

## Intent of SQE.05.00

A uniform decision process ensures that the expectations for medical staff membership appointment are understood and that the decision process is unbiased. A hospital's uniform process for the management of credentials requires a singular, structured process for the verification of the education, licensure/registration, and other credentials required by laws and regulations and the hospital's policy for the medical staff membership initial appointment and/or reappointment of each medical staff member.

Definitions and further explanations of terms and expectations found in these standards are as follows:

### Credentials

A *credential* is a document issued to an individual from a recognized entity to indicate the completion and/or meeting of requirements that addresses some aspect of the applicant's professional history such as a qualification, competence, or authority. Examples of credentialing documents include the following:

- Diploma from a medical school
- Specialty training (residency) completion letter or certificate
- Completion of the requirements of a medical professional organization
- License to practice
- Recognition of registration with a medical or dental council
- Letters of recommendation
- History of all previous hospital medical staff appointments
- Records of previous clinical care, treatment, services, and health history
- Picture for identification
- Police background check

These documents, some of which are required by law or regulation, but some by hospital policy, must be verified from the original source that issued the document. Credential verification requirements will vary by the position the applicant is seeking. For example, for an applicant for leader of a department/clinical service, the hospital may want to verify information regarding the individual's previous administrative positions and experience. Also, for clinical positions, the hospital may require a certain number of years of experience and thus would verify this level of experience.

## Measurable Elements of SQE.05.00

1. The hospital has an ongoing, uniform process to manage the credentials of medical staff members.
2. Medical staff members permitted by laws and regulations and the hospital to provide patient care without supervision are identified.
3. ⓐ Education, licensure/registration, and other credentials required by laws and regulations are copied by the hospital and maintained for each medical staff member in their personnel record or in a separate credential record.
4. All credentials required by hospital policy are copied by the hospital and maintained for each medical staff member in their personnel record or in a separate credential record.

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## Standard SQE.05.01

Medical staff members' education, licensure/registration, and other credentials required by laws and regulations and the hospital are verified and kept current.

### Intent of SQE.05.01

Maintaining current verifications of medical staff credentials helps minimize safety risk to patients by ensuring that medical staff members are credentialed and meet all the qualifications to direct and provide patient care.

## Verification

*Verification* is the process of checking the validity and completeness of a credential from the source that issued the credential. This process can be accomplished in the following ways:

1. An inquiry to a secure online database of, for example, those individuals licensed in the hospital's city or country
2. Documenting a telephone conversation with the issuing source
3. Corresponding via e-mail or conventional postal letter inquiry with the source

Verification of credentials from outside the country may be more complex and, in some cases, not possible. There should, however, be evidence of a credible effort to verify the credential. A credible effort is characterized by multiple (at least two within 60 days) attempts by various methods (for example, phone, e-mail, letter) with documentation of the attempts and result(s).

The three following situations are acceptable substitutes for a hospital performing primary source verification of credentials:

1. **Applicable to hospitals overseen directly by governmental bodies**, the government's verification process, supported by the availability of published governmental regulations about primary source verification; plus, government licensure, or equivalent such as a registration; and the granting of specific status (for example, consultant, specialist) are acceptable. As with all third-party verification processes, it is important to verify that the third party (for example, a government agency) implements the verification process as described in policy or regulations and that the process meets the expectations described in these standards.
2. **Applicable to all hospitals**, an affiliated hospital that has already conducted primary source verification of the medical staff applicant is acceptable as long as the affiliated hospital has current Joint Commission International (JCI) accreditation with “full compliance” on its verification process found in SQE.05.01, MEs 1 and 2. *Full compliance* means the hospital’s Official Survey Findings Report indicates that all measurable elements are met, or any measurable element(s) required to be addressed by Strategic Improvement Plan (SIP) actions have been addressed and are now in full compliance.
3. **Applicable to all hospitals**, the credentials have been verified by an independent third party, such as a designated, official, governmental, or nongovernmental agency, as long as the following conditions apply: Any hospital that bases its decisions in part on information from a designated, official, governmental, or nongovernmental agency should have confidence in the completeness, accuracy, and timeliness of that information. To achieve this level of confidence in the information, the hospital should evaluate the agency providing the information initially and then periodically thereafter to ensure that JCI standards continue to be met.

The hospital has a process that ensures that the credentials of each contract medical staff have also been collected, verified, and reviewed to ensure current medical competence prior to assignment. Various methods can be used to conduct primary source verification. Examples include secure websites, documented phone confirmation from the source, written confirmation, and third parties, such as a designated, official, governmental, or nongovernmental agency. The hospital collects and maintains a record of each medical staff member’s credentials. The records contain current licenses when regulations require periodic renewal. There is documentation of training related to any additional competencies.

It is important to understand the process for issuing select credentials. Information to consider when determining the issuance of credentials includes the following:

- Does the government agency that issues the license to practice base its decision on any or all of the following?
  - Verification of education
  - An examination of competence
  - Training by a medical specialty association, or membership
  - Payment of fees

- If admission to a specialty education program is based on verification of education and experience to date, the hospital does not need to verify education again.
- The process used by the government agency is documented by the hospital.
- The hospital must perform its own verification if the hospital does not have direct knowledge of the process used by the agency to verify education or has never had an opportunity to verify that the agency carries out the process as described.

**Exception for SQE.05.01, ME 1, for initial surveys only.** At the time of the initial JCI accreditation survey, hospitals are required to have completed primary source verification for new medical staff members who joined the medical staff within the twelve (12) months leading up to the initial survey. During the twelve (12) months following the initial survey, hospitals are required to complete primary source verification for all other medical staff members. This process is accomplished over the 12-month postsurvey period according to a plan that places priority on the verification of the credentials of active medical staff providing high-risk services.

**Note:** This exception refers only to the verification of credentials. All medical staff members must have their credentials collected and reviewed, and their privileges granted. A “phasing in” of this process is not acceptable.

### Measurable Elements of SQE.05.01

1. Education, licensure/registration, and other credentials required by laws and regulations or issued by recognized education or professional entities as the basis for clinical privileges are verified from the original source that issued the credential.
2. Additional credentials required by hospital policy are verified from the source that issued the credential when required by hospital policy.
3. When third-party verification is used, the hospital verifies that the third party (for example, a government agency) implements the verification process as described in hospital policy and/or laws and regulations and that the process meets the following expectations:
  - The hospital verifies that the third party implements the verification process as described in hospital policy or regulations and that the process meets the expectations described in these standards.
  - The affiliated hospital that has already conducted primary source verification of the medical staff applicant is acceptable if the affiliated hospital has current Joint Commission International (JCI) accreditation with “full compliance” on its verification process found in SQE.05.01, MEs 1 and 2.
  - The hospital that bases its decisions in part on information from a designated, official, governmental, or nongovernmental agency must evaluate the agency providing the information initially and then periodically thereafter to ensure that JCI standards continue to be met.

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### Standard SQE.05.02

There is a uniform decision process for the initial appointment of medical staff members and others permitted to practice independently.

#### Intent of SQE.05.02

Established processes and select criteria ensure validation in the granting of appointments for medical staff.

*Appointment* is the process of reviewing an initial applicant’s credentials to decide if the individual is qualified to provide patient care services that the hospital’s patients need, and the hospital can support with qualified staff and technical capabilities. For initial applicants, the information reviewed is primarily from outside sources. Hospital policy identifies the individuals or mechanism accountable for this review, any criteria used to make decisions, and how decisions will be documented. Hospital policy identifies the process of appointment of medical staff for emergency needs or a temporary period. Emergency or temporary appointments and identification of privileges are not made until, at minimum, licensure has been verified.