Credentials file: Content, access, control, and retention

# Policy and procedure

## Policy

A credentials file shall be maintained for each applicant for medical staff membership and/or privileges, as well as those who are appointed to membership and/or privileges. These files are confidential and shall be secured in the [medical staff services department (MSSD)] under the direct control of the director of medical staff services. Access shall be limited to authorized individuals and released in the manner set forth in the policy titled “Confidentiality of Medical Staff Information and Activities.”

## File content

The credentials file must include the following components.

*Correspondence*

Correspondence includes:

* Documentation to and from the practitioner related to the application, verification, the review/approval processes, and any other matters relating to the practitioner’s medical staff membership status and/or privileges.
* Documentation related directly to the practitioner’s competence, including the categories of medical/clinical knowledge, technical and clinical skills, clinical judgment, interpersonal skills, communication skills, and professionalism. This includes (but is not limited to) correspondence received from references, other hospitals, training programs, licensing bodies, and professional associations.
* Documentation to the practitioner related to clinical performance and professional conduct. Letters of complaint or incident reports relating to the practitioner are not automatically filed in the practitioner’s file. They are handled in accordance with hospital and medical staff policy and referred through appropriate channels. However, if such items result in correspondence to the practitioner and/or corrective action, the resultant correspondence/ notification to the practitioner shall become a permanent part of the file.

*Author’s note: Any communication with your legal department concerning content of a credentials file should be maintained separately to take advantage of attorney-client privilege.*

*Demographics*

Demographics include:

* Original application and reapplications
* Profiles from databases used to verify application information
* Curriculum vitae or resume
* Consent forms, releases, and waivers

*Reappointment/reappraisal*

Reappointment/reappraisal includes:

* Correspondence related to the reappointment verification and review/approval processes
* Profiles of performance from the process of monitoring the delivery of patient care and professional conduct (e.g., data from FPPE and OPPE)

*Clinical privileges*

Clinical privileges include:

* Application for clinical privileges and any correspondence and supporting documentation related to the delineation of privileges request, verification, and review/approval processes

*Certificates*

Certificates include:

* Professional liability insurance, federal controlled substance registration, state controlled substance registration (if applicable), state licensure, and pertinent certificates of continuing medical education and professional certification

*Verification process*

The verification process initial application includes:

* The request and response for each element of the verification process, as well as unsolicited letters of reference or memos documenting information gained and any executive summary and tracking forms

*Corrective action*

Corrective action includes:

* Documentation of corrective action taken by the hospital
* Documentation of any disciplinary action taken by outside agencies or other hospitals

## Control

* Paper files shall be controlled by an out guide and logging system. Whenever a practitioner’s file is removed from the file cabinet, an out guide shall be inserted indicating the date, time, and name of person removing it, as well as the reason for removal and current placement. Whenever a file is viewed or removed for purposes other than use by medical staff services personnel or those involved in the professional review and approval process, it shall be logged with the date, time, and person reviewing, as well as the reason for removal. Where files are maintained electronically, an electronic logging and tracking system will be utilized.

## Retention

* Credentials files shall be permanently retained. However, some items within the files may be purged. Please reference the [Hospital] policy on purging of documents.
* Active files shall be maintained in the MSSD. Inactive files shall be retained in the MSSD for two years past the date the file becomes inactive. These files shall then be archived in accordance with the hospital’s procedures for archival of documents.

# Sample grid indicating hospital policy on document retention

*Author’s note: Preferred document retention policies should be discussed with legal counsel.*

|  |  |
| --- | --- |
| **Copies of certificates** | |
| **Item** | **Retention** |
| License | Current only |
| State controlled substance registration | Current only |
| Federal controlled substance registration | Permanent |
| Professional liability insurance | Permanent |
| Professional certificates | Permanent |
| External continuing medical education (not supporting clinical privilege requests) | Until logged/summarized |

|  |  |
| --- | --- |
| **Work papers** | |
| **Item** | **Retention** |
| Tracking forms | Until final action by board |
| Memos/correspondence to facilitate the verification process | Until final action by board |

|  |  |
| --- | --- |
| **Verification process** | |
| **Item** | **Retention** |
| Cover letters to request verification | Upon response |
| If no response | Permanent with note indicating reason |
| Query to and response from National Practitioner Data Bank | Permanent |
| Lists from state licensing board providing verification of licensure and state-controlled registration | 10 years |
| Related information that supports the initial application, initial period of focused professional practice evaluation, interim request for changes in privileges and/or status, reappraisal/reappointment, and temporary privileges | Permanent |

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| --- | --- |
| **Requests for references from other hospitals** | |
| **Item** | **Retention** |
| Letter/release form/response | Permanent |
|  | |
| **Correspondence to/from applicant/member/affiliate** | |
| **Item** | **Retention** |
| Memos/letters to notify individual of information required | Upon receipt of information |
| If information not received, follow-up, initial request(s), and results of adverse action | Permanent |
| Requests from practitioner | Permanent |
| Formal notifications regarding appointments and/or clinical privileges | Hospital decides |
| Formal notifications of administrative issues to an appointment (e.g., committee appointments, medical record suspensions) | Permanent |
| Addendum to the credentials file by the practitioner | Permanent |

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| --- | --- |
| **Miscellaneous items** | |
| **Item** | **Retention** |
| Privilege forms | Permanent |
| Reappointment summary forms | Permanent |
| Consent forms | Permanent |
| Alternate coverage forms | Five or more years |