

'Status Credentialus': The Case Against the Misery That Is Medical Credentialing

— This endless inefficiency is going to have a price sooner than anyone thinks

by [Edwin Leap](#), MD, Contributing Writer, MedPage Today March 19, 2024



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I have recently coined a new term for a terrible condition. This affliction can easily become an all-consuming source of misery for physicians. What is this terrible pathology, you may ask? I have diagnosed myself with "*status credentialus*."

As I near the end of my career and wish to ensure my place in the annals of medical history, I have decided to give it the eponymous title, "Leap's Credentialism."

Leap's Credentialism doesn't only afflict emergency physicians, but indeed any physician seeking to work anywhere. Now, every hospital or healthcare setting has its own set of requirements, rules, forms, and background checks. But this specific process particularly impacts those who do locums work. Indeed, there are physicians in every specialty who travel and work in different facilities, so this is a disease that reaches across geography and areas of expertise, from emergency physicians to neurosurgeons and everyone in the middle.

Its onset is truly insidious. I can only speak of what I know, but from my experience it begins for me and my colleagues around the nation when we are contacted about an "urgent" need in a hospital emergency department. It may be a call from a recruiter or an ad we receive via e-mail.

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Then before long we discover that the need may be "urgent" but the process of credentialing is anything but. The CV is only the beginning and before long we're sending some other standard documents, such as copies of our medical school diploma, board certification, and merit badges like Advanced Cardiac Life Support, Pediatric Advanced Life Support, and Basic Life Support. Our state medical licenses and DEA soon follow. Fair enough.

But wait, there's more! In the last 6 to 12 months I have provided certificates of insurance for the past 5 years and have signed forms agreeing to background checks and credit checks. And I've had to pay for, and forward, my National Practitioner Database report, which of course is public record for anyone to look at, anytime. I have also pestered my co-workers and directors endlessly for letters of reference because you can never have too many of those.

I have verified my home addresses. I have sent my hospital case-logs, generated by the billing office of facilities where I have worked. For a recent job I was required to take the American Heart Association course on how to perform a stroke evaluation and generate an NIH Stroke Scale/Score. However, I made the mistake of only getting the certificate that said I took it and received the attendant 2 hours of CME.

Silly me, I didn't get the certificate *without* the CME, which was required to show that I had indeed taken the course. So, the locums company had to put me in touch with the American Heart Association, which then verified who I was and generated the proper certificate, which said that I took the course to do the thing that I had been doing all along well before the course. (That little episode nearly gave me *status profanicus*.)

To make things crazier, one facility has required that in order to do sedation, I must be board-certified in emergency medicine, take their sedation quiz, and also have a letter from a director stating that I do sedations.

I have worked in about 36 facilities over the course of my career to date. This apparently means that each and every one had to be contacted to verify that I am who I say I am. And all of us at one point or another have been asked to explain that 1-month break between medical school and residency, or betwixt residency and starting practice. (What sort of slacker physician doesn't work for a month, I ask you?)

At one point, a couple of minor variations appeared from facilities where I suppose two versions of my CV conflicted slightly on employment dates. It's easy to lose track over a career. This caused no end of consternation among the credentialing staff because this apparently hinted at deceit and danger.

"Dr. Leap, was it 2/15 to 2/18? Or was it 3/15 to 5/19?"

Or, more appropriately I might query, does it really matter?

We're now approaching 6 months of credentialing processes for some locums work. Meanwhile I still receive ads, weekly, for those sites with allegedly "urgent" needs.

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Someone will tell me that these are insurance requirements or legal protections, or that it's all about safety or something like that. I get it. There are dangerous doctors out there, as well as scoundrels and those who aren't even physicians but are just good tricksters. The [Lokis](#) of medical practice.

But this "*status credentialus*," this endless inefficiency, is going to have a price sooner than anyone thinks. Because we're running out of physicians, about half of whom in America are over the age of 50. Many others are leaving their jobs early to change careers or to retire as soon as possible.

The reasons are many, but we'll eventually be fresh out of doctors willing to do the work. I don't just mean the ever-more-difficult work of medicine, but the painful, all-consuming, and uncompensated work of credentialing. And if we should -- heaven forbid -- face another COVID-like crisis, we won't be able to wait half a year for doctors to go to work ... if doctors even remain.

As I contemplate the ridiculous amount of time I have spent on forms and emails, tests and verifications, a final thought occurs. All across the land, emergency departments hire new APPs right out of training programs and plop them down at computers right next to ours. I guess it's easier to credential people who haven't worked anywhere. What could go wrong, after all?

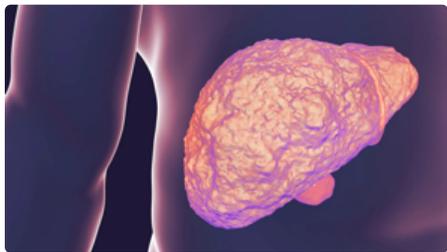
My case of Leap's Credentialism is improving as I move through the system. But I still get spontaneous eye-rolls, blurry vision from computer screens, fits of blind rage, and hand pain from typing explanations. (These are pathognomonic.)

If we want a healthy, functioning healthcare system in the future, someone is going to have to tackle this ridiculous process we've turned into an industry and impediment.

I fear that the only real treatment, or vaccination, for Leap's Credentialism will simply be to walk away from medicine. Pity that. Because people still need us at the bedside. And before long, our willingness and availability to provide care may be the only credential that matters.

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