

HUNTINGTON HOSPITAL
MEDICAL STAFF POLICY & PROCEDURE

SUBJECT: PROCTORING PROTOCOL FOR FOCUSED PROFESSIONAL PRACTICE EVALUATION	POLICY NO:	PAGE 1 of 5
AUTHORIZED APPROVAL: Medical Executive Committee	EFFECTIVE DATE: June 2025	SUPERCEDES/REPLACES 11/30/2012

POLICY:

In order to evaluate the privilege-specific competence of specific practitioners as outlined in this policy, practitioners must be observed for a specified period of time or for a minimum number of cases as outlined on the delineation of privileges form, except as otherwise provided in the Medical Staff Bylaws and this Proctoring Protocol. The scope of such observation shall include the practitioner’s clinical competence, judgment, skills, ethics, and adherence to the Huntington Hospital (“Hospital” or “Huntington Hospital”) Medical Staff Bylaws, Medical Staff Rules & Regulations, and Hospital and Medical Staff policies.

PROCEDURE:

- I. Practitioners to be Proctored
 - A. New practitioners appointed to the Medical Staff.
 - B. Practitioners on the Medical Staff who have been granted additional privileges, including but not limited to privileges for new technology or procedures.
 - C. Practitioners granted temporary privileges as indicated.
 - D. Any practitioner for whom the Medical Executive Committee (MEC) a need for specific monitoring.

- II. Proctoring Requirements
 - A. A new appointee to the Medical Staff shall undergo a period of observation by designated monitors. The observation shall be to evaluate the practitioner’s proficiency in the exercise of clinical privileges and overall eligibility for new or continued Staff membership. The initial provisional period shall be for 24 months with a recommendation of completion within 120 days, and can be extended for a limited amount of time approved by the Department Chair and Credentials Committee. Proctoring shall be conducted on the first cases performed at the Hospital.
 - B. Proctoring shall consist of concurrent/direct as well as retrospective/indirect review, depending upon the scope of privileges granted to the practitioner.
 - C. Proctoring may also consist of non-surgical and non-invasive cases that have been peer reviewed through routine quality assessment and monitoring programs established by the Medical Staff
 - D. For the Medical Staff to determine that a member or applicant who is subject to proctoring has completed the proctoring satisfactorily, the proctor’s reports must demonstrate that the care provided by the practitioner was clinically pertinent and appropriate, and the quality of care provided was within the Hospital’s standard.
 - E. The member or applicant shall be proctored on an adequate variety and number of cases at the discretion of each Section and/or Department Chair to determine whether clinical competence has been demonstrated.
 - F. Proctoring shall be performed by at least two different proctors, with no more than 50% by practice associates, except as otherwise permitted by the Section/Department on a showing of good cause based upon the circumstances (e.g., the need for an outside proctor to observe a new procedure).
 - G. Current Staff members, who have been granted additional privileges, will be observed according to the requirements outlined on the privilege form.

- III. Components of the Proctoring Process
 - A. The number of cases generally required to complete proctoring is specified in each member’s clinical privileges and/or proctoring protocol.
 - B. Each new member, applicant granted temporary privileges, and Medical Staff member granted additional privileges will be provided with a list of eligible members of the Medical Staff in the practitioner’s specialty who may serve as proctors. Whenever possible, a practitioner should select proctors who are not associated or in practice with the practitioner to be proctored. The member or applicant is responsible for

contacting one of the proctors, informing them of planned admissions, consultations, or procedures, and arranging for the proctor to be present and proctor the cases.

- C. A single case may not be “unbundled” to count for multiple procedures; one trip to OR/one anesthesia will be counted as one case and should be submitted on one proctoring report unless otherwise permitted by the Chair.
- D. Proctoring forms are available in the Medical Staff Services Department (MSSD) and on the public portal.
- E. The proctoring process shall be conducted in a manner that respects the doctor/patient relationship and conforms to the applicable portion(s) of the Rules & Regulations and/or Bylaws of the Medical Staff, as well as this Proctoring Protocol.
- F. Ideally, concurrent proctoring will be done whenever possible, or whenever required by the Section/Department.
- G. Proctoring requirements may be determined by each Section with the approval of the Department and MEC.
- H. No proctor is required in an emergency situation.
- I. A proctor may or may not assist in surgery, as determined by the surgeon and the proctor to be appropriate under the circumstances, unless otherwise specified by the Section or Department Chair.

IV. Reciprocal Proctoring

- A. Reciprocal proctoring may be acceptable in the following situations:
 - i. The proctoring was performed at another facility if:
 - a. the proctor has privileges at the Hospital for the privilege(s) being proctored
 - b. and the proctor is not subject to proctoring for the privileges being proctored,OR
 - ii. The practitioner has proctoring evaluations and/or evidence of completed proctoring from an Enterprise Affiliate¹ [Affiliate example is the Huntington Ambulatory Surgery Center (HASC)].
- B. The proctoring reports and any documentation received from another hospital and other documentation relied on shall be reviewed and evaluated by the Department Chair and then maintained in the practitioner’s credentials file. It is preferred that only 50% reciprocal proctoring be accepted.

V. Exceptions to Proctoring

- A. The Department Chair, with the Chief of Staff’s concurrence, may excuse a practitioner from any or all of the proctoring if:
 - i. The practitioner is a Medical or APP Staff member of an Affiliate and the Affiliate provides performance improvement, peer review data and such other documentation as the Department Chair deems necessary that substantiates that the practitioner has competently performed the requested procedures during the past two years;
 - ii. The practitioner was a Medical or APP Staff member of the Affiliate for at least two years; and
 - iii. The applicable clinical leader of the other Affiliate submits a letter attesting to the practitioner’s current clinical competence to perform the requested privileges.
- B. Practitioners with completed proctoring evaluations or equivalent documentation from an Enterprise Affiliate may be eligible for an FPPE waiver, subject to Department Chair review and Credentials Committee and MEC approval.

VI. Requirements Applicable to the Proctor

- A. The proctor must be in good standing at the Hospital. The proctor must have unrestricted privileges to perform the procedure(s) to be proctored, except as otherwise specified in this Proctoring Protocol, or as permitted by the Section or Department Chair upon documentation of good cause.
- B. It is the responsibility of all members of the Active Staff within each Department to proctor when asked to do so.

¹ Enterprise or Enterprise Affiliates means the group of healthcare organizations and each organization that are affiliated with the Hospital, through direct or indirect ownership or management.

- C. In certain circumstances (e.g., new procedures/technology), proctors not meeting the above description may be acceptable, if approved by the Section or Department Chair or designee, or by the Chief of Staff, for documented good cause.

VII. Aspects to be Proctored

- A. The proctor will assess the practitioner's overall conduct of the patient care by evaluating at least the following aspects of the case:
 - i. Evaluation Management:
 - a. Timeliness of visits
 - b. Admission history and physical examination
 - c. Psychiatric history and physical examination (when applicable)
 - d. Accuracy and completeness of progress notes according to the standards of the Department
 - e. Clinical judgment
 - f. Care management
 - g. Accuracy, completeness, and legibility of documentation
 - h. Appropriate use of diagnostic tests and procedures
 - i. Appropriate use of consultants
 - j. Communication skills/teamwork
 - k. Professional demeanor
 - ii. Procedures:
 - a. Indications for and appropriateness of procedure
 - b. Documentation of the patient's (or legally authorize representative's) informed consent for each procedure
 - c. Pre-operative management and assessment
 - d. Technique
 - e. Post-operative management
 - f. Complication recognition and management
 - iii. Telemedicine (at a minimum):
 - a. Timeliness of consultation
 - b. Appropriateness of consultation

VIII. Responsibilities of the Practitioner Being Proctored

- A. It is the responsibility of the practitioner to contact and obtain a proctor for each case to be proctored.
- B. It is the responsibility of the practitioner to comply with the requirements for the number of cases to be proctored.
- C. If the practitioner to be proctored timely notifies the Department Chair that the practitioner has been unable to obtain a commitment from any proctor for a particular case after reasonable effort, then the Section or Department Chair, or designee, will appoint a proctor.
- D. If a practitioner fails to take the steps necessary to ensure that they complete proctoring of the required number and mix of procedures within the initially specified timeframe, the privileges at issue will expire automatically at the end of that period with no right to a hearing. If proctoring is not completed within the initial period for reasons beyond the practitioner's control, extension of the proctoring period will be at the discretion of the Department and the MEC (subject to approval by the Governing Body).
- E. Should incomplete proctoring require expiration of all privileges, said practitioner will be subject to voluntary resignation at the end of their current appointment, without appeals rights.

IX. Temporary Privileges – Method of Proctoring

- A. Upon approval of temporary privileges, a list of proctors will be made available to the practitioner by the MSSD, or designee. The practitioner shall be informed of the obligation to be observed for the required number of cases. It shall be incumbent upon the practitioner granted temporary privileges to obtain a proctor for each procedure.

- X. Documentation of the Proctoring Process
- A. Proctoring Form
Proctoring evaluation forms shall be supplied to the practitioner by the MSSD. It shall be the practitioner's responsibility to provide the proctor with the form. This form, when completed by the proctor, shall be forwarded to the MSSD by the proctor. The MSSD will make the completed proctoring evaluation forms available to the Section/Department Chair, or designees, for their review and recommendation. The proctoring form is thereby considered a confidential peer review document protected by California Evidence Code 1157 and, as such, the proctoring form is not subject to civil discovery.
- B. Adverse Recommendation of Action
If proctoring concludes with an adverse recommendation or action, the Department Chair, or designee, shall promptly forward the recommendation and supporting documentation to the MEC via the Credentials Committee, in accordance with the Medical Staff Bylaws.
- XI. Provision for Waiver
- A. Upon the recommendation of the Department Chair and approval by the MEC and Governing Body, a practitioner who is board certified, has been a previous member of the Medical Staff and completed proctoring, upon joining the Staff, may be excused from this proctoring period. The Department Chair shall document thoroughly the specific grounds for the determination that the practitioner meets the criteria for the requested clinical privileges without the necessity for proctoring.
- XII. Confidentiality
- A. All practitioners must adhere strictly to the confidentiality requirements set forth in Chapter 8 of the Medical Staff Bylaws.
- B. The proctoring reports shall be filed in the proctored practitioner's confidential credentials file in the MSSD.
- C. For reasons of confidentiality, proctoring reports may not be reproduced. Summaries may be prepared as necessary (e.g., for the Hospital's legal counsel).
- D. Cases may be proctored at HASC or other licensed facilities (as outlined in Article IV) and such cases shall be considered equivalent to cases proctored at the Hospital. A proctoring form completed by the proctor at HASC will be accepted, or in lieu of proctoring forms, HASC must provide a summary of proctored cases for each practitioner proctored at HASC, which shall include for each case: date, procedure, proctor, and outcome summary, including the elements listed in Section V of this Proctoring Protocol.
- XIII. Advancement
- A. If the proctoring reports submitted demonstrate that the proctored practitioner's care in the required number and mix of proctored cases was satisfactory and within the standard of care at this Hospital, the Section/Department Chair or Chief of Staff will release the practitioner from proctoring. A report will be submitted to the Credentials Committee and MEC that proctoring requirements have been met and the practitioner has been released from proctoring.
- XIV. Recommendations, Other Than Advancement
- A. Unsatisfactory proctoring results will be reported to the approval bodies and recommendations to extend proctoring, modify, or terminate privileges will be determined by the Governing Body. Failure to complete proctoring in the timeline established in this policy will result in termination of said privilege under FPPE. Practitioners may request to stay on Medical Staff as a member only and apply for privileges later, no sooner than six months. Any exceptions to reapply earlier for privileges will require an approval by the Credentials Chair and Chief of Staff.
- XV. Notice to Medical Staff Services Department and Staff Member
- A. Initial Notice
Sent at onboarding with FPPE criteria, timeline, and steps.
- B. 30-Day Reminder
Sent 30 days after the initial notice.
- C. 60-Day Reminder
Send 60 days after the initial notice, with activity information included.

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D. Release from Proctoring

When the MSSD receives notice from the Section/Department Chair that the practitioner has been released from proctoring, the MSSD will update the Hospital's computer system accordingly. A letter notifying the practitioner that they have been released from proctoring will be sent to the practitioner.

E. Board Action

When the MSSD receives notice of any action by the Governing Body concerning proctoring, the MSSD will update the Hospital's computer system to reflect any advancement in Staff category, modification or termination of privileges, or further proctoring requirements. A letter notifying the practitioner of the action by the Board will be sent to the practitioner. If the action entitles the practitioner to the hearing rights set forth in Section 13 of the Medical Staff Bylaws, the notice of action will so state.