure Bio feedback for: i. Neck Muscle ii. Back Muscle
7	Crutch Walking techniques: i. Partial Weight Bearing ii. Non Weight Bearing
8	Short wave Diathermy Treatment Techniques: i. Contra-planar ii. Coplanar
9	Application of Therapeutic Ultrasound
10	Stump Bandaging : Below Knee Amputation
11	Soft Tissue Manipulation: Back
12	Soft Tissue Manipulation: Lower Limb

3. CORE PROCEDURE FOR NEUROLOGY PHYSIOTHERAPY

A) ASSESSMENT AND OUTCOME MEASURE

NO	PROCEDURE
1	Interpretation of Motor Assessment Scale
2	Interpretation of American Spinal Cord Injury Association (ASIA) classification
3	Interpretation of Modified Ashworth scale
4	Interpretation of Spinal Cord Independent Measure (SCIM) Assessment
5	Interpretation of Berg Balance Scale
6	Interpretation of Time-up and Go-Test
7	Prescriptions of Falls Prevention Exercises
8	Proprioceptive Neuromuscular Facilitation Technique: Rotational and Diagonal Patterns
9	Motor Relearning Program (MRP) Upper Limb Training Sit to Stand Training
10	Gait re-education Stroke Parkinson
11	Higher Wheel Chair Management -Transferring

4. CORE PROCEDURE FOR PAEDIATRIC PHYSIOTHERAPY

A) CARDIO RESPIRATORY PAEDIATRIC

NO	PROCEDURE
1	Interpretation of Chest Auscultation
2	Interpretation of Chest X-ray
3	Interpretation of Arterial Blood Gases
4	Manual Techniques (Chest): i. Percussion ii. Vibration
5	Airway Clearance: Gravity Assisted Drainage Position: i. Upper Lobe ii. Lower Lobe
6	Suctioning Techniques via: i. Endotracheal Tube ii. Nasopharynx
7	Identification and Evaluation of Pediatric Milestone
8	Examination of Normal Infant Reflex
9	Assessment of Pathological Reflexes i. Symmetrical Tonic Neck Reflex (STNR) ii. Asymmetrical Tonic Neck Reflex (ATNR)
10	Gross Motor Function Measure Assessment (GMFM)
11	Tardieu Angle Measurement
12	Facilitation Of Normal Movement Pattern
13	Manual Manipulation Technique for Congenital Talipes Equinovarus (CTEV)

(iv) LIST OF OPTIONAL PROCEDURES FOR CREDENTIALING IN PHYSIOTHERAPIST (DEGREE)

1. CARDIORESPIRATORY

A) ASSESSMENT

NO	PROCEDUR
1	Interpretation and analyse of Chest Auscultation
2	Interpretation and analyse of Chest X-ray
3	Interpretation and analyse of Arterial Blood Gas
4	Interpretation and analyse of ventilator setting
5	Exercises tolerance test: 6 minute walk test perform and analyse
6	Perform Manual Hyper Inflation (MHI)

B) TREATMENT

NO	PROCEDUR
1	Airway Clearance Technique Using Physiotherapy Adjuncts: Flutter/Acapella
2	Suctioning Techniques via: i. Endo tracheal Tube ii. Tracheostomy
3	Insertion of Nasopharyngeal/ Guedel Airway
4	Prescription of Exercises Program for Cardio respiratory condition
5	Management of Pulmonary Rehabilitation Program
6	Management of Cardiac Rehabilitation Program

2. CORE PROCEDURE FOR MUSCULOSKELETAL PHYSIOTHERAPY

A) ASSESSMENT AND OUTCOME MEASURE

NO	PROCEDUR
1	Posture assessment and analyse
2	Gait Analysis
3	Evaluation of: Revised Oswestry Disability Indexes Scoring (RODI)
4	Evaluation of Neck Disability Indexes Scoring (NDI)
5	Performed Interpret Adverse Neural Tension Tests i. Upper Limb Tension Test (I) (ULTTI) ii. Upper Limb Tension Test (II) (ULTTII)
6	Adverse Neural Tension Tests : i. Straight Leg Raising (SLR) ii. Slump test
7	Vestibular Basilar Artery Insufficiency Tests (VBI)
8	Core Stability Exercises for The Back
9	Joint Mobilization for the Cervical Spine

B) TREATMENT

NO	PROCEDUR
1	Joint Mobilization for the Lumbar Spine
2	Usage of Pressure Bio feedback for: i. Neck Muscle ii. Back Muscle
3	Electrical Stimulation Technique: - Interferential Current
4	Taping Technique : Ankle Joint
5	Stump Bandaging : Below Knee Amputation
6	Soft Tissue Manipulation: Lower Back
7	Mechanical Traction : i. Cervical ii. Lumbar

3. CORE PROCEDURE FOR NEUROLOGY PHYSIOTHERAPY

A) ASSESSMENT AND OUTCOME MEASURE

NO	PROCEDUR
1	Interpretation and analyse of Motor Assessment Scale
2	Interpretation and analyse of American Spinal Cord Injury Association (ASIA) classification
3	Interpretation and analyse of Spinal Cord Independent Measure (SCIM) assessment
4	Interpretation and analyse of Berg Balance Scale
5	Interpretation and analyse of Dynamic Gait Index
6	Prescriptions of Falls Prevention Exercises
7	Perform Neuro Developmental Treatment (NDT Bobath) Techniques: i. The use specific technique to normalize tone ii. The use of key point control to Inhibit or facilitate posture and movement iii. Alignment and the postural consideration of Scapulo-Humeral rhythm
8	Motor Relearning Program (MRP) i. Upper Limb Training ii. Sit to Stand Training
9	Gait re-education
10	Higher Wheel Chair Management i. Transferring ii. Wheelie

4. CORE PROCEDURE FOR PAEDIATRIC PHYSIOTHERAPY

A) CARDIO RESPIRATORY PAEDIATRIC

NO	PROCEDUR
1	Interpretation and analyse of Chest Auscultation
2	Interpretation and analyse of Chest X-ray
3	Interpretation and analyse of Arterial Blood Gases (ABG)
4	Manual Techniques (Chest): i. Percussion ii. Vibration
5	Airways Clearance: Gravity Assisted Drainage Position(GADP) i. Upper Lobe ii. Lower Lobe
6	Suctioning Techniques via: i. Endotracheal Tube ii. Nasopharynx

B) NEUROLOGY PAEDIATRIC

NO	PROCEDUR
1	Identification and Evaluation of Paediatric Milestone
2	Assessment of Pathological Reflexes i. Symmetrical Tonic Neck Reflex (STNR) ii. Asymmetrical Tonic Neck Reflex (ATNR)
3	Gross Motor Function Measure Assessment (GMFM)
4	Hammer Smith Neonatal Neurological Examination
5	Tardieu Angle Measurement
6	Facilitation Of Normal Movement Pattern
7	Manual Manipulation Technique of Torticollis

SUMMARY OF OPTIONAL PROCEDURE FOR PHYSIOTHERAPIST

1. HYDROTHERAPY FOR PHYSIOTHERAPY

A) TREATMENT

NO	PROCEDURE
1.	10 points Halliwick technique
2.	Bad Ragaz Ring method
3.	Wat Su technique
4.	Ai-Chi Technique

SUMMARY OF SPECIALISED PROCEDURE FOR PHYSIOTHERAPY

1. WOMEN'S AND MEN'S HEALTH

INCONTINENCE FOR PHYSIOTHERAPY

A) ASSESSMENT AND OUTCOME MEASURE

NO	PROCEDUR
1	Digital pelvic floor assessment (female)
2	Digital Pelvic Floor assessment (male)
3	Interpretation and analysis perineometer readings
4	Interpretation and analysis of Bladder Diary record
5	Provocation test

B) TREATMENT

NO	PROCEDUR
1	Pelvic Floor Muscle Training (PFMT)
2	Training for pelvic floor muscle dysfunction using adjunct: Myofeedback / biofeedback Pelvic floor Educator iii. Vaginal cone iv. Interferential therapy

LYMPHOEDEMA FOR PHYSIOTHERAPY

A) ASSESSMENT AND OUTCOME MEASURE

NO	PROCEDUR
1	Measurement of swollen limb

B) TREATMENT

NO	PROCEDUR
1	Application of Manual lymphatic drainage technique
2	Application of compression bandaging
3	Remedial Exercise
4	Patient education

2. VESTIBULAR REHABILITATION FOR PHYSIOTHERAPY

A) ASSESSMENT AND OUTCOME MEASURE

NO	PROCEDUR
1	Oculomotor assessment
2	Cerebellar assessment
3	Gait assessment
4	Balance Test
5	Special Test

B) TREATMENT

NO	PROCEDUR
1	Epley's Maneuver
2	Log & Roll's Maneuver
3	Prescription of Gaze Stabilization exercise
4	Balance Training

3. EXTRA CORPOREAL SHOCKWAVE THERAPY FOR PHYSIOTHERAPY

A) ASSESSMENT AND OUTCOME MEASURE

NO	PROCEDUR
1	Interpretation and analysis of foot and Ankle Measure (FAAM)
2	Assessment for pain

B) TREATMENT

NO	PROCEDUR
1	Application of extracorporeal shockwave therapy(ESWT)
2	Prescription of exercise

4. DRY NEEDLING FOR PHYSIOTHERAPY

A) ASSESSMENT AND OUTCOME MEASURE

NO	PROCEDUR
1	Assessment on myofascial trigger point
2	Universal Precaution

B) TREATMENT

NO	PROCEDUR
1	Application and analyze dry needling - Cervical Muscle
2	Application and analyze dry needling - Upper Trapezius Muscle
3	Application and analyze dry needling - Thoracic Muscle
4	Application and analyze dry needling - Supraspinatus Muscle
5	Application and analyze dry needling - Infraspinatus Muscle
6	Application and analyze dry needling - Hamstring muscle
7	Application and analyze dry needling - Gluteal Medius
8	Application and analyze dry needling - Piriformis Muscle
9	Application and analyze dry needling - Calf Muscle
10	Application and analyze dry needling – Quadratus lumborum Muscle

5. PHOTOTHERAPY FOR PHYSIOTHERAPY

A) ASSESSMENT AND OUTCOME MEASURE

NO	PROCEDUR
1	Minimal Erythema Dosage

B) TREATMENT

NO	PROCEDUR
1	Treatment for Psoriasis(UVB+UVA)
2	Treatment for Alopecia(UVA)
3	Treatment for Vitiligo (UVB+UVA)

(v) LIST OF PROCEDURES FOR CREDENTIALING IN OCCUPATIONAL THERAPY

CORE PROCEDURES

NO	PROCEDUR
	i. Occupational Therapy Assessment
1	Competency In Utilization And Interpretation of Basic – Activities of Daily Living (B-ADL) Assessment (2 Procedures)
2	Competency In Utilization And Interpretation of Motor Function Assessment (5 Procedures)
3	Competency In Utilization And Interpretation of Scar Assessment(1 Procedure)
4	Competency In Utilization And Interpretation of Pain Assessment (1 Procedure)
5	Competency In Utilization And Interpretation of Cognitive /Perceptual Assessment (2 Procedures)
6	Competency In Utilization And Interpretation of Child Developmental Assessment (2 Procedures)
7	Competency In Utilization And Interpretation of Behavior Assessment (2 Procedures)
8	Interpretation of Sensory Readiness Assessment (2 Procedures)
9	Interpretation Psychosocial Assessment (4 Procedures)
10	Interpretation Home and School Environment Assessment (2 Procedures)
	ii. Occupational Therapy Intervention Modalities
1	Implementation of Activities of Daily Living (B-ADL) Training (3 Procedures)
2	Implementation of Facilitation of Functional and Purposeful Activity Rehabilitation (4 Procedures)
3	Implementation of Social Skills Intervention Program (1 Procedure)
4	Implementation of Cognitive and Perceptual Rehabilitation Program (2 Procedures)
5	Implementation of Splinting Management (4 Procedures)
6	Implementation of Compression Therapy Management (2Procedures)
7	Implementation of Fabricate Aids and Adaptation (4 Procedures)
8	Implementation of Behaviors Modification Management (1 Procedure)
9	Implementation of Relaxation Therapy Management (3 Procedures)
10	Implementation of Community Resettlement Program (2 Procedures)
11	Implementation of Sensory Training (3 Procedures)
12	Implementation of Structured of Patient Education Program (3 Procedures)
13	Implementation of Play and Leisure Intervention Program (2 Procedures)
14	Implementation of Mobility Aids Education and Training (1 Procedure)

SPECIALISED PROCEDURES

NO	PROCEDUR
1	Pre Driving Assessment and Rehabilitation
2	Work Rehabilitation
3	Cardiac Rehabilitation
4	Sensory Integration
5	Low Vision Rehabilitation
6	Traumatic Brain Injury Rehabilitation

OPTIONAL PROCEDURES

NO	PROCEDUR
1	Child Psychiatry and Adolescent Rehabilitation
2	Forensic Rehabilitation
3	Geriatric Rehabilitation
4	Neurology Rehabilitation
5	Oncology and Palliative Care Rehabilitation
6	Spinal Rehabilitation

(vi) LIST OF PROCEDURES FOR CREDENTIALING IN DENTAL TECHNOLOGY

CORE PROCEDURES

NO	PROCEDUR
1	Upper Full and Lower Full Denture
2	Upper Full and Lower Partial Denture
3	Upper Partial Denture and Lower Full Denture
4	Upper and Lower Partial Denture
5	Upper Partial / Lower Partial Denture
6	Immediate denture
7	Repair Denture (Broken / Crack / Replace or Add teeth)
8	Reline / Rebase denture
9	Study / Working Model

SPECIALISED PROCEDURES

NO	PROCEDUR
	ORAL MAXILLO FACIAL PROCEDURES
1	Surgical Plate
2	Model Surgery for Orthognathic cases
3	Occlusal Wafer
4	Splint (soft / hard)
5	Open Special Tray for Implant
6	Surgical Stent for Implant
	ORTHODONTIC PROCEDURES
1	Upper Removable Appliance
2	Lower Removable Appliance
3	Upper and Lower Removable Appliance
4	Twin Block / Bionator
5	Palatal / Lingual Arch / Quad Helix

SPECIALISED OPTIONAL PROCEDURES

NO	PROCEDUR
	ORAL MAXILLOFACIAL PROCEDURES
1	Maxillo-facial Prothesis (Eye / Nose / Ear / Facial Skin)
2	Flexible Denture
3	Stereolithographic (3D Model)
4	Splint (Anterior Segmented / Nostril / Gunning / cap
5	Compression Plate
6	Stent Radiography
7	Feeding Plate
8	Oyster Splint
9	Obturator
	ORTHODONTIC PROCEDURES
1	Goal Post appliances
2	KESLING Set -Up
3	Clip Over Bite Plane
4	Lingual Bonded Retainer
5	Mouth Guard
6	Upper / Lower Expansion Screw Appliances

(vii) LIST OF PROCEDURES FOR CREDENTIALING IN OPTOMETRY

ADVANCED PROCEDURE

NO	PROCEDUR
1	BIOMETRY FOR COMPLICATED CASES
	a. High Myopia Cases
	b. Anisometropia Cases
	c. Dense Cataract
	d. Corneal Abnormalities Cases
	e. Vitreous and Retinal Abnormalities Cases
2	DIABETIC RETINOPATHY OPTOMETRY CARE
	a. Anterior and Posterior Eye Examination, Diabetic Retinopathy Grading and Diabetic Retinopathy Management

SPECIALISED PROCEDURES

NO	PROCEDUR
1	ADVANCED BINOCULAR VISION/VISION THERAPY 1.1 Advanced Binocular Vision 1.2 Advanced Binocular Vision (Visiontherapy)
2	THERAPEUTIC CONTACT LENS 2.1 Rigid Gas Permeable (Rgp) Lens For Corneal abnormalities 2.2 Mini Sclerallens 2.3 Semi Sclerallens
3	PAEDIATRIC OPTOMETRY 3.1 Paediatric Contactlens 3.2 Biometry in Paediatric Cases
4	LOW VISION & VISUAL REHABILITATION 4.1 Paediatric Low Vision & Visual Rehabilitation 4.2 Adult Low Vision & Visual Rehabilitation
5	PRIMARY EYE CARE (PEC)
	5.1. AGE-RELATED MACULA DEGENERATION Perform under supervision Self-Perform
	5.2. CATARACTS Perform under supervision Self-Perform
	5.3. CORNEAL DISORDER Perform under supervision Self-Perform
	5.4. DIABETIC EYE DISEASE Perform under supervision Self-Perform
	5.5. EYE INFECTIONS / EYE INFLAMMATIONS Perform under supervision Self-Perform

NO	PROCEDUR
	5.6. EYELIDS / MALPOSITION Perform under supervision Self-Perform
	5.7. EYE PAIN / DISCOMFORT Perform under supervision Self-Perform
	5.8. GLAUCOMA Perform under supervision Self-Perform
	5.9. OPHTHALMOLOGICAL HEADACHE Perform under supervision Self-Perform
	5.10. RETINAL DISORDER Perform under supervision Self-Perform
	5.11. STRABISMUS Perform under supervision Self-Perform
	5.12. OCULAR TRAUMA Perform under supervision Self-Perform
	5.13. VISUAL DISTURBANCE/ VISION LOSS (NON-CATARACT) Perform under supervision Self-Perform

OPTIONAL PROCEDURES

NO	PROCEDUR
1	CORNEAL TOPOGRAPHY (CT)
2	HEILDELBERG RETINAL TOMOGRAPHY (HRT)
3	ELECTRORETINOGRAPHY (ERG)
4	VISUAL EVOKE POTENTIAL (VEP)

(viii) LIST OF PROCEDURES FOR CREDENTIALING IN DIETETIC

ADVANCED PROCEDURES

NO	PROCEDUR
1	Advanced MNT in Diabetes Mellitus
2	Advanced MNT in Cardiovascular Diseases
3	Advanced MNT in Renal Diseases
4	Advanced MNT in Obesity
5	Advanced MNT in Nutrition Support
6	Advanced MNT in Paediatric
7	Advanced MNT in Home Nutrition Support (HNS)
8	Advanced MNT in Patients with Disabilities / Special Needs

SPECIALISED PROCEDURES

NO	PROCEDUR
1	Specialised MNT In Diabetes Mellitus
2	Specialised MNT In Renal Diseases
3	Specialised MNT In Obesity
4	Specialised MNT In Nutrition Support
5	Specialised MNT In Surgery
6	Specialised MNT In Oncology
7	Specialised MNT In Paediatric: Children With Special Needs (Cerebral Palsy, Down Syndrome, Autism) – Behaviour Therapy
8	Specialised MNT In Paediatric: Premature And Neonates
9	Specialised MNT In Paediatric: Critically Ill Paediatric
10	Specialised MNT In Paediatric: Cow's Milk Protein Allergy (CMPA)
11	Specialised MNT In Liver Diseases
12	Specialised MNT In Rehabilitation
13	Specialised MNT In Eating Disorder

OPTIONAL PROCEDURES

NO	PROCEDUR
1	Optional MNT In Diabetes Mellitus
2	Optional MNT In Nutrition Support: Indirect Calorimetry
3	Optional MNT In Nutrition Support: Nasogastric Feeding
4	Optional MNT In Nutrition Support: Post-Pyloric Feeding
5	Optional MNT In Surgery
6	Optional MNT In Surgery: Bariatric Surgery
7	Optional MNT In Pediatric: Ketogenic Diet
8	Optional MNT In Paediatric: Cystic Fibrosis
9	Optional MNT In Liver Diseases

NO	PROCEDUR
10	Optional MNT In Metabolic Diseases: Inborn Error of Metabolism (IEM) - Protein Metabolism
11	Optional MNT In Metabolic Diseases: Inborn Error of Metabolism (IEM) - Carbohydrate Metabolism (Glycogen Storage Disease)
12	Optional MNT In Metabolic Diseases: Inborn Error of Metabolism (IEM) - Fat Metabolism
13	Optional MNT In Metabolic Diseases: Inborn Error of Metabolism (IEM) - Micro Nutrient Metabolism
14	Optional MNT In Renal Transplant
15	Optional MNT In Liver Transplant
16	Optional MNT In Bone Marrow Transplant

**(ix) LIST OF PROCEDURES FOR CREDENTIALING IN SPEECH LANGUAGE THERAPY
ADVANCE PROCEDURES**

NO	PROCEDUR
PAEDIATRIC LANGUAGE DISORDERS	
1	Preverbal, Receptive And Expressive Skills Assessment
2	Pragmatic Skills Assessment
3	Preverbal, Receptive And Expressive Intervention
4	Pragmatic Intervention
PAEDIATRIC SPEECH DISORDER	
5	Speech Sound Disorder Assessment
6	Childhood Apraxia Of Speech Assessment
7	Childhood Stuttering Assessment
8	Speech Sounds Disorder Management
9	Childhood Apraxia Of Speech Management
10	Childhood Stuttering Management
ACQUIRED LANGUAGE DISORDER	
11	Assessment Using Adapted BDAE
12	Conversation Therapy
13	Auditory Comprehension
14	Verbal Expressive Language
15	Reading
16	Writing
17	Cognitive Communication Assessment
18	Cognitive Communication Therapy
19	Assessment Of Apraxia Of Speech
20	Management Of Apraxia Of Speech
21	Assessment Of Dysarthria
22	Management Of Dysarthria
SWALLOWING DISORDER	
23	Swallowing Screening
24	Cranial Nerve Assessment/ OME
25	Oral Trials
26	Adjuncts To CSE
27	Blue Dye Test
28	Postural
29	Airway Protection Strategies
30	Bolus/Diet Modification (Solids & Liquids)
31	Feeding Techniques
32	Oral Motor Exercise
33	Swallowing Maneuvers

NO	PROCEDUR
FEEDING DISORDERS	
34	Oral Motor Assessment/ Oral Reflex Assessment
35	Non-Nutritive Sucking
36	Breastfeeding/ Bottle Feeding
37	Oral Trial Feeding On Puree/Solid
38	Oral Facial Stimulation
39	Positioning
40	Behavioral Feeding Management/ Environmental Modification
VOICE AND RESONANCE DISORDER	
41	Assessment Of Voice
42	Hygienic Vocal Therapy
43	Facilitating Technique (Chewing Exercise, Yawn-Sigh Approach, Chant Talk)
44	Abdominal/ Diaphragmatic Breathing
45	Physiologic And Holistic Techniques (Vocal Function Exercise, Resonant Voice Therapy, Accent Method)
46	Assessment Of Resonance
47	Oro-motor Assessment
48	Biofeedback Training
49	Cul-De-Sac Technique
50	Discrimination Training
51	Compensatory Strategies
AUGMENTATIVE AND ALTERNATIVE COMMUNICATION	
52	AAC Evaluation and Recommendations
53	Implementation of Unaided Language System
54	Implementation of Aided Language System

SPECIALISED PROCEDURES

NO	PROCEDUR
AURAL REHABILITATION	
1	Speech Management (related to Hearing Impairment)
2	Language Management
3	Cognitive Management
4	Listening Skills Management
5	Communication Skills Management
ACQUIRED COMMUNICATION DISORDERS	
6	Language Management in Paediatric, Adult and Geriatric Population
7	Motor Speech Disorders in TBI and Neurology Condition
8	Language Intervention using Augmentative and Alternative Communication Approaches for Paediatric, Adult and Geriatric Population
9	Cognitive Communicative Disorder for Paediatric, Adult, and Geriatric Population

NO	PROCEDUR
DYSPHAGIA	
10	Dysphagia Management in the Geriatric Population
11	Dysphagia Management in the Neurologic Impairment Population
12	Dysphagia Management in Cancer
13	Instrumental Dysphagia Management Via Flexible Endoscopic Evaluation of Swallowing
14	Instrumental Dysphagia Management Via Video fluoroscopic Swallow Study
FEEDING DISORDER	
15	Feeding Management in NICU
16	Feeding Management in Children with Craniofacial Anomalies
17	Feeding Management in Paediatric Population with Neurologic Impairment
18	Feeding Management in Children with Sensory motor impairment
19	Instrumental Feeding Management Via Video fluoroscopic Swallow Study
VOICE & RESONANCE DISORDER	
20	Voice Management for Organic Voice Disorders
21	Voice Management for Functional Voice Disorders
22	Voice Management for Psychogenic Voice Disorders
23	Voice Rehabilitation for Total Laryngectomy
24	Interpretation of Velopharyngeal Insufficiency (VPI) via Flexible Scope
25	Management of Resonance in Cleft Lip/Palate

OPTIONAL PROCEDURES

NO	PROCEDUR
1	Interpretation of Voice Disorder Via Video stroboscopy

(x) **LIST OF PROCEDURES FOR CREDENTIALING IN AUDIOLOGY**

ADVANCED PROCEDURES

NO	PROCEDUR
	AUDIOLOGY PROCEDURES
	A (I) Audiometry Test
1	Stenger Test
	A (Ii) MIDDLE EAR ASSESSMENT
1	Eustachian Tube Function Test
2	Reflex Decay
	A(Iii) ELECTROPHYSIOLOGY TEST
1	Mlr
2	Llr/ Cera/ P 300
3	Electro Cochleography
NO	PROCEDUR
	A(Iv) AMPLIFICATION
1	Fm System
2	Earmould Modification
	A(V). SPEECH TEST
1	Ears (Mdp, Open Set, Closed Set)
2	Speech Test
	A(Vi). AUDIOLOGICAL REHABILITATION
1	Auditory Training: Assessment
2	Auditory Training: Rehabilitation Strategies
3	Auditory Training: Outcome Measurement

SPECIALISED PROCEDURES

NO	PROCEDUR
	AUDIOLOGY PROCEDURES
	B (i). COCHLEAR IMPLANT MANAGEMENT
1	Foundation Of Cochlear Implant (Compulsory)
2	Electrode Impedance Measurement
3	PHYSIOLOGICAL OBJECTIVE MEASURES i. Electrically Evoked Stapedial Reflex ii. Electrical Evoked Compound Action Potential iii. Electrical Evoked Auditory Brainstem Responses iv. Electrical Evoked Auditory Late Latency Responses

NO	PROCEDUR
4	COCHLEAR IMPLANT PROGRAMMING i. Intra- Op assessment ii. Switch on programming iii. Follow up programming
B (ii). VESTIBULAR & BALANCE ASSESSMENT	
1	Bedside Tests Battery
2	Videonystagmography
3	Video Head Impulse Test
4	Vemp
5	Vestibular Rehabilitation
B (iii). TINNITUS MANAGEMENT	
1	TINNITUS: QUESTIONNAIRES
2	TINNITUS: ASSESSMENT/ MEASUREMENT i. Pitch matching ii. Loudness matching iii. Loudness discomfort level iv. Tinnitus matching v. Minimum masking level vi. Residual inhibition
3	TINNITUS: MANAGEMENT i. Tinnitus counselling ii. Sound therapy OR i. Cognitive behavioural therapy(CBT) - (with certification from accredited centre) OR i. Tinnitus retraining therapy(TRT) (with certification from accredited centre)

SPECIALISED PROCEDURES

NO	PROCEDUR
AUDIOLOGY PROCEDURES	
C (i) AUDITORY PROCESSING DISORDER	
1	i. Auditory processing disorder questionnaires ii. Auditory processing disorder assessment iii. Auditory processing disorder rehabilitation
2	C (ii) IMPLANTABLE HEARING AID: BONE CONDUCTION/ MIDDLE EAR IMPLANT)



APPLICATION FORMS

Cred 1 - (2018)

APPLICATION FOR CREDENTIALING

HOSPITAL: _____

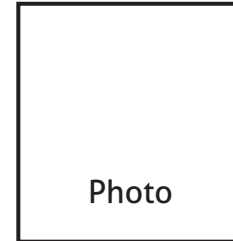
DATE OF APPLICATION: _____

1. PERSONAL DETAILS

Name:

Identification Card Number:

Area/ Discipline/ Specialty:



Staff position : Nurse

Assistant Medical Officer

AHP Please state
.....

Telephone Number: Office : Mobile:

Email Address :

N.B Please (/) in the appropriate box

Date of first appointment:,

Duration of service: years

2. PROFESSIONAL QUALIFICATIONS		
Diploma / Degree / Masters/ etc.	University/ College	Year of qualification

(Please attach certified copies of degree /diploma /certificate with the form)

3. POST BASIC TRAINING / RELATED COURSES			
Type of Training	Institution	Duration (month)	Year

(Please attach certified copies of certificates obtained, Please use attachment sheet if space inadequate)

4. WORKING EXPERIENCE (start from the current place of work)			
Discipline	Place	Period (from – till)	Duration

(Use attachment sheet if space inadequate)

5. PROFESSIONAL REGISTRATION
Registered with : (example: Lembaga Jururawat Malaysia, Lembaga Pembantu Perubatan Malaysia, Majlis Optik Malaysia)
Date of Full Registration with respective professional Board/Council :
Current Annual Practicing Certificate No.:

(Please attach certified copies of Registration certificate)

6. CREDENTIALING APPLIED	
<input type="checkbox"/> Intensive Care Nursing <input type="checkbox"/> Peri-Operative <input type="checkbox"/> Ophthalmology <input type="checkbox"/> Emergency Medicine & Trauma Services <input type="checkbox"/> Dialysis Care <input type="checkbox"/> Haemodialysis <input type="checkbox"/> Peritoneal Dialysis <input type="checkbox"/> Anaesthesiology & Intensive Care Services <input type="checkbox"/> i. Anaesthesia <input type="checkbox"/> ii. Peri-anaesthesia <input type="checkbox"/> iii. Intensive Care <input type="checkbox"/> General Paediatric Nursing <input type="checkbox"/> Neonatal Nursing <input type="checkbox"/> Orthopaedic Services <input type="checkbox"/> Endoscopy Services <input type="checkbox"/> Peri-Anaesthesia Care (P.A.C)	<input type="checkbox"/> Cardiovascular Perfusion <input type="checkbox"/> Pre Hospital Care <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Diagnostic Radiography <input type="checkbox"/> Radiation Therapy <input type="checkbox"/> Dental Technology <input type="checkbox"/> Speech Language Therapy <input type="checkbox"/> Dietetic <input type="checkbox"/> Audiology <input type="checkbox"/> Optometry <input type="checkbox"/> Others Please state:
6.1 Credentialing applied for : <input type="checkbox"/> Core Procedures <input type="checkbox"/> Advance Procedures <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Specialised Procedures in a)..... b)..... c)..... </div> <div style="width: 45%;"> <input type="checkbox"/> Optional Procedures a) b) c) </div> </div>	

7. Please name two referees		
NAME	POSITION	PLACE OF WORK

I hereby declare that all the information given above are true and correct.

Signature of applicant:

Date:

8. Please complete the following assessment of the applicant's ethical and professional qualifications.				
Please (√) at the appropriate box.				
	Above Average	Average	Below Average	No knowledge
Clinical knowledge				
Clinical skills				
Professional clinical judgment				
Sense of clinical responsibility				
Ethical conduct				
Cooperativeness, ability to work with others				
Documentation/ medical record timeliness & quality				
Teaching skills				
Compliance with hospital rules & regulation				

9. APPLICANT APPRAISAL (to be filled by Supervisor)
<p>9.1 I have known the applicant for (duration)</p> <p>9.2 I recommend / do not recommend the applicant to be credentialed in the field requested. (delete where applicable)</p> <p>..... Signature Official stamp: Contact No:</p> <p style="text-align: right;">Date :</p>

10. APPLICATION APPROVAL (By Head of Department)

..... is approved/ not approved for submission to the National Credentialing Committee

.....
Signature

Date :

Official stamp:

FOR OFFICIAL USE

SPECIALTY SUB-COMMITTEE (SSC) DECISION

Application Approved

For Reassessment*

Application Rejected*

*Reasons:
.....

Specialty Sub-Committee Chairman Date.....
Signature

The above decision will be brought to the next NCC meeting for endorsement.

APPLICATION FOR RENEWAL OF CREDENTIALING CERTIFICATE

Name of Hospital :

Name of Applicant:

Identity Card No :

Position :

Area of recredentialing applied for (*tick in the appropriate box*) :

<input type="checkbox"/> Perioperative	<input type="checkbox"/> Orthopaedic Services
<input type="checkbox"/> Ophthalmology	<input type="checkbox"/> Endoscopy Services
<input type="checkbox"/> Emergency Medicine & Trauma Services	<input type="checkbox"/> Peri-Anaesthesia Care
<input type="checkbox"/> Intensive Care Nursing	<input type="checkbox"/> Diagnostic Radiography
<input type="checkbox"/> Dialysis Care:	<input type="checkbox"/> Radiation Therapy
<input type="checkbox"/> Haemodialysis	<input type="checkbox"/> Physiotherapy
<input type="checkbox"/> Peritoneal Dialysis	<input type="checkbox"/> Occupational Therapy
<input type="checkbox"/> Anaesthesiology & Intensive Care Services	<input type="checkbox"/> Dental Technology
<input type="checkbox"/> Anaesthesia	<input type="checkbox"/> Optometry
<input type="checkbox"/> Peri-anaesthesia	<input type="checkbox"/> Dietetic
<input type="checkbox"/> Intensive Care	<input type="checkbox"/> Audiology
<input type="checkbox"/> General Paediatric Nursing	
<input type="checkbox"/> Neonatal Nursing	
<input type="checkbox"/> Pre Hospital Care	

Presently Credentialed from till

Present Credentialing Certificate No.:

Current APC No.:

PLACE OF WORK SINCE OBTAINING CREDENTIALING CERTIFICATE

Please use additional sheets for extra space

Hospital	Place of work	Duration (From – Till)

DECLARATION	
<p>I request to renew my credentialing certificate in the above area for a period of 3 years. I hereby declare the information given is correct.</p> <p>Date: Applicant's Signature.....</p>	
RECOMMENDATION BY HEAD OF DEPARTMENT/ UNIT	
<p>I certify that the above information is correct and this application is:</p> <p><input type="checkbox"/> recommended <input type="checkbox"/> not recommended.</p> <p>..... Date :</p> <p>Signature</p> <p>Official stamp :</p>	
DECISION OF SPECIALTY SUB-COMMITTEE (SSC)	
<p>This application is <input type="checkbox"/> Approved <input type="checkbox"/> Deferred* <input type="checkbox"/> Rejected*</p> <p>*Reasons:</p> <p>.....</p> <p>.....</p> <p>Signature Date</p>	
<p>The above decision will be forwarded to the National Credentialing Committee (NCC) meeting for endorsement.</p>	

EXAMPLE OF APPLICATION FORM FOR CLINICAL PRIVILEGES

HOSPITAL: _____

SECTION A : Personal Details	
Name:..... Identification Card Number :..... Area/ Discipline/ Specialty:..... Staff Position: Nurse Grade: _____ Assistant Medical Officer Grade: _____ Allied Health Professionals : _____ Telephone Number : Office :..... Mobile :.....	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"> Photo </div>
Request for Approval of privileges	
Type of request: <input type="checkbox"/> First Application <input type="checkbox"/> Renewal I request privileges in: <input type="checkbox"/> Core procedures <input type="checkbox"/> Specific procedures	
Please list at least two referees familiar with your clinical skills	
Name	Position
Name	Position
Other Information (Include any additional information that you wish to bring to the attention of the HPC)	
Signature of applicant : _____ Date: _____	

RECOMMENDATION	
As the Head of Department/ Designee, I have reviewed the application for the procedures requested.	
RECOMMENDATION:	
<input type="checkbox"/>	Recommended
<input type="checkbox"/>	Not Recommended
If not recommended, state reason	
<hr/>	
<hr/>	
<hr/>	
Signature of Head of Department / Designee: _____	
Name: _____	
Date: _____	

FOR OFFICE USE

HOSPITAL PRIVILEGING COMMITTEE

Application Approved	<input type="checkbox"/>
For Reassessment*	<input type="checkbox"/>
Application Rejected*	<input type="checkbox"/>
*Reasons:	
.....	
.....	
.....	
Hospital Privileging Committee Chairman:	Date:
Signature	

SAMPLE

SIJIL PENGIKTIRAFAN KEMAHIRAN KLINIKAL



Jawatankuasa *Credentialing* Kebangsaan
Kementerian Kesihatan Malaysia

DENGAN INI DISAHKAN BAHAWA

TELAH DIBERI CREDENTIALING DALAM BIDANG



Pengerusi
Jawatankuasa *Credentialing* Kebangsaan
Kementerian Kesihatan Malaysia

NO. SIJIL:



**KETUA PENGARAH KESIHATAN MALAYSIA
DIRECTOR GENERAL OF HEALTH MALAYSIA**

Kementerian Kesihatan Malaysia
Aras 12, Blok E7, Kompleks E,
Pusat Pentadbiran Kerajaan Persekutuan
62590 PUTRAJAYA

Tel.: 03-8883 2545
Faks: 03-8889 5542
Email: anhisam@moh.gov.my

Ruj. Kami : KKM 600-21/1/87 Jld. 3 (33)
Tarikh : 4 Jun 2018

SEPERTI SENARAI EDARAN

YBhg. Datuk / Dato' / Datin / Tuan / Puan,

PEMAKLUMAN PENERBITAN BUKU GARISPANDUAN CREDENTIALING & PRIVILEGING BAGI JURURAWAT, PENOLONG PEGAWAI PERUBATAN DAN ANGGOTA SAINS KESIHATAN BERSEKUTU (Edisi ke 2) KEMENTERIAN KESIHATAN MALAYSIA

Dengan segala hormatnya merujuk kepada perkara yang tersebut di atas.

2. Adalah dimaklumkan bahawa Program Perubatan, Kementerian Kesihatan Malaysia telah mengemaskini dan mengeluarkan Buku Garispanduan *Credentialing & Privileging* bagi Jururawat, Penolong Pegawai Perubatan dan Anggota Sains Kesihatan Bersekutu (Edisi ke 2) pada tahun ini.

3. Buku Garispanduan Pelaksanaan *Credentialing & Privileging* yang dikeluarkan pada tahun 2006 hanya melibatkan empat (4) bidang kepakaran / disiplin iaitu Peri-operatif, Perawatan Rapi, Kecemasan & Trauma dan Oftalmologi. Program *Credentialing & Privileging* ini telah berjalan lancar dan sehingga kini terdapat penambahan bidang kepakaran / disiplin yang melibatkan Jururawat, Penolong Pegawai Perubatan dan Anggota Sains Kesihatan Bersekutu.

Pertambahan disiplin yang melibatkan Jururawat dan Penolong Pegawai Perubatan adalah seperti berikut:

- i. *Dialysis (Haemodialysis & Peritoneal Dialysis)*
- ii. *Pre Hospital Care*
- iii. *Endoscopy*
- iv. *Paediatric*
- v. *Neonatal*
- vi. *Orthopedic*
- vii. *Cardiovascular Perfusion*
- viii. *Anaesthesiology (Anaesthesia / Peri-Anaesthesia)*
- ix. *Peri-Anaesthesia Care*
- x. *Intensive Care Technology*

2/...



CERTIFIED TO ISO 9001:2008

CERT. NO. : AR 5105

-2-

Manakala pertambahan disiplin yang melibatkan Anggota Sains Kesihatan Bersekutu adalah:

- i. Optometry*
- ii. Dietetic*
- iii. Speech Language Therapy*
- iv. Audiology*

4. Sehubungan dengan itu, Buku Garispanduan ini akan diedarkan kepada semua Pengarah Kesihatan Negeri, Pengarah Hospital dan akan dimuat naik ke dalam portal Kementerian Kesihatan Malaysia sebagai panduan dan rujukan.

Kerjasama YBhg. Datuk / Dato' / Datin / Tuan / Puan berhubung perkara ini amatlah dihargai dan diucapkan ribuan terima kasih.

Sekian.

"BERKHIDMAT UNTUK NEGARA"

Saya yang menurut perintah,


(DATUK DR. NOOR HISHAM BIN ABDULLAH)
Ketua Pengarah Kesihatan
Kementerian Kesihatan Malaysia

s.k:

- Ketua Setiausaha, Kementerian Kesihatan Malaysia
- Timbalan Ketua Pengarah Kesihatan (Perubatan)
- Timbalan Ketua Pengarah Kesihatan (Kesihatan Awam)
- Timbalan Ketua Pengarah Kesihatan (Penyelidikan & Sokongan Teknikal)
- Pengarah Bahagian Perkembangan Perubatan
- Pengarah Bahagian Amalan Perubatan
- Pengarah Bahagian Kejururawatan
- Pengarah Bahagian Sains Kesihatan Bersekutu

2014/01/2018

ACKNOWLEDGEMENT

Ministry of Health Malaysia gratefully acknowledges the contributions made by the following members.

1. YBhg. Datuk Dr. Jeyaindran Tan Sri Sinnadurai
EX-Deputy Director – General of Health (Medical)
Ministry Of Health Malaysia
2. YBhg. Dato’ Dr. Hj. Azman bin Hj. Abu Bakar
Deputy Director - General of Health (Medical)
Ministry Of Health Malaysia
Chairman of National Credentialing Committee
3. YBhg. Dato’ Dr. Abdul Jamil bin Abdullah
Chairman of Peri-Operative
Hospital Sultanah Nur Zahirah
4. Pn. Hjh. Che Ruhani binti Che Jaafar
Director
Allied Health Sciences Division, MOH
5. Dr. Tai Li Ling
Chairman of Intensive Care Nursing
Hospital Kuala Lumpur
6. Dr. Sabariah Faizah binti Jamaluddin
Chairman of Emergency Medicine and Trauma Services
Hospital Sungai Buloh
7. Dr. Shamala AP Retnasabapathy
Chairman of Ophthalmology
Hospital Sungai Buloh
8. Dr. Teo Aik Howe
Chairman of Pre Hospital Care
Hospital Pulau Pinang
9. YBhg. Dato’ Dr. Hjh. Jahizah binti Hj. Hassan
Chairman of Anesthesiology & Intensive Care Services
Hospital Pulau Pinang
10. Dr. Sunita Bavanandan
Chairman of Dialysis Care
Hospital Kuala Lumpur
11. Dr. Kamil bin Mohd Kassim
Chairman of Orthopaedic Services
Hospital Tengku Ampuan Rahimah

12. Dr. Hjh. Rosaida binti Hj. Md Said
Chairman of Endoscopy Services
Hospital Ampang
13. YBhg. Dato' Dr. Norly binti Ismail
Chairman of Cardiovascular Perfusion
Hospital Tengku Ampuan Afzan
14. Dr. Irene Cheah Guat Sim
Chairman of General Paediatric & Neonatology
Hospital Kuala Lumpur
15. YBhg. Datin Dr. Zaharah binti Musa
Chairman of Diagnostic Radiology
Hospital Selayang
16. Dr. Ros Suzanna binti Ahmad Bustaman
Chairman of Radian Therapy
Hospital Kuala Lumpur
17. Pn. Haironi binti Ismail
Chairman of Physiotherapy
Hospital Putrajaya
18. Pn. Rokiah binti Alias
Chairman of Occupational Therapy
Hospital Putrajaya
19. Dr. Ganasalingam AL Sockalingam
Chairman of Dental Technology
Hospital Kuala Lumpur
20. Pn. Noor Zahirah binti Husain
Chairman of Optometry
Hospital Kuala Lumpur
21. Tn. Hj. Ridzoni bin SULaiman
Chairman of Dietetic
Hospital Kuala Lumpur
22. Pn. Suriani binti Che Hussin
Chairman of Audiology
Hospital Kuala Lumpur
23. En. Zaidi bin Yacob
Chairman of Speech Language Therapy
Hospital Kuala Lumpur
24. Pn. Nor'aini binti Anuar
Chairman of Optometry
Hospital Sultanah Aminah

25. En. Abdul Rahaman bin Jaafar
Chairman of Dental Technician
Dental Health Division, MOH
26. Pn. Farina binti Zulkernain
Deputy Director
Allied Health Sciences Division, MOH
27. Tuan Hj. Abdul Jalil bin Mohamed
Deputy Director
Allied Health Sciences Division, MOH
28. Pn. Syuhairah binti Hamzah
Principal Assistant Director
Allied Health Sciences Division, MOH
29. En. Muthuraman AL Sellathurai Pathar
Senior Assistant Director
Allied Health Sciences Division, MOH
30. Pn. Marlana binti Matsalim
Senior Assistant Director
Allied Health Sciences Division, MOH
31. Pn. Tan Ai Lian @ Irene
Senior Assistant Director of Nursing
Nursing Division, MOH
32. Pn. Chuah Geik Khon
Assistant Director of Nursing
Nursing Division, MOH
33. En. Zulhelmi Bin Abdullah
Head of Policy & Strategic Planning Sector
Medical Assistant Board, MOH
34. Pn. Zainab Bee binti Nijamdin
Nursing Matron
Medical Development Division, MOH
35. Pn. Suzana binti Jaafar
Assistant Director of Nursing
Nursing Division, MOH
36. Pn. Rosnah binti A. Samad
Nursing Matron
Nursing Division, MOH
37. En. Nasir bin Ramli
Assistant Medical Officer
Medical Assistant Board, MOH

