

Proctoring and Focused Professional Practice Evaluation Policy and Procedure

Focused Professional Practice Evaluation (FPPE) is a systematic process to ensure the current competency of physicians and other licensed independent practitioners at Penn Medicine Chester County Hospital.



Penn Medicine
Chester County Hospital

The Medical Staff
of Penn Medicine
Chester County
Hospital

Table of Contents

Proctoring and Focused Professional Practice Evaluation Policy and Procedure	2
Purpose	2
Medical Staff Oversight.....	2
Definition of FPPE/proctoring.....	2
FPPE/Proctoring methods.....	3
Duration of FPPE/proctoring period	3
Proctor qualifications.....	3
Medical Staff's ethical position on proctoring.....	3
Responsibilities of proctors	4
Responsibilities of the Medical Staff Office	6
Responsibilities of the Medical Staff Credentials Committee	6
Focused Professional Practice Evaluation Information and Instructions for Proctor	6
Focused Professional Practice Evaluation Information and Instructions for New Physicians	7

Proctoring and Focused Professional Practice Evaluation Policy and Procedure

Purpose

Focused Professional Practice Evaluation (FPPE) is a systematic process to ensure the current competency of physicians and other licensed independent practitioners at Penn Medicine Chester County Hospital. FPPE occurs routinely whenever the Hospital grants new privileges (this can mean a new provider just coming onto the Staff, or an existing one who wants to do something new), but also ad hoc in response to quality of care concerns. As such, it is an extension of the usual Medical Staff credentialing process, involving a period of focused performance review by another provider who has the same privileges (usually but not necessarily always, the reviewing provider will be in the same department and same specialty, but this not always possible in some single-provider specialties). FPPE is also known by the more familiar term “proctoring.”

The importance of FPPE/proctoring as a component of ensuring quality of care was underscored when The Joint Commission codified it as one their accreditation standards. For more information, please refer to MS.08.01.01 in The Joint Commission E-edition Manual (found on Chester County Hospital’s team website under [Patient Safety/Quality](#)) and the Medical Staff Policy and Procedure on Quality of Care Review found in the Medical Staff Bylaws.

Medical Staff Oversight

Since FPPE is a component of the Medical Staff credentialing process, department chairs and the Credentials Committee are charged with the responsibility of monitoring compliance with this policy and procedure, with ultimate oversight by the Medical Executive Committee and the Governing Body (i.e., Administration and Board of Directors). The Medical Staff Office will provide regular status reports to the department chairs and Credentials Committee related to the progress of all practitioners required to be proctored as well as any issues or problems involved in implementing this policy and procedure. The department chairs or their designees (e.g., section chiefs or another same-specialty physician in the department) shall be responsible for overseeing the proctoring process and performing the actual reviews for all applicants assigned to their departments.

Definition of FPPE/proctoring

The Medical Staff grants new privileges based on a prediction of competence after reviewing relevant training and experience. For purposes of this policy, FPPE/proctoring is a focused performance evaluation to confirm the individual practitioner’s competence when he or she begins to exercise newly-granted privileges, either immediately after initial appointment or for current Medical Staff members recently approved to do something new. In addition to specialty-specific issues, proctoring also will address the general physician competencies (e.g., basic medical knowledge, clinical judgment, communication skills, use of consultants,

professional attitude, recordkeeping and relationship to patient). Practitioners requesting membership but not requesting/exercising specific privileges (i.e., members of the Affiliate Staff) do not need to be proctored.

FPPE/Proctoring methods

FPPE/proctoring shall be performed using concurrent and/or retrospective approaches. Physicians who primarily provide cognitive care will be evaluated retrospectively (i.e., chart review). Physicians who provide primarily procedural care (which is always a combination of cognitive and procedural/technical skills) will be evaluated concurrently (e.g., while performing a procedure) and retrospectively. Reviewers will complete a standardized evaluation form.

Duration of FPPE/proctoring period

FPPE/proctoring shall begin with the applicant's first performance of any newly-granted privileges. At least five cases/charts need to be reviewed, preferably within the first 2-3 months, but following a recommendation from the reviewer, the Credentials Committee may request additional case reviews and/or an extended period of review not to exceed six months (e.g., if concerns are raised by the initial reviews, or there is insufficient activity during the initial period).

Proctor qualifications

Proctors must be members in good standing of the Active Medical Staff of Chester County Hospital and must have unrestricted privileges to provide the same kind of care and/or perform the same types of procedures as the practitioner being proctored. As noted above, usually but not necessarily always, the proctor will be in the same department and same specialty, but this is not always possible in some single-provider specialties; for the latter, it may be necessary to secure and temporarily credential an outside proctor.

Medical Staff's ethical position on proctoring

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 Medical Staff and, by extension, the Hospital. While proctors who are also in certain Medical Staff leadership positions and/or employed or contracted by the Hospital to perform certain duties (that may include proctoring) may be compensated for those roles/duties, such proctors shall receive no direct or indirect compensation from patients for these services. And while proctors shall have no general responsibility to patients to intervene if the care provided by the proctored practitioner is deficient or appears to be deficient, they must report such deficiencies on the evaluation form and, depending on the urgency, may also need to report the issue immediately through the Medical Staff chain of command (e.g., department chair, chief of staff, etc.) and/or render emergency medical care for complications arising from the care provided by the proctored practitioner. Through its standard Directors and Officers insurance, the Hospital will defend and indemnify any practitioner who is subjected to a claim or suit arising from his or her acts or omissions in the role of proctor.

Responsibilities of proctors

Depending on the specialty, the proctor may do one or more of the following:

- Directly observe the procedure being performed or concurrently observe medical management for the medical admission and complete appropriate sections of the proctoring form.
- Retrospectively review the completed medical record following discharge and complete appropriate sections of the proctoring form.
- Monitor the practitioner being proctored from admission through discharge and complete appropriate sections of the proctoring form.

FPPE/proctoring content areas will include but not be limited to the following:

- History and physical
- Diagnosis and justification
- Proposed treatment or procedure and its indications
- Continuity of care provided to the patients
- Appropriateness of procedures, tests, and medications prescribed
- Appropriate use of consultants
- Appropriateness of length of stay
- Adequacy of progress notes
- Adequacy of operative notes
- Discharge summary
- Appropriately signed consents
- Technical skills/knowledge (as appropriate)
- Use of blood and blood components
- Punctuality and conduct in procedural areas (as appropriate)
- Pre- and postoperative care
- Management of complications

FPPE/proctoring data may also include the following:

- Personal interaction with the practitioner by the proctor
- Interviews of hospital staff interacting with the practitioner
- Surveys of hospital staff interacting with the practitioner
- Chart audits by non-medical staff personnel (e.g., routine chart abstraction for compliance with quality indicators by the Quality Management Department) that may include case-specific and aggregate performance data.

The proctor will review the specific cases (and, if pertinent, aggregate data) and provide a written interpretation utilizing the FPPE/proctoring review reform about whether the practitioner's performance was satisfactory or unsatisfactory, or whether the proctor needs

additional data to complete the evaluation. For aggregate rate data, the medical staff will determine the acceptable targets.

Following the review of care, the proctor shall ensure the confidentiality of the proctoring results and forms, then deliver the completed proctoring forms to the Medical Staff Office. A proctor's report of consistent, satisfactory performance is equivalent to a recommendation to continue the privileges without restriction. Any "unsatisfactory" scores must be accompanied by a recommendation about whether or not the practitioner may continue exercising his/her privileges with or without restrictions or concurrent supervision, and may include suggestions for remedial education.

If at any time during the proctoring period the proctor has immediate concerns about the practitioner's competency to perform specific clinical privileges or care related to a specific patient (s), depending on the urgency or acuity the proctor may do one or more of the following:

- Promptly meet with the practitioner being proctored to discuss what constitutes appropriate care for the patient (or ask the department chair to review the care and meet with the practitioner if the proctor is other than the department chair).
 - If the proctor is satisfied with the outcome of the discussion, the proctoring process continues and the practitioner may continue exercising his/her privileges.
 - If the proctor is not satisfied with the outcome of the discussion, he/she may convene the departmental Standards Committee to review the care in question (or ask the department chair to convene the Committee if the proctor is other than the department chair).
- Request that the Chief of Staff temporarily suspend privileges pending review of care by the Standards Committee.
 - Depending on the results of the Standards Committee Review, the proctor may recommend that additional or revised proctoring requirements be imposed upon the practitioner until the proctor can make an informed judgment and recommendation regarding the clinical performance of the individual being proctored, and/or the matter may need to be referred to the Medical Executive Committee (MEC) via the process outlined in the Medical Staff Bylaws. If there is a recommendation by the MEC to terminate the practitioner's appointment or additional clinical privileges due to questions about qualifications, behavior, or clinical competence, the practitioner shall be entitled to the hearing and appeal process outlined in the Medical Staff Bylaws.

(Note: The practitioner being proctored shall have the right to request a change of proctor if disagreements with the current proctor may adversely affect his or her ability to complete the proctorship satisfactorily and/or the proctor has been non-compliant with reviewing the care and completing and submitting the proctoring reports in a timely fashion. The department chair will make recommendation on this matter to the Medical Executive Committee for final action,

or the proctor may appeal directly to other Medical Staff leadership such as the department vice-chair, section chief, Chief of Staff, or to the Medical Staff Office).

Responsibilities of the Medical Staff Office

The Medical Staff Office shall ensure that the practitioner being proctored and the assigned proctor are fully informed as to the FPPE process, including but not limited to identifying the privileges requiring focused review, the respective responsibilities, the forms requiring completion and the expected timelines. The Medical Staff Office will also contact both the proctor and practitioner being proctored on a regular basis to ensure that proctoring and chart reviews are being conducted as required, and submit a monthly report to the Medical Staff Credentials Committee detailing the status of proctorship activity for all practitioners being proctored, including the current stage of completion.

Responsibilities of the Medical Staff Credentials Committee

The credentials committee is charged with monitoring compliance with the proctoring policy and procedures and submitting a report to the Medical Executive Committee recommending approval, disapproval or restriction of the practitioner's privileges.

Focused Professional Practice Evaluation Information and Instructions for Proctor

Focused Professional Practice Evaluation (FPPE) is an extension of the Medical Staff credentialing process that entails a period of focused performance review whenever a physician is granted new privileges. It is also a Joint Commission requirement. For more information, please refer to MS.08.01.01 in The Joint Commission E-edition Manual on The Chester County Hospital's team website under [Patient Safety/Quality](#).

- When new physicians and/or their department chairs work in Hospital-based areas or are Hospital/Subsidiary employees or contractors (i.e., Emergency Medicine, Radiology, Pediatrics, Medical Oncology, Cardiac Surgery, Pathology, Radiation Oncology, Anesthesia, Critical Care, hospitalists, ObGyn), it is the primary responsibility of each chair or section chief (or their designees) to initiate FPPE.
- For medical and surgical specialties not covered above, the Medical Staff Office will provide the web link to the [Focused Professional Practice Evaluation](#) (FPPE) information at orientation and instruct the new appointee to connect with the chair, chief or designee to review the care and complete the forms.
- It is the new physician's responsibility for alerting the chair (or his/her designee) to review the charts.
- FPPE requires five (5) retrospective chart reviews over a 2-3 month interval (but not longer than six months)
- To make it as random as possible, new physicians will send their chairs a list of medical record numbers (via the [FPPE Worksheet](#)) corresponding to all recent admissions (the list must be complete, and the Medical Staff Office can audit it to ensure no cases were omitted).

- The proctor will pick five charts randomly, review them, complete the evaluation forms, and return them to the Medical Staff Office.
- Once the proctor reviews five records and they are all satisfactory, the FPPE process is complete; however, the proctor can request additional charts to review and extend the review period if any or some of the outcomes are unsatisfactory.
- The practitioner being proctored may request a different proctor as described in the FPPE Plan.
- Unsatisfactory outcomes should be addressed/reviewed with the new physician as described in the FPPE Plan.
- The proctor can access the [Retrospective Proctoring: Cognitive Diagnostic/Medical Evaluation Form](#), [Retrospective Proctoring: Procedural/Surgical Evaluation Form](#) and the [Concurrent Proctoring: Procedural/Surgical Evaluation](#) Form on Chester County Hospital's Team Website.
- Since some of our Medical Staff departments and sections are small and single practice, some reviews will have to be done by partners/associates.
- The proctor and new physician will receive an automated, FPPE email reminder (via your CCH email account) the first of every month until all evaluations have been completed and returned to the Medical Staff Office.

It is the responsibility of the proctor to return completed forms to:

Mail to: Penn Medicine Chester County Hospital	OR	Fax to: Penn Medicine Chester County Hospital
Medical Affairs Department		Medical Affairs Department
c/o: Donna Bray		c/o: Donna Bray
701 East Marshall St.		610-430-2950
West Chester, PA 19380		

Focused Professional Practice Evaluation Information and Instructions for New Physicians

Focused Professional Practice Evaluation (FPPE) is an extension of the Medical Staff credentialing process that entails a period of focused performance review whenever a physician is granted new privileges. It is also a Joint Commission requirement. For more information, please refer to MS.08.01.01 in The Joint Commission E-edition Manual on Chester County Hospital's team website under [Patient Safety/Quality](#).

The Chester County Hospital is required to implement the FPPE process for **every practitioner granted new privileges after May 2010** whether it's a whole set of privileges to a new appointee, or one new procedural privilege to an existing member. **The review process begins either from the date of Temporary Privileges (if granted) or the Appointment date.**

Below is information regarding FPPE for new physicians joining Chester County Hospital's Medical Staff. **It is the new physician's responsibility for alerting the chair (or his/her designee) to review charts.** A listing of [The Medical Staff Officers, Chairs, and Chiefs](#) can be found on Chester County Hospital's Team Website. Methods to communicate to your chair

include, phone, CCH Email, U.S. mail, and fax. A convenient method would be to bring five forms and a list of 10-15 medical record numbers (using the [FPPE Worksheet](#)) to your department meeting (the reviewer could then select the five cases from your list).

The FPPE process (and documentation forms) will be slightly different for physicians who are primarily so-called “cognitive” vs. “procedural” practitioners (all retrospective chart review for the former, and a mix of retrospective and concurrent review for the latter). Obviously, some cognitive components of care will be intrinsic to procedure-based care, and some cognitive practitioners will occasionally perform some procedures; but for simplicity, the forms are titled based on the predominant type of care provided and/or as if the two qualifiers represent mutually-exclusive categories.

- The Cognitive Practitioner Evaluation Forms: reviewing physicians will need to complete five retrospective chart reviews over a 2-3 month interval (but no later than six months).
 - [Retrospective Proctoring: Cognitive Practitioner Evaluation Form](#)
- The Procedural/Surgical Practitioner Evaluation Forms: reviewing physicians will need to complete two concurrent, two retrospective, and one concurrent OR one retrospective, for a total of five chart reviews over a 2-3 month interval (but no later than six months).
 - [Retrospective Proctoring: Procedural/Surgical Practitioner Evaluation Form](#)
 - [Concurrent Proctoring: Procedural/Surgical Evaluation Form](#)
- Certain practitioners may have their own evaluation forms based on circumstances unique to particular disciplines (e.g., telemedicine providers).
- Physicians whose practices represent a mix cognitive and procedural components should ideally have their performance reviewed in both areas utilizing the respective Cognitive and Procedural Evaluation Forms (e.g., an oncologist who performs bone marrow biopsies; a neurologist who performs lumbar punctures; an emergency medicine physician who repairs wounds and reduces dislocations; an intensivist who incubates; etc.).
- To ensure random selection, at the end of every month following the granting of new privileges, physicians will send the proctor/reviewer (i.e., department chair or his/her designee) a complete list of medical record numbers corresponding to all patient contacts for that month (i.e., admissions, consultations, outpatient evaluations, procedures, or diagnostic interpretations). The Medical Staff Office can audit the list to ensure that no cases have been omitted. In higher-volume disciplines (e.g., Radiology, Pathology, Emergency Medicine), the reviewer will randomly select the cases.
- The proctor/reviewer will select five (5) charts randomly, review them, complete the evaluation forms, and return the completed forms to the Medical Staff Office.
- As soon as the proctor/reviewer completes five records/forms with satisfactory results, the FPPE process is complete.

- If the proctor/reviewer does not review five charts in the first 2-3 months (either he/she does not have time or the volume of patient contacts is below five), the process is repeated the following month, and so on until five cases have been reviewed with satisfactory outcomes; ideally, the process should be completed within six months.
- The proctor/reviewer can ask for additional charts to review and extend the review period if any or some of the outcomes are unsatisfactory.
- Unsatisfactory outcomes will be addressed/reviewed as described in the FPPE Plan.
- Since some of our Medical Staff departments and sections are small and single practice, some reviews will have to be done by partners/associates when necessary.
- The proctor and new physician will receive an automated, FPPE email reminder (via your CCH email account) the first of every month until all evaluations have been completed and returned to the Medical Staff Office.
- After six months, assuming no issues, new physicians will then move into the Ongoing Professional Practice Evaluation (OPPE) process.

It is the responsibility of the practitioner being proctored to ensure documentation of the satisfactory completion of his or her proctorship, including the completion and delivery of proctorship forms to the Medical Staff Office. (See page 5 for description of the process to change proctors). The proctoring period will automatically extend for up to three months (a maximum of 6 months) if the proctoring reports are not completed and submitted at the end of the initial proctoring period. If the proctoring reports are not completed and submitted to the Medical Staff Office at the end of the initial or extended proctoring period, the privileges of a provisional appointee subject to proctoring, or the additional or new privileges that are the subject of proctoring for any other member of the Medical Staff may be temporarily suspended.

It is the responsibility of the chair (or his/her designee) to return completed forms to:

Mail to: Penn Medicine Chester County Hospital
 Medical Affairs Department
 c/o: Donna Bray
 701 East Marshall St.
 West Chester, PA 19380

OR

Fax to: Penn Medicine Chester County Hospital
 Medical Affairs Department
 c/o: Donna Bray
 610-430-2950