

NATO STANDARD

AMedP-9.3

**CREDENTIALING FOR NATO HEALTHCARE
PROFESSIONALS ASSIGNED TO ROLE 2/3
MULTINATIONAL MEDICAL UNITS**

Edition A, Version 1

AUGUST 2020



NORTH ATLANTIC TREATY ORGANIZATION

ALLIED MEDICAL PUBLICATION


**Published by the
NATO STANDARDIZATION OFFICE (NSO)
© NATO/OTAN**

INTENTIONALLY BLANK

NORTH ATLANTIC TREATY ORGANIZATION (NATO)
NATO STANDARDIZATION OFFICE (NSO)
NATO LETTER OF PROMULGATION

21 August 2020

1. The enclosed Allied Medical Publication AMedP-9.3, Edition A, Version 1, CREDENTIALING FOR NATO HEALTHCARE PROFESSIONALS ASSIGNED TO ROLE 2/3 MULTINATIONAL MEDICAL UNITS, which has been approved by the nations in the Military Committee Medical Standardization Board, is promulgated herewith. The agreement of nations to use this publication is recorded in STANAG 6526.
2. AMedP-9.3, Edition A, Version 1, is effective upon receipt.
3. This NATO standardization document is issued by NATO. In case of reproduction, NATO is to be acknowledged. NATO does not charge any fee for its standardization documents at any stage, which are not intended to be sold. They can be retrieved from the NATO Standardization Document Database (<https://nso.nato.int/nso/>) or through your national standardization authorities.
4. This publication shall be handled in accordance with C-M(2002)60.


for Zoltán GULYÁS
Brigadier General, HUNAF
Director, NATO Standardization Office

INTENTIONALLY BLANK

RESERVED FOR NATIONAL LETTER OF PROMULGATION

INTENTIONALLY BLANK

INTENTIONALLY BLANK

RECORD OF SPECIFIC RESERVATIONS

[nation]	[detail of reservation]
LTU	Ministry of Health of The Republic of Lithuania does not performing paramedic's verification.
USA	In the United States military services, the Surgeon General or Deputy Surgeon General are senior leaders. It is not their responsibility to verify credentials of health care professionals. Verification of credentials and designation of privileges are delegated to medical leaders more directly involved in the delivery of health care in a theater/area of operations.
<p>Note: The reservations listed on this page include only those that were recorded at time of promulgation and may not be complete. Refer to the NATO Standardization Document Database for the complete list of existing reservations.</p>	

INTENTIONALLY BLANK

TABLE OF CONTENTS

CHAPTER 1 INTRODUCTION 1-1

1.1 PRELIMINARY REMARKS 1-1

1.2 AIM..... 1-1

1.3 GENERAL 1-1

CHAPTER 2 CREDENTIALING POLICY 2-1

2.1 DEFINITIONS..... 2-1

2.2 PROFESSIONAL STANDARDS 2-1

2.3 RESPONSIBILITIES..... 2-3

INTENTIONALLY BLANK

CHAPTER 1 INTRODUCTION

1.1. PRELIMINARY REMARKS

1. Increasing engagement with NATO partners in the provision of multinational medical support on operations has highlighted a requirement to formalize credentialing procedures to be undertaken, in order to verify the qualifications and competencies of health care professionals prior to their employment within a multinational medical unit (MMU).

1.2. AIM

1. The aim of this Allied Medical Publication (AMedP) is to set out the procedures to be followed by a Lead Nation (LN) in order to credential and privilege health care professionals prior to their employment in a Role 2/3MMU in a Theatre of Operations.

1.3. GENERAL

1. Before any mission we must ensure that each health care professional is appropriately qualified and registered/licensed¹ for the task they are to undertake and that the health care team as a whole has an appropriate balance of clinical skills. This is particularly important given that the workload and spectrum of injuries seen in deployed R2 and R3 medical units is likely to differ significantly from those which deploying health care personnel experience in their daily practice.

2. Whilst this AMedP provides over-arching guidance for credentialing and privileging of health care professionals, it does not address the detailed arrangements for the organization, manning and equipping of a Role 2/3MMU. It complements the Medical Evaluation process for healthcare capabilities (STANAG 2560).

3. This policy will apply to all Role 2/3MMUs, established within the context of a Combined Joint Task Force, where participating Nations (PNs) contribute health care personnel.

¹ By the appropriate regulatory/professional body

INTENTIONALLY BLANK

CHAPTER 2 CREDENTIALING POLICY

2.1. DEFINITIONS

1. For the purpose of this document, the following definitions will apply:
 - a. **Credentials.** The documents describing the education, training, licensing and certification of a health care professional.
 - b. **Credentialing.** The process of obtaining, assessing and verifying the qualifications of a health care professional.
 - c. **Privileges.** Specific scope of practice, medical/dental procedures and functions that a health care professional is authorised to independently perform.
 - d. **Privileging.** The process of authorizing a health care professional to perform specific medical/dental procedures and functions by the Deployed Medical Director (DMD).
 - e. **Medical Commander (MC).** The Commanding Officer of a Role 2/3 MMU or the Commander Medical as appropriate.
 - f. **Medical Director (MEDDIR).** The appointed senior clinician who will oversee clinical activity within the Role 2/3MMU and will be responsible to the MC for all aspects of healthcare governance and clinical practice therein.
 - g. **National Medical Contingent.** A generic term for those personnel from a PN assigned to a Role 2/3 MMU, to include all medical, dental, paramedical, nursing, administrative and support staff, both military and civilian. A National Medical Contingent may include embedded elements of personnel from other nations, both military and civilian, the responsibilities which are addressed in separate arrangements between those nations and one or more PNs.
 - h. **Commander National Medical Contingent.** The Senior Officer in a National Medical Contingent entitled to exercise military command of the contingent.

2.2. PROFESSIONAL STANDARDS

1. All nations participating in a Role 2/3MMU will contribute appropriately qualified and registered/licensed health care personnel, capable of working under appropriate supervision, according to the job descriptions and personnel establishment of the facility. When accountable to professional regulatory bodies,

health care professionals must demonstrate valid licensure or registration. All such health care professionals must have received appropriate training to achieve competence in the procedures or services they will provide.

2. Each PN will be responsible for credentialing all their health care professionals.

3. As a minimum, the credentialing process is to include the verification of:

a. Requisite qualifications

b. Professional Registration:

i. Registered with the appropriate national regulatory body, to include confirmation that the individual is not subject to any professional censure or disciplinary or legal limitations to their practice.

ii. On the relevant national Specialist Register where appropriate.

c. Medical and dental fitness for role. The LN will determine the medical and dental fitness (including specific health care related requirements) for role requirements. The PN will confirm that the health care professional meets these.

d. Language skills: competent in the appropriate language for the Operation including medical terminology, to enable effective communication within the medical team.

e. The LN will define the appropriate experience and clinical currency required to undertake assigned roles. The PN will confirm that the health care professional meets the requirements.

f. Completion of appropriate military-specific pre-deployment training and induction.

4. PNs may wish to contribute health care professionals that have no recognized equivalent in other nations (e.g. anaesthetic nurse, physician's assistant). Where such a situation arises, there may be a need to determine whether the nominated individual is suitably qualified and experienced to fulfill the capability requirements of the assigned post and, if not, to make recommendations as to suitability for deployment or potential mitigating action. This assessment will take account of overall team capability when the individual is deploying as part of a PN team.

5. Credentialing must take place as early as reasonably practicable.

6. Credentialing standards for a particular MMU will apply equally to all PNs contributing health care personnel to that facility. Partner nations may require more

detailed guidance as to the standards in different nations, in order to determine equivalence with their own training programs.

2.3. RESPONSIBILITIES

1. The **LN** responsibilities for the delivery of the Role 2/3MMU will:
 - a. Confirm the credentialing requirements to be met for each health care professional, including provision of relevant documents, e.g. Job Descriptions, to the PN.
 - b. Provide additional information and advice to the PN, as required.
 - c. Facilitate access to mandatory pre-deployment training on behalf of the PN.
 - d. Monitor the process by which coalition health care professionals are prepared for deployment.
 - e. Engage with the PN to address any concerns regarding the suitability of any health care professional for deployment.
 - f. Reserve the right to direct extra training for a replacement of any health care professional deemed to be insufficiently qualified for the task they are to undertake.
2. The Surgeon General of the **PN**, or his designated deputy, will:
 - a. Fully credential each health care professional by verifying that:
 - i. Appropriate military-specific pre-deployment training and induction as outlined in 2.2.3.f is completed.
 - ii. The health care professional is competent to perform the specific medical or dental procedures and functions required.
 - iii. The health care professional is sufficiently competent in the appropriate language to enable effective communication within the medical or dental team.
 - iv. The healthcare professional is not subject to any professional censure or disciplinary or legal limitations to their practice.
 - v. The healthcare professional is medically and dentally fit for role.²

² In accordance with AMedP-4.4

- b. Provide written confirmation that all health care professionals from the PN are credentialed, in according with this AMedP.
- c. Ensure that all health care professionals are aware of, and adhere to the professional values, conduct and behavior that reflect the guidance on good practice laid down by the appropriate regulatory bodies.

3. **Deployment Medical Director of the Role 2/3MMU.** The DMD or equivalent will:

- a. Confirm privileges to practice medicine, consistent with the capability of the health care professional, the needs of Role 2/3MMU, and the resources of the Role 2/3MMU. This may simply be an endorsement of the privileges at the Medical Treatment Facility (MTF) where the individual usually practices, if the DMD deems the privileges appropriate for the Role 2/3MMU. The DMD may also designate a skilled individual or committee to make recommendations delineating privileges to be granted to the health care professional. The DMD is to approve the recommendations before the health care professional may begin to practice in the Role 2/3MMU.
- b. By means of the embedded Clinical Supervision program monitor the performance of the health care professionals to ensure that clinical Quality Assurance standards are met.
- c. Modifying privileges where appropriate, engaging with the MC and/or the Commander National Medical Contingent of the PN.
- d. Establish a periodic review process to assure Clinical Quality Assurance.

4. **HEALTH CARE PROFESSIONALS.** Each health care professional will practice within the scope of privileges assigned by the DMD and adhere to the professional values, conduct and behavior that reflect the guidance on good practice laid down by the appropriate regulatory bodies.

INTENTIONALLY BLANK

AMedP-9.3(A)(1)