



**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" or "focused evaluation"). FPPE will be implemented when there are concerns regarding the provision of safe, high quality patient care by a current medical staff member or issues of professionalism.

B. Definition of FPPE:

Initial and New Privileges: Except as otherwise determined by the Department Chair, FPPE for new applicants and members exercising new privileges will generally be conducted in accordance with standards and procedures defined in the FPPE policy and/or Rules and Regulations and will be documented on each Department's delineated clinical privileges form. 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. 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 Departments and Department Chairs 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 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 used to evaluate, for a time-limited period, a Practitioner's professional performance or professionalism to include quality of care, patient safety and unprofessional behavior. 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 focused evaluations, 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.

FPPE may also be implemented whenever the responsible Department Chair, Credentials Committee or Executive Medical Board determines that additional information is needed to



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assess a member's competence/professionalism pursuant to the FPPE policy and/or Medical Staff Bylaws and Rules and Regulations. FPPE is not normally 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. During FPPE, the member must demonstrate professionalism and/or that he/she is qualified to exercise the privileges that were granted

C. CRITERIA FOR FPPE PLAN

The UCSF Medical Staff defines the circumstances requiring monitoring and evaluation of a practitioner's professional performance. FPPE has two components:

1. The medical staff evaluates the privilege-specific competence of the practitioner who does not have documented evidence of competently performing the requested privilege at the organization. At UCSF, this process was formerly called "proctoring".
2. FPPE can also be used when a question arises regarding a currently privileged practitioner's ability to provide safe, high quality patient care, or issues of professionalism.
 - a) The question can surface during review of Ongoing Professional Practice Evaluation data, identified trends, or the issue being brought to the Department Chair's attention.
 - b) If the practitioner has three or more medical malpractice claims within the past five years.

Focused professional practice evaluation is defined as a time-limited period during which the Department or organization evaluates and determines 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 pendency of 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

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

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 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 focused professional performance evaluation to be used will be determined by the Department Chair 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 and one other active staff member should be completed within 12 months of initiation of clinical activity. The Department Chair 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 no additional monitoring is required.
 - 2) If current competency and adequate clinical activity is not well-documented from previous institution, then a higher level of focused

evaluation 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 focused evaluation plan will be determined by the department chair with approval of the credentials committee.

2. New Applicant – Has not practiced professionally within the past **5 or more** years:
 - A. If a new applicant has not practiced professionally for the past **2-5** years, the following conditions must be met:
 - 1) The Credentials Committees requests an FPPE plan from the Department Chair 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 Chair 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 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 and 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 will establish a plan on an individual basis to be approved by the Credentials Committee and the Medical Executive Committee when focused evaluation has been recommended by the Department Chair or Department peer review committee.
 - b) The plan will be time-limited.
 - 5 When a privilege is used infrequently.
 - a) The department 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 will establish a plan for focused evaluation 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 focused professional practice evaluations will be the responsibility of the Department Chair and/or Division Chief. The Chair/Chief may appoint active staff members to complete the appropriate tasks. Division consultants and Medical Directors should be utilized.
2. It is recommended that each department establish a panel of proctors.



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3. If FPPE is required, the following guidelines should be used:
 - a). FPPE evaluators must be in good standing of the active UCSF medical staff.
 - b). The FPPE evaluator must have unrestricted privileges to perform any procedure to be concurrently observed.
 - c). The evaluator(s) will be mutually agreed upon between the Department Chair and the physician being evaluated.

G. RESPONSIBILITIES OF THE FPPE EVALUATOR

1. The evaluator 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.

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 evaluator is not a mentor or a consultant. The evaluator is an agent of the hospital. The evaluator shall receive no compensation from any patient for this service. The evaluator 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 evaluator.

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.



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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 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 completes the necessary volume of cases or meets other criteria established by the FPPE plan, but fails to perform satisfactorily during FPPE, he or she may voluntarily withdraw the privilege or request a review by the Credentials Committee.

HISTORY

Approved by Credentials Committee 4/19/2011

Approved by EMB 4/26/2011

Approved by GAC 4/28/2011