

Supervision/ Re-entry Plan for Ambulatory Providers with Limited Recent Experience

Recommendation:

The Department Head should inform Credentialing Committee Chair of the intent to develop an individualized "Supervision Plan" for any provider who does not meet the criteria for current competence for unrestricted privileges. The plan should be submitted to the Credentialing Committee for discussion and approval. The plan is only in effect after it has been approved by the Credentialing Committee. Such a plan would only be developed if the Department Head felt it was in the best interest of the organization. Administration is under no obligation to provide any resources. Therefore, their buy in and agreement to provide any needed resources should be sought early in the process.

The general outline would be as follows:

1. Preliminary Phase: The provider meets with the Department Head to review policies, protocols, recent changes in practice, and the plan for supervision.

2. Teaching Phase: The provider works with an experienced clinician to refresh skills and learn recent changes. The Provider should have no roster to provide ample time for teaching. A minimum number of clinics would be determined ahead of time. When the Department Head decides the provider is ready, he or she can move to the next phase.

3. Transition Phase: For several more clinics the physician sees patients on his or her own. A minimum number is decided on in advance. The provider has easy access to consultants and is encouraged to ask questions. Charts from all clinics are reviewed retrospectively to ensure good care is being provided and to find opportunities for teaching. The provider meets with the department or division head regularly to discuss cases and questions. Roster is reduced by two patients as is customary for new providers. The Department Head would determine when the provider is ready to move on to the next phase.

4. Individualized Consultation: After completing the above phases, the Department Head would determine what level of continued consultation is needed. This might be consulting on particular types of cases, only consulting when the provider thinks it is appropriate, or some other form of supervision. The provider would continue with consultation until he or she met the criteria for unrestricted privileges.

The plan for retraining might have more than one area required. For example, there might be one implemented for family practice and another in prenatal care or some other specialty.

Approved by Credentials Committee on June 1st, 2016