This policy applies to: ☑ *Stanford Hospital and Clinics* ☑ *Lucile Packard Children's Hospital*	**Date Written or Last Revision: Oct 2011**
Name of Policy: **PROCTORING FOR FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)**	**Page 1 of 6**
Departments Affected: All Departments	

I. PURPOSE:

To establish a systematic process to ensure that there is sufficient information is available to confirm the current competency of practitioners initially granted privileges at Stanford Hospital and Clinics and Lucile Packard Children's Hospital, for any additional privileges requested, or if a sufficient amount of clinical activity has not occurred to evaluate a practitioner's professional competence. This process, termed Focused Professional Practice Evaluation (FPPE), will provide the basis for obtaining organization-specific information of current competence for those providers.

II. POLICY:

All new providers who are requesting clinical privileges at Stanford Hospital and Clinics and Lucile Salter Packard Children's Hospital shall be appointed for a provisional period, during which proctoring shall be completed as a means of determining clinical/technical competence of the applicant prior to advancement to regular active status. All providers requesting privileges are required to be proctored and are placed in a "Provisional Active" Status until such time the proctoring has been completed.

Where new applicants have been out of practice for a significant period of time, the Credentials Committee could recommend additional requirements in addition to proctoring (i.e. mini fellowship or formal curriculum). The clinical service chief will be responsible for developing such a plan.

Proctoring will be required for any additional privileges requested and may be required for low-volume providers.

Proctoring methods are determined by each department and may include direct observation (both clinical and surgical), review of medical records (both concurrent and retrospective), and an evaluation of the providers Six General Competencies including but not limited to interpersonal skills with peers, nursing and ancillary personnel, and hospital administration.

The term of proctoring may vary among departments as outlined in Proctoring Guidelines for each facility; however, procedures crossing departmental lines should have uniform proctoring requirements. If a sufficient amount of clinical activity has not occurred during the provisional period, the proctoring period may be extended beyond the provisional period as stated in the medical staff bylaws, rules and regulations, upon formal request of the Department Head (LPCH)/Service Chief (SHC) and approval by the credentials committee.

If a practitioner's clinical activity is not sufficient to evaluate his/her professional competence on an ongoing basis, proctoring may be imposed by the Department Head (LPCH)/Service Chief (SHC) with the approval of the credentials committee.

It is the responsibility of the proctored practitioner to make every attempt to schedule surgery/procedures in cooperation with the proctor(s), if applicable. The proctored practitioner shall also inform the proctor(s) of any unusual incident in any way associated with his/her patients.

III. SCOPE:

- For purposes of this policy, FPPE is performed to confirm an individual practitioner's current competence at the time initial privileges are granted, or if a currently privileged practitioner requests additional privileges or if a sufficient amount of clinical activity has not occurred to evaluate a practitioner's professional competence.
- Practitioners requesting membership but not requesting specific privileges are not subject to the provisions of this policy. They do not require FPPE and may not act as proctors.
- The decision and process to perform FPPE for current practitioners with existing privileges based on trends or patterns of performance identified by OPPE are outside the scope of this policy (see FPPE POLICY).

A. Definitions

- **Practitioner**: Any medical staff member or allied health professional/advanced practice professional (APP) granted clinical privileges.
- **Proctor:** The medical staff member or designated expert appointed by the medical staff to perform FPPE to evaluate the current competency of the practitioner for some or all general competencies.
- **Proctoring:** The process of obtaining information as a FPPE to confirm an individual practitioner's current competence for all general competencies at the time initial privileges are granted, for specific privileges if a currently privileged practitioner requests additional privileges or low/no volume providers. Proctoring may be prospective, concurrent, or retrospective.
- **Practitioner FPPE plan:** The specific methods and extent of evaluation for a given practitioner recommended by the department chair (LPCH)/service chief (SHC) and by the credentials committee and approved by the MEC at the time of recommending approval the practitioner's privileges.
- **FPPE start date:** FPPE shall begin when a practitioner is granted initial privileges or if a currently privileged practitioner is granted a new privilege or at the request of the Credentials committee due to low/no volume.
- **On-site proctoring:** FPPE performed at facilities that are part of SHC or LPCH.
- **Off-site proctoring**: Documented evidence of FPPE performed at an alternative hospital after the physician has been granted privileges at SHC or LPCH
- **FPPE site**: Unless specifically determined in a practitioner's plan. FPPE will be performed on-site. Off-site FPPE may be permitted in situations in which a practitioner has skills that are needed at SHC or LPCH on an occasional basis, when the skills and competence of the practitioner in questions are known to members of the medical staff of SHC or LPCH, and

when practitioners are needed from local area hospitals to provide occasional coverage at SHC or LPCH. It is up to the Department chair (LPCH)/Service Chief (SHC) to make a recommendation related to the use of off-site FPPE for a specific practitioner situation.

IV. MEDICAL STAFF OVERSIGHT

The Credentials Committees of each hospital are charged with the responsibility of monitoring compliance with this policy. It accomplishes this oversight by reviewing the proctoring reports for providers, as well as dealing with any issues or problems involved in implementing this policy. The Department Head (LPCH)/Service Chief (SHC) shall be responsible for overseeing the proctoring process for all applicants assigned to their clinical areas.

The medical staff committees involved with Ongoing Professional Practice Evaluation (OPPE) will provide the credentials committees with data that are collected for these providers to confirm current competence during the FPPE period.

A. Proctoring Methods

Each department/service shall be responsible for:

1. Establishing a minimum number of cases/procedures to be proctored and determining how proctoring will be performed on that service. Proctoring may be performed using prospective, concurrent, or retrospective approaches. These criteria are contained in the Proctoring Guidelines for each hospital. These Guidelines should be reviewed annually by the Credentials Committees.

2. Identifying the medical staff members eligible to serve as proctors. Proctors should be qualified and credentialed to perform the procedures being reviewed. When the situation exists in which no other physician is qualified or credentialed to serve as a proctor, an outside consultant may be retained. An outside consultant may be granted temporary membership to serve in a proctoring capacity. The proctor shall charge no fee for this service. The Department Head (LPCH)/Service Chief (SHC) shall automatically be assigned as the applicant's proctor unless the Department Head (LPCH)/Service Chief (SHC) assigns this responsibility to another member of the Service.

B. Role of Proctor

The proctor's role is typically that of an evaluator, not of a consultant or mentor. A practitioner serving solely as a proctor, for the purpose of assessing and reporting on the competence of another practitioner, is an agent of the hospital. The proctor shall receive no compensation directly or indirectly from any patient for this service, and shall have no duty to the patient to intervene if

the care provided by the proctored practitioner is deficient or appears to be deficient. The proctor or any other practitioner, however, may nonetheless render emergency medical care to the patient for medical complications arising from the care provided by the proctored practitioner. The hospital will defend and indemnify any practitioner who is subjected to a claim or suit arising from his/her acts or omissions in the role of proctor.

V. RESPONSIBILITIES

A. Proctors

Proctors must be members in good standing of the active medical staff of Stanford Hospital and Clinics or Lucile Packard Children's Hospital and must have unrestricted privileges to perform any procedure to be concurrently observed.

Based on the Proctoring Guidelines for each Service, the proctor must:

1. Directly observe the procedure being performed, if required, and complete appropriate proctoring form
2. Retrospectively review the completed medical record following discharge, if required, and complete appropriate proctoring form
3. Ensure the confidentiality of the proctoring results and forms. All proctoring forms must be delivered in a timely manner to Medical Staff Services
4. If, at any time during the proctoring period, the proctor has concerns about the practitioner's competency to perform specific clinical privileges or care related to a specific patient, the proctor shall promptly notify the department chair and may recommend departmental intervention or review.

B. Practitioner Being Proctored

Practitioners being proctored shall:

1. Notify the proctor of each case in which care is to be evaluated and, when required, do so in sufficient time to enable the proctor to observe or review the case concurrently.
2. Provide the proctor with information about the patient's clinical history; pertinent physical findings; pertinent lab and x-ray results; planned course of treatment or management; and direct delivery of any documents that the proctor may request.
3. Shall have the prerogative of requesting from the Department Head (LPCH)/Service Chief (SHC) a change of proctor if disagreements with the current proctor may adversely affect his or her ability to complete the proctorship satisfactorily.
4. Inform the proctor of any unusual incidents association with his/her patients.
   Ensure documentation of the satisfactory completion of his/her proctorship, including the completion and delivery of proctorship forms. If the proctoring forms are not completed

and returned at the end of the 12 month proctoring period, the practitioner could be granted an extension at the request of the Department Head (LPCH)/Service Chief (SHC) to the Credentials and Privileging Committee in instances where proctoring cases require observation. The Credentials and Privileging Committee may also grant an extension up to 3 months to allow the proctor additional time to review charts. If the person being proctored has not met the timelines set forth by the Credentials and Privileging Committee, a privilege suspension shall be imposed due to non-compliance with medical staff requirements. If proctoring still has not been completed at the end of the extended time period, the practitioner may be asked to reapply for privileges through the initial application process.

C. Department Heads/Service Chiefs

Each medical staff department or service shall:

1. Assign proctors for all new applicants, applicants requesting additional privileges, or low-volume providers. The Service Chief may consider proctored assignments completed at the shared hospital under SHC/LPCH Information Sharing Agreement. However, the Credentials Committee has final approval on whether or not the proctoring accepted from the shared hospital is applicable.
2. Establish proctoring guidelines for department/service and review annually
3. Review proctoring reports to ensure provider competence

D. Credentials Committees

The Credentials Committees shall monitor compliance with the proctoring policy and process. If at any time during the provisional appointment the Service Chief, Department Head, or Credentials Committee determines that the provisional appointee is not competent to perform specific clinical privileges and his/her continued exercise of those privileges jeopardizes patient safety, the committee shall then review the medical records of patients treated by the provisional appointee and shall make a recommendation regarding the appointee's continued appointment and clinical privileges to the Medical Board. If necessary, the clinical privileges of the provisional appointee may be summarily suspended as outlined in the medical staff bylaws.

VI. METHODS

Proctoring may use a combination of the following methods based on the Proctoring Guidelines for each clinical service:

A. *Prospective Proctoring* – Presentation of cases with planned treatment outlined

B. *Concurrent Proctoring* (Direct Observation)– Real-time observation of a procedure. May also be used for real-time observation of the patient's clinical history and physicians, and review of treatment orders.

C. *Retrospective Evaluation* (Chart Review)– Review of case record after case has been completed. May also involve interviews of personnel directly involved in the patient's care.

VII. DOCUMENT INFORMATION

A. Legal/Regulatory Authorities

i. The Joint Commission – Medical Staff Standards MS 08.01.01

Approvals:

SHC – Credentials and Privileging Committee – April 09, 4/10, 9/11
SHC – Medical Executive Committee – June 09, 5/10, 10/11
SHC – Hospital Board – 5/10, 10/11
LPCH - Credentials and Privileging Committee – April 09, 4/10, 8/11
LPCH – Policy Committee – May 09, 5/10, 8/11
LPCH – Medical Executive Committee – June 09, 5/10, 9/11
LPCH – Hospital Board – June 09, 5/10, 9/11