



GUIDELINES

INITIAL FPPE / PROCTORING

This proctoring guideline applies to practitioners who are granted Core Privileges. For practitioners who have been granted privileges using “laundry list” privilege forms, the FPPE/proctoring guidelines approved by MEC on March 20, 2017 will be used until all forms are transitioned to Core Privileging.

In order to assure high quality care and meet the requirements of TJC, State law and CCRMC/Health Centers bylaws, all practitioners applying for new privileges (applicants) are evaluated through a Focused Professional Practice Evaluation (FPPE). At CCRMC/Health Centers, the main source of information for initial FPPE will consist of retrospective chart review (“retrospective proctoring”) and direct observation (“concurrent proctoring”). Other additional information (such as discussion with other practitioners involved in the care of specific patients, interviews with the physician involved in the patient’s care, sentinel event data, any applicable peer review data, and review of data from other institutions with applicant/member’s permission) may also be used. All practitioners who are granted new privileges must complete FPPE/proctoring. FPPE/proctoring cannot be waived.

FPPE/proctoring should be completed as soon as possible, ideally within the first 3 - 4 months after privilege(s) are granted. Refer to the “Failure to Complete Proctoring” section below for further details regarding the expected FPPE/proctoring completion time frame.

Although it is expected that the Department/Division Chairs (or designees) work closely with the applicant to accomplish FPPE/proctoring, it is ultimately **the responsibility of the applicant** to assure that FPPE/proctoring is completed in a timely manner.

Obtaining a Proctor:

It is best to clarify with the Department/Division Chair in advance what kind of proctoring will be necessary and who can serve as a proctor. Usually, the easiest way to find a proctor for a procedure is to contact the person on call for your department or another

department that performs the procedure. Any practitioner with unrestricted privileges in the area that is being proctored and who has already completed FPPE/proctoring himself/herself can serve as a proctor. More than one person should be involved in proctoring whenever possible.

Department Specific FPPE/Proctoring Requirements:

Department specific FPPE/proctoring requirements are outlined on the Core Privileging Forms.

Ending FPPE/Proctoring:

After the minimum required amount of FPPE/proctoring for a privilege has been completed, the Department/ Division Chair may remove the FPPE/proctoring requirement. Any Department Chair/ Division Chair who can grant the privilege can remove the FPPE/proctoring requirement. The Credentials Committee and the applicant must be notified when FPPE/proctoring is no longer required. At the Department/Division Chair's discretion, the time frame to complete FPPE/proctoring may be extended and/or additional FPPE/proctoring documentation may be requested. If the Department/Division Chair develops significant concerns about the practitioner during proctoring, this should be reported to the Credentials Committee. If there is a conflict about whether to continue or remove the FPPE/proctoring requirement, the applicant may make an appeal to the Credentials Committee, and the Credentials Committee will make a recommendation to the MEC for a final decision.

Special Circumstances:

1. At the Department/Division Chair's discretion, previous residents and staff practitioners who have already performed procedures at CCRMC/Health Centers (with consultation or supervision) may fulfill proctoring requirements by having those procedures proctored/reviewed retrospectively.
2. If no one on staff is qualified to proctor a procedure, the Department/ Division Chair will determine an appropriate way to proctor, e.g. appoint an external proctor, etc. This must be approved by the Credentials Committee.
3. FPPE/proctoring requirements for applicants who are no/low volume practitioners (e.g. consultants, such as neonatologists, etc.) will be fulfilled by the following:
 - Having at least one case at CCRMC/Health Centers proctored/reviewed. (Occasionally, this may not be possible. For example, some of the neonatologists on staff never get called to help stabilize a newborn);

AND

- Clinical activity documentation and a proctoring summary from their primary hospital;

AND

- One peer reference from a practitioner who works with the applicant, can assess his/her clinical competence, and is, or has the credentials to be, a CCRMC Medical Staff member.

Note on No/Low Volume:

A no/low volume provider is a practitioner who is Courtesy staff, takes care of patients at CCRMC rarely, and is an Active/Provisional staff member/practitioner at another hospital (if the practitioner is still Provisional at another hospital, he/she must work at least 16 hours a week and be on the path of becoming an Active staff member at that hospital). Please, let the Credentialing/Proctoring Coordinator in the Medical Staff Office know if you are a low/no volume provider, so the appropriate pathway for FPPE/proctoring (Special Circumstances # 3) can be initiated.

Proctoring Forms:

The proctor will complete and sign the appropriate form and send it to the Credentialing Coordinator. The Credentialing Coordinator will obtain the Department/Division Chair's signature and file the report in the applicant's file.

Failure to Complete Proctoring:

1. For new applicants, FPPE/proctoring must be completed as soon as possible, ideally within the first 3 - 4 months on staff, not to exceed 6 months. If FPPE/proctoring has not been completed by 6 months into their provisional period, it may lead to restriction/loss of privileges and Medical Staff membership. The timeframe of 6 months may be extended by the Credentialing Committee/MEC for good cause. The request for extension must be submitted in writing to the Credentialing Committee by the Department/Division Chair/designee who is responsible for FPPE/proctoring. Extensions may under no circumstances exceed 24 months from the date clinical privileges were first granted, which is the maximum time to remain in provisional status. Of note: if a provider requests outpatient, inpatient and/or non-core privileges, but is unable to complete all within the allotted time frame, the potential loss of privileges only applies to the requests where FPPE/proctoring has not been completed.

2. For a current practitioner requesting new unrestricted privileges, FPPE/proctoring should be completed within 3 - 4 months of the privilege(s) being granted. If FPPE/proctoring has not been completed by 6 months after being granted, it will be deemed a voluntary withdrawal of the practitioner's request for those unrestricted privileges. This timeframe may be extended by the Credentialing Committee/MEC for good cause, not to exceed 24 months from the date the new privilege was granted. The request for extension must be submitted in writing to the Credentialing Committee by the Department/Division Chair who is responsible for FPPE/proctoring.

Advancement to Non-Provisional:

1. A new practitioner may be advanced to non-provisional status after 6 months on staff if **all** FPPE/proctoring requirements have been successfully completed.
2. If FPPE/proctoring has not been completed by the end of the provisional period (maximum 24 months from the provisional membership start date), it will be deemed that the practitioner has voluntarily withdrawn his/her request for unrestricted privileges and staff membership.

Reminder Notices:

The Credentialing Coordinator will send reminder notices of the status of FPPE/proctoring every 3 months from the date new privilege(s) were granted to the applicant and their respective Department/Division Chair until FPPE/proctoring is completed (up to 24 months).

Approved by Credentialing Committee _____

Approved by MEC _____

Guenter Hofstadler, M.D, MPH
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