



**FOCUSED
PROFESSIONAL
PRACTICE EVALUATION
(FPPE)**

A. Purpose:

To establish a systematic process to evaluate and confirm the current competency of practitioners' performance of privileges and professionalism at UCSF Medical Center. This process is known as focused professional practice evaluation ("FPPE"). FPPE will be implemented when (1) a provider requests as is granted privileges for their scope of practice at UCSF, and/or (2) there are concerns regarding the provision of safe, high quality patient care by a current medical staff member and/or there are concerns/issues of professionalism.

B. Definition of FPPE:

Initial and New Privileges: Except as otherwise determined by the Department Chair/Division Chief, FPPE for new applicants and members exercising new privileges will be conducted in accordance with standards and procedures defined in the FPPE policy and/or Rules and Regulations and will be documented on the Office of Medical Affairs & Governance (OMAG) proctoring form. A FPPE should begin with the applicant's first admission or performance of the newly requested privilege. Each department/division will determine the number of cases or charts to be reviewed for privileging.

While FPPE for new applicants should be completed within 12 months, if indicated, the time may be extended at the discretion of the Department Chair/Division Chief. The inability to obtain an extension will be deemed a voluntary relinquishment of the privilege(s) and will not give rise to procedural rights described in the Fair Hearing Plan. While proctoring is the most common form of FPPE used in these circumstances, the Department Chairs/Division Chiefs are authorized to implement other methods for evaluation as deemed appropriate under the circumstances pursuant to this policy. In addition, members may be required to undergo a FPPE as a condition of renewal of privileges (for example, when a member requests renewal of a privilege that has been performed so infrequently that it is difficult to assess the member's current competence.).

Specific Professional Performance:

FPPE processes are also used to evaluate, for a time-limited period, a Practitioner's clinical performance, ability to provide safe, high-quality patient care, and/or professionalism. The Medical Staff may supplement the Bylaws with Rules and Regulations, for approval by the Executive Medical Board and Governance Advisory Council, that will clearly define the general circumstances when a FPPE will occur, what criteria and methods should be used for conducting the FPPE, the appropriate duration of evaluation periods and requirements for extending the evaluation period, and how the information gathered during the evaluation process will be analyzed and communicated.

A FPPE may also be implemented whenever the responsible Department Chair/Division



**FOCUSED
PROFESSIONAL
PRACTICE EVALUATION
(FPPE)**

Chief, Credentials Committee or Executive Medical Board determines that additional information is needed to

assess a member's competence/professionalism pursuant to the FPPE policy and/or Medical Staff Bylaws and Rules and Regulations. A FPPE is not intended to be imposed as a form of discipline, but rather to assess competency/professionalism. It should be imposed only for such period (or number of cases) as is reasonably necessary to enable such assessment.

C. CRITERIA FOR FPPE PLAN

The UCSF Medical Staff defines the circumstances for which monitoring and evaluation of a practitioner's professional performance is required. There are two types of FPPE plans:

1. The medical staff evaluates the privilege-specific competence of the practitioner who does not yet have documented evidence of competently performing the requested privilege at the organization. At UCSF, this process was formerly called "proctoring". This type of FPPE may be considered standard and referred to as Level 1.
2. A FPPE can also be used when:
 - a) There are concerns regarding a currently privileged practitioner's ability to provide safe, high quality patient care; or
 - b) There are issues of unprofessional behavior or activities; or
 - c) A practitioner has three or more medical malpractice claims within the past five (5) years; or
 - d) A practitioner is a new applicant who has not practiced professionally or completed a clinical training program within the past two years. This type of FPPE may be considered "for cause" and referred to as Level 2.

FPPE occurs for a time-limited period during which the Department, division, or organization evaluates a practitioner's professionalism and/or professional performance of a privilege or privileges. Only the professionalism and the privilege(s) in question are the subject of the evaluation. The practitioner's remaining privileges remain in good standing during the FPPE.

This process can include an assessment for proficiency in the following six areas of general competencies:

1. Patient care
2. Medical and clinical knowledge
3. Practice-based learning and improvement
4. Interpersonal and communication skills
5. Professionalism
6. Systems-based practice



**FOCUSED
PROFESSIONAL
PRACTICE EVALUATION
(FPPE)**

Information for this evaluation may be derived from the following:

1. Discussion with other individuals involved in the care of each patient (e.g., consulting physician, assistants in surgery, nursing, or administrative personnel)
2. Chart review, review of Ongoing Professional Practice Evaluation (OPPE) and review of malpractice claims.
3. Monitoring clinical practice patterns
4. Direct observation of practitioner
5. Simulation
6. External peer review
7. Biological specimen/toxicology evaluation

D. RESPONSIBILITIES:

The Department Chair (or Division Chief or designee) shall be responsible for overseeing the evaluation process for all applicants or staff members assigned to her/his department or division.

The Credentials Committee has the responsibility for reviewing and approving Level 2 FPPE plans. It is also charged with the responsibility of monitoring compliance with this policy. It accomplishes this by receiving regular status reports on the progress of all practitioners undergoing FPPE as well as any issues or problems involving the implementation of this policy.

E. PERFORMANCE OF FPPE

The type of FPPE to be used will be determined by the Department Chair/Division Chief based on the individual practitioner's circumstance(s) using the following guidelines:

1. New applicant.
 - a. Peer recommendations from previous institutions should be confirmed by the Department Chair.
 - b. Performance indicators, or aggregate data, within the department should be monitored.
 - c. FPPE peer evaluations by the Department Chair or Division Chief and one other active staff member should be completed within 12 months of initiation of clinical activity. The Department Chair/Division Chief should seek input from colleagues, consultants, nursing personnel, and administration.
 - d. Procedure and clinical activity logs should be reviewed from either previous institutions or training programs.
 - 1) If current competency from previous institution is well-documented through case logs of activity within recent year, then only a Level 1 FPPE is required.

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- 2) If current competency and adequate clinical activity is not well-documented from previous institution, then a Level 2 FPPE will be necessary for this type of applicant. Specifically, concurrent chart review, proctoring, or simulation should occur to fully evaluate the ability to perform requested privileges. The Level 2 FPPE will be determined by the department chair/division chief with approval of the credentials committee.
2. New Applicant – Has not practiced professionally for, or completed a clinical training program, within the past **2 or more** years:
- A. If a new applicant has not practiced professionally for, or completed a clinical training program, the past **2-5** years, the following conditions must be met:
- 1) The Credentials Committees requests a Level 2 FPPE plan from the Department Chair, Division Chief, or designee and will address, at a minimum, the following points.
 - a) Must have current board certification or maintenance of certification to reflect the privileges being requested.
 - b) Submit CME course descriptions for each of the years in question.
 - c) Describe how the provider will be deemed competent to perform any procedure privileges that are requested. Recommended options include a senior clinician being assigned to the provider; review the provider’s medical records documentation for appropriate clinical decision making, etc.
 - d) Describe how non-procedure privileges will be monitored for competency.
 - 2) The proposed FPPE plan is reviewed and approved by the Credentials Committee.
- B. Applicants who have not practiced for more than 5 years:
- 1) All requirements mentioned in A.
 - 2) Additional requirements
 - a) Complete a re-entry program with an ACGME- accredited residency program.
 - b) For procedure privileges, the provider must be monitored beginning with the first case.
 - c) In regard to supervision of trainees and other teaching responsibilities, the Department Chair, Division Chief, or his/her designee will provide feedback from fellow, resident, and student evaluations.
 - 3) The proposed FPPE plan is reviewed and approved by the Credentials

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- Committee.
3. New Privilege(s) for Existing Staff Member
 - a) If a new requested privilege is significantly different from one's current practice, then training in the new privilege or proctoring of cases should be arranged, documented, and confirmed. This process and the number of cases necessary should be determined by the department chair, division chief, and/or the Credentials Committee.
 - b) If new technology is involved, the Committee's recommendations should be considered.
 4. FPPE required as a result of peer review.
 - a) The Department Chair/Division Chief will establish a plan on an individual basis to be approved by the Credentials Committee and the Executive Medical Board when FPPE has been recommended by the Department Chair, Division Chief, or Department peer review committee.
 - b) The plan will be time-limited.
 5. When a privilege is used infrequently.
 - a) The department/division should determine a minimum number of cases to be performed to maintain proficiency.
 - b) This should be denoted in the delineation of privileges form.
 - c) If the minimum number of cases is not being met, the Department Chair/Division Chief will establish a plan for FPPE or request that the practitioner voluntarily withdraw the privilege.
 6. Concurrent proctoring for procedural competence
 - a) When concurrent proctoring is required for ascertaining procedural competence, only those proctored cases successfully completed as planned, without reverting to conventional management, shall be considered in the proctored case logs for FPPE.
 7. Duration of FPPE for Initial and Additional Privileges
 - a) FPPE should begin with the applicant's first admission or performance of the newly requested privilege.
 - b) Each department/division will determine the number of cases or charts to be reviewed. FPPE for new applicants should be completed by 12 months.
 - c) This will allow for further evaluation, if indicated, prior to the end of the initial appointment cycle.
 - d) In the event, the practitioner does not have adequate case volume to complete FPPE in twelve (12) months, the FPPE will be extended until volume is sufficient, not to exceed six (6) months or the practitioner can voluntarily withdraw the privilege.

F. SUPERVISION OF FPPE

1. Assignment of FPPE supervision will be the responsibility of the Department Chair



**FOCUSED
PROFESSIONAL
PRACTICE EVALUATION
(FPPE)**

and/or Division Chief. The Chair/Chief may appoint active staff members to complete the appropriate tasks.

2. It is recommended that each department establish a panel of proctors.
3. If FPPE is required, the following supervisor guidelines should be used:
 - a). FPPE supervisors must be in good standing of the active UCSF medical staff.
 - b). The FPPE supervisors must have unrestricted privileges to perform any procedure to be concurrently observed.
 - c). The supervisor(s) will be mutually agreed upon between the Department Chair and the physician being evaluated.

G. RESPONSIBILITIES OF THE FPPE SUPERVISOR

1. The supervisor can directly observe the procedure being performed, concurrently observe medical management, or retrospectively review the completed medical record following discharge, and will complete appropriate proctoring forms.
2. Ensure confidentiality of results and forms. Submit completed forms to the Medical Staff Office.
3. 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/Division Chief.

H. MEDICAL STAFF'S ETHICAL POSITION ON FPPE

1. Concurrent FPPE is one method of evaluation that may be used to verify competency for procedures performed by a provider. The supervisor is not a mentor or a consultant. The supervisor is an agent of the hospital. The supervisor shall receive no compensation from any patient for this service. The supervisor or any practitioner, however, should nonetheless render emergency medical care to the patient for medical complications arising from the care provided by the practitioner being evaluated.
2. 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 an FPPE supervisor.

I. EXTERNAL PEER REVIEW

1. An external Peer Review process will be initiated in the following circumstances:
 - a) When the president of the Medical Staff and/or the Chair of a Department determines that the expertise necessary to appropriately review a case does not exist within the Medical Staff, **OR**
 - b) When members of the Medical Staff assigned to review a case or cases cannot reach consensus about its/their disposition, **OR**
 - c) When the Department Chair and/or President of the Medical Staff believe that an external review would be more objective and in the best interest of both the involved physician(s) and the Medical Center.



Medical Center

**FOCUSED
PROFESSIONAL
PRACTICE EVALUATION
(FPPE)**

POLICY

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2. External peer reviewers will be selected from other University of California Medical Centers or affiliated institutions. In selected cases, the external peer reviewer(s) will be selected from outside the University of California Medical Centers and its affiliated institutions.
 3. External peer reviewers must have the approval of the President of the Medical Staff and the Department Chair.

J. COMPLETION OF FPPE

1. FPPE shall be deemed successfully completed when the practitioner completes the required number of cases or other criteria established by the FPPE plan within the time frame established in the Bylaws or as required by the Department Chair/Division Chief and the member's professional performance met the standard of care or other applicable requirements of the Medical Center.
2. Failure to Satisfactorily Complete FPPE: If a member fails to perform satisfactorily during FPPE, he or she may voluntarily withdraw the privilege or request a review by the Credentials Committee. The Credentials Committee may choose to approve extension of an FPPE on an individually requested basis. Failure to satisfactorily complete FPPE may also result in escalation to a medical staff disciplinary action.

HISTORY

Approved by GAC 5/26/2022
Recommended for approval by EMB 5/24/2022
Recommended for approval by Credentials Committee 5/17/2022

Approved by GAC 4/28/2011
Approved by EMB 4/26/2011
Approved by Credentials Committee 4/19/2011