

TORRANCE MEMORIAL MEDICAL CENTER

DEPARTMENT:	MEDICAL STAFF	
POLICY AND PROCEDURE:	PROCTORING	
DATE APPROVED:	BYLAWS COMMITTEE	08/02/2010; 12/06/2011; 09/24/2012, 10/1/2014
	MEDICAL EXECUTIVE COMMITTEE	09/14/2010; 02/14/2012; 2/12/2013; 12/9/2014

POLICY: All initial appointees to the Medical Staff, all practitioners granted new clinical privileges and applicants to the medical staff granted temporary privileges shall be subject to a period of proctoring. The proctoring of the performance of members of the Medical Staff or clinical privilege holders shall be conducted in accordance with the requirements of the protocols or policy and procedures adopted by the Medical Executive Committee and requirements adopted by the Departments.

PROCEDURE: Each Provisional Staff member and Clinical Privilege holders shall undergo a period of observation by designated proctors. The observation shall be designed to evaluate the member's or clinical privilege holder's (1) proficiency in the exercise of clinical privileges initially granted and (2) over-all eligibility for continued staff membership or clinical privileges and advancement within staff categories. Observation of Provisional Staff members and Clinical Privilege holders shall follow whatever frequency and format each Department deems appropriate in order to evaluate the Provisional Staff member or Clinical Privilege holder satisfactorily, including, but not limited to, concurrent or retrospective chart review, mandatory consultation, and/or direct observation. Appropriate records shall be maintained. The result of the observation shall be communicated by the Department Chief to the Credentials Committee.

Assignment of Proctors: Proctors will be assigned by the Chief of the practitioner's assigned department through the Medical Staff Services Department. This proctor assignment will be made at the time privileges are granted. Proctors with unrestricted privileges are assigned by the Medical Staff Services Department on a rotational basis based upon the privileges granted. Practitioners are also given a list of qualifying proctors to contact should the assigned proctor/s be unavailable.

Notification of Proctor: It is the member's or clinical privilege holder's responsibility to contact his/her proctor. The proctor must also be called when the member or clinical privilege holder schedules any elective procedures to assure his/her ability to attend and observe procedures.

Reciprocal Proctoring: Proctoring reports and/or summaries from other hospitals or locations that are accredited by an organization holding “deemed status” granted by the Centers for Medicare and Medicaid Services (CMS), may be accepted unless determined otherwise by the Medical Executive Committee or the department as designee of the Medical Executive Committee. These proctoring reports and/or summaries must be current, i.e., no more than two (2) years old.

QUALIFICATION AND INDEMNIFICATION OF PROCTORS: All active, associate, courtesy and provisional staff members or clinical privilege holders, who have completed their proctoring and with unrestricted privileges may serve as proctors. ***Associates in practice may act as proctors for each other provided, where feasible, one (1) case is proctored by a practitioner who is not in association with the practitioner being proctored.*** While carrying out functions of the Proctoring Program, Medical Staff members or clinical privilege holders who serve as proctors or who serve on a Department or Committee are acting within the scope of a peer review committee and the performance improvement activities of the Medical Staff and shall be covered with respect to such activities by the Hospital's professional liability insurance.

COMPLETION OF PROCTORING: Practitioners shall remain subject to proctoring until the Medical Executive Committee or Chief of Staff has been furnished with:

1. a report signed by the Chief of the Department(s) to which the member or clinical privilege holder is assigned describing the types and numbers of cases observed and the evaluation of the member's or clinical privilege holder's performance, a certification that the member or clinical privilege holder appears to meet all of the qualifications for unsupervised practice in that Department, has discharged all appropriate responsibilities, and has not exceeded or abused the prerogatives of the category to which the appointment was made;
2. a report signed by the Chief of the other Department(s) in which the member or clinical privilege holder may exercise clinical privileges, describing the types and numbers of cases observed and the evaluation of the member's or clinical privilege holder's performance and a certification that the member or clinical privilege holder has satisfactorily demonstrated the ability to exercise the clinical privileges initially granted in those Departments.

Proctoring while on Temporary Privileges may apply toward the fulfillment of the provisional staff proctoring requirements. However, the department to which the member or clinical privilege holder is assigned will make the determination at the time of appointment as to whether additional proctoring is required.

COMPLETION OF PROCTORING DOCUMENTATION: It is the proctor's responsibility to return all completed proctoring reports to the Medical Staff Services Department for insertion in the proctored member's or privilege holder's credential file. Members or clinical privilege holders cannot have their provisional staff or supervised privilege status removed until all proctoring requirements have been satisfactorily completed. Members or clinical privilege holders should strive to complete their proctoring within six (6) months of obtaining privileges. Failure to fulfill proctoring requirements within one (1) year shall constitute a voluntary relinquishment of those privileges where proctoring has not been completed.

FAILURE TO COMPLETE PROCTORING REQUIREMENTS: If an initial appointee, member granted new clinical privileges, clinical privilege holder, or applicant to the medical staff granted temporary privileges, fails to complete proctoring as required, then the member or clinical privilege holder shall be deemed to have voluntarily surrendered those specific privileges and the procedural rights set forth in Article IX of the Medical Staff Bylaws shall not be applicable. In the case of any such voluntary surrender of privileges in which the member or clinical privilege holder has no remaining approved privileges, the member or clinical privilege holder may be moved to an appropriate medical staff category or shall be deemed to have resigned the member's medical staff membership and/or clinical privileges, and the procedural rights set forth in Article IX of the Medical Staff Bylaws shall not be applicable.

MEDICAL STAFF ADVANCEMENT: The failure to obtain certification for any specific clinical privilege shall not, of itself, preclude advancement in Medical Staff category of any member or clinical privilege holder. If such advancement is granted absent such certification, continued proctoring on the uncertified procedure shall continue for the specified time period.