Manual	Medical Staff	***Effective Date***	12/01/2006
Policy #	MS 119	***Date Revised***	11/30/2014
Responsible Person	Director, Medical Staff Administration	***Next Scheduled Review***	11/30/2020

PURPOSE

To define the process for validating privilege-specific competence of a practitioner by satisfying the Focused Professional Practice Evaluation – Proctoring requirements of the Medical Staff of the Ronald Reagan UCLA Medical Center, thus focusing evaluation on a specific aspect of a practitioner's performance in a time-limited period.

POLICY

The Core (Categories A-B) proctoring requirements described in this policy, as well as advanced (Categories B-C) proctoring requirements related to specific procedures as defined on the privilege delineation form or in Medical Staff policy, represent the minimum requirement for validation of clinical competence and successful completion of a period of evaluation. Core proctoring may include retrospective review of medical care or direct observation of procedures performed. Advanced proctoring requirements may involve direct observation of procedures if recommended by the Service Chief. A proctor or Service Chief may recommend to the Credentials Committee additional proctoring requirements if questions arise regarding a practitioner's professional practice during the course of the ongoing professional practice evaluation. Relevant information resulting from the focused evaluation process is integrated into performance improvement activities of the service as well as the ongoing performance evaluation of the practitioner.

A Focused Professional Practice Evaluation - Proctoring is required for:

1. All initial staff appointments;

2. Requests for additional privileges from established medical staff members when advanced proctoring requirements have been established relative to the privileges requested;

3. Requests for privileges using new technology from established medical staff members when advanced proctoring requirements have been established relative to the privileges requested; and

4. Temporary privileges granted pending final action on an application for medical staff appointment and clinical privileges.

Proctoring may be required at the discretion of the Service Chief or Medical Staff Executive Committee:

1. If questions arise regarding a practitioner's professional practice during the course of the ongoing professional practice evaluation

2. Whenever it is determined that additional information or a period of evaluation is needed to assess or confirm a practitioner's competence in the hospital setting

Core and Advanced/Extended Proctoring Requirements

1. It is the responsibility of the Service Chief to establish proctoring requirements for the members of the Service – **Attachment A**. Minimum proctoring requirements are delineated in Table 1 of this policy and on the privilege delineation form.

2. Core proctoring requirements include direct observation or retrospective review of cases performed. At the recommendation of the Service Chief, the cases may be selected from patient contacts within a stated period of time.

3. Educational core privileges (Teaching Only) proctoring requirements include:
   - clinic only: three (3) patient encounters in the resident clinic.
   - surgical-operative and clinic: three (3) surgical cases from the educational core privileges list

4. Advanced proctoring requirements include proctoring for specific procedures that have been identified by each Service and are delineated in the privilege delineation form.

   These advanced proctoring requirements must be met in addition to the core proctoring requirements in Table 1.

   Advanced proctoring requires only proctoring of the specific procedure which has been identified as having an advanced proctoring requirement. Advanced proctoring does not require proctoring of the entire case.

   Both core and advanced proctoring requirements may be satisfied if the **entire** case is proctored.

5. Any additional proctoring requirements for a cause will be established and communicated to the practitioner by the Clinical Service or Credentials Committee.

   a) Professional practice evaluation data is collected and assessed on an ongoing basis to determine the practitioner's professional performance in the hospital setting. A Focused Professional Practice Evaluation may be triggered in response to concerns regarding the provision of safe and quality patient care either by single incident or evidence of a clinical practice trend.

b) Triggers may include challenges to any licensure or registration; voluntary and involuntary relinquishment of any license or registration; voluntary and involuntary termination of medical staff membership; voluntary and involuntary limitation, reduction, or loss of clinical privileges; any evidence of an unusual pattern or an excessive number of professional liability actions resulting in a final judgment against the practitioner; documentation as to the health status of the practitioner; relevant practitioner-specific data; morbidity or mortality data.

c) The period of performance monitoring is based on the Clinical Service Chief's evaluation of a practitioner's current clinical competence, practice behavior, and ability to perform the privilege in question. The type of monitoring and measures employed to resolve performance issues are determined by the Clinical Service Chief and consistently implemented.

Assignment of Proctors

Proctors are assigned by the Service Chief, or designee, who will assure that assignments are made in a timely manner.

1. All members of the Medical Staff who have themselves completed proctoring and hold unrestricted privileges to perform the procedures and/or manage the clinical cases to be proctored, regardless of Medical Staff membership category, may serve as proctors. Failure to serve as a proctor when assigned to do so may result in Medical Staff disciplinary action.

2. Proctoring may be performed by Medical Staff members who hold related privileges sufficiently similar to the privileges being proctored to allow them to make prudent and informed judgments regarding competence.

3. If no member of the Medical Staff possessing the requisite expertise is available to serve as a proctor, arrangements may be made by the Clinical Service Chief for proctoring by a qualified practitioner who is not a member of the Medical Staff.

4. If the proctor and the practitioner being proctored disagree as to what constitutes appropriate care for a patient, the Clinical Service Chief will be asked by the proctor or practitioner being proctored to intervene and adjudicate the conflict.

Proctored Practitioner Duties

1. Must assure that the procedures or medical admissions (core proctoring) and the performance of any procedures requiring advanced proctoring are proctored in a timely manner.

2. Must notify the proctor of each case where care is to be evaluated and do so in sufficient time to allow the proctor to observe or review retrospectively. For elective surgical or invasive

procedures where direct observation is required, the practitioner must secure agreement from the proctor to attend the procedure before the procedure is scheduled. If an emergency situation exists and the practitioner must admit and treat a patient, the practitioner must notify the proctor as soon as is reasonably possible to continue with the concurrent proctoring process.

3. Must provide the proctor with the patient's clinical history, pertinent physical findings, pertinent laboratory and x-ray results, the planned course of treatment or management and the rational for its use.

4. Shall have the prerogative of requesting from the Clinical Service Chief a change of proctor if he/she reasonably concludes that disagreements with the current proctor may adversely affect his/her ability to satisfactorily complete the proctorship. The Clinical Service Chief shall make his or her recommendation in this matter to the Medical Staff Executive Committee for their final action.

Proctor Duties

1. The proctor must directly observe the procedure being performed and/or retrospectively evaluate medical management and complete the appropriate proctoring form.

2. Procedure proctoring should address:

   a) the indications and preparation of the patient for the procedure; and
   b) the technical skill demonstrated in performing the procedure.

3. The proctor will be expected to make reasonable accommodation to be available for cases that require direct observation. If the proctor is called upon to act as the assistant surgeon, the case cannot be counted as a proctored case.

4. Direct observation of procedures may be continued beyond the minimum proctoring requirements, if needed, until the proctor has observed a sufficient number of cases to make an informed judgment regarding the clinical performance of the individual being proctored. A request for additional proctoring requirements may be made by the proctor and submitted to the Clinical Service Chief for review and referral to the Medical Staff Executive Committee for action.

5. While the proctor's primary responsibility is to observe and evaluate performance, if the proctor reasonably believes that intervention is warranted to prevent harm to the patient, the proctor may take whatever action is reasonably necessary to protect the patient. If the case is stopped due to potential harm to the patient, the case is not considered proctored.

6. The proctor must assure the confidentiality of the proctoring report form. The proctor report form should be held by the proctor during any periods of review and should not be attached to the patient's medical record. When proctoring is completed, the proctor must deliver the completed proctoring form to the Service Chief.

Termination of Proctorship

1. Termination of proctorship requires a report to the Credentials Committee from the service chief – **Attachment B**. The report shall include:

   a) The types and numbers of cases proctored;
   b) An evaluation of clinical performance;
   c) a statement regarding the practitioner's ability to practice without supervision.

2. A practitioner under proctorship, regardless of the reason or the category of Medical Staff membership, shall remain under proctorship until the proctorship has been terminated by the Medical Staff Executive Committee.

Failure to Satisfactorily Complete Focused Professional Practice Evaluation

1. If a Provisional staff member fails to satisfy the **core** proctoring requirements solely because of the failure to perform the required number of cases within the time frame defined in Medical Staff Bylaws and Medical Staff policies, then both the clinical privileges being proctored and the provisional staff member's membership will automatically terminate.

2. If a Provisional staff member fails to satisfy an **advanced** proctoring requirement solely because of failure to perform the required number of cases, then the specific advanced clinical privilege being proctored will automatically terminate. The provisional staff member's membership and other clinical privileges, however, will not be affected.

3. The Credentials Committee may extend the period of proctoring for cause.

4. Failure to satisfy either core or advanced proctoring requirements based solely on a failure to perform the required number of cases is considered a failure to meet predetermined criteria established by the Medical Staff. In this circumstance the loss of Medical Staff membership and/or clinical privileges shall not be considered an adverse action based on medical disciplinary cause or reason and shall not be reportable under State or Federal regulations and the practitioner so affected shall have no right to a hearing.

5. If a practitioner fails to meet either core or advanced proctoring requirements based on quality of care concerns or medical disciplinary cause or reason, and the practitioner's

privileges are terminated or otherwise restricted, hearing rights are afforded to the practitioner and reporting obligations are carried out by the Medical Staff as defined in the Medical Staff Bylaws.

APPROVALS

Medical Staff Executive Committee:	11/20/2014, reviewed w/no revisions, 11/30/2017
Governing Board:	11/30/2014, reviewed w/no revisions, 11/30/2017

Table 1

Minimum Core Proctoring Requirements by Service/Division

SERVICE/DIVISION	PROCTORING REQUIREMENTS
Anesthesiology	Five (5) cases
Dentistry - Dentistry - Oral Surgery	Six (6) cases
Medicine	Three (3) inpatient admissions/consultations or patient contacts
- Emergency Medicine	Four (4) cases
- Nuclear Medicine	Two (2) cases
- Dermatology	Three (3) consultations or patient contacts
Neurology	Five (5) inpatient or outpatient consultations
Neurosurgery	Six (6) cases
Obstetrics and Gynecology	Three (3) cases
Ophthalmology	Four (4) cases
Orthopedic Surgery	Six (6) cases
- Physical Medicine and Rehabilitation	Six (6) cases
Pathology	Twenty (20) cases
Pediatrics	Three (3) admissions/procedures
Psychiatry	Three (3) admissions/procedures
Radiation Oncology	Six (6) cases
Radiology	Six (6) cases
Surgery - General Surgery	Six (6) cases
- Pediatric Surgery	Six (6) cases
- Liver and Pancreas Transplantation	Six (6) cases
- Cardiovascular Surgery	Six (6) cases
- Podiatric Surgery	Six (6) cases
- Plastic Surgery	Six (6) cases
- Vascular Surgery	Six (6) cases
- Head and Neck Surgery	Six (6) cases
- Surgical Oncology	Six (6) cases
- Thoracic Surgery	Six (6) cases
Urology	Six (6) cases