# Credentialling Application Checklist

Welcome to the surgical credentialing process. To ensure a smooth and comprehensive evaluation, we have developed this checklist to guide you through the necessary steps and required documentation. The purpose of this checklist is to help you prepare and submit all pertinent information efficiently, providing the panel with a complete overview of your capabilities, clinical skills, knowledge and professional background. This will facilitate a more streamlined review process.

Please review each item carefully and ensure that all required documents are submitted by the specified deadline. If you have any questions or need assistance, do not hesitate to reach out to [meshcredentialling@cdhb.health.nz](mailto:xx@waitaha.health.nz)

Thank you for your cooperation and attention to detail as you complete this important step in the credentialling process.

**Important information**

You may submit your patient logbook and data on complications, complaints, or compliments in any format you prefer. However, please ensure that you **include all the fields specified in the provided example templates.**

#### Important infomation

#### It is essential that all patient identifiable information is redacted.

#### If you submit any document that identifies the patient, it will be deleted and a request to send it again without identifiers. This delay will be included in the 2-week deadline to resubmit additional information.

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|  | Item | Important Notes | Completed |
|  | HNZ Self-Assessment | You must use the template provided | Yes / No |
|  | Clinical Logbook 3 – 5 years – this **MUST** be redacted  \*Excel template example provided.  ***Candidate may use their own logbook, however all fields represented on the example template need to be included.*** | The following information is required  Logbook/database of all cases **for the last 3- 5 years.** This is expected to capture (as a minimum dataset):   * Case volumes captured separately for each procedure that you apply for.   Minimum data set for the last 3 years\*\*, or most recent 20 cases per procedure\*\*\*  (***this should be outlined clearly within the self-assessment template and the logbook will be used to cross reference*).**   * Whether UDS was performed and if not, provide the reason why (for SUI procedures) * Whether cases were discussed at MDT Meeting and if not, provide the reason * Outcomes for all procedures, including PROMs, (minimum of 6 months post procedure), ideally at 3, 6, 12 months, 2 years and 5 years.   **NB:** a minimum of 6 months of PROMs has been a requirement of the Australian credentialling guideline that all clinicians undertaking retropubic MUS have been expected to meet since 2018 | Yes / No  Yes / No  Yes / No  Yes / No |
|  | Complications, Complaints, Compliments Logbook | Number of known complications, complaints, compliments from all areas of work e.g., public, private and private rooms for the previous 5 years. Please provide outcomes for all formal complaints in these work areas.  \*Excel template example provided  ***If the numbers are small this information can be presented in your self-assessment template. However, all fields represented on the example template need to be included.*** | Yes / No |
|  | Reflection of a complication or complaint | \* HNZ Case Review Template provided  The case review is intended to be a detailed analysis and your reflections of a case with post treatment complications, a complaint or a case with a number of factors that challenged you. | Yes / No |
|  | Equity and informed consent discussion | Confirmation that you have attended an equity and informed consent discussion  **This can be captured in the self-assessment template.** | Yes / No |
|  | Continuing Professional Development record | Evidence of CPD relevant to the procedures being undertaken and completed within the last 5 years.  **This can be captured in the self-assessment template or provided in your own log.** | Yes / No |
|  | Curriculum Vitae |  | Yes / No |
|  | Current APC |  | Yes / No |
|  | References | These may include external clinical bodies or international leaders in your specialty | Yes / No |
|  | Declaration | Declaration of accuracy and information provided | Yes / No |

**\*\*Candidates may submit up to 5 years history of volumes and associated data which will be considered in the context of additional supporting evidence.**