UC San Diego Health

This policy applies to: UCSD Health	Last Approval Date: 04/28/2022
Name of Policy: Medical Staff Reappointment Process	**Page** 1 **of** 5
Policy Number: MSP 002	
Departments Affected: All Departments	

POLICY:

It is the policy of UC San Diego Health (UCSDH) to promote quality patient care by exercising due diligence in granting Medical Staff membership and/or clinical privileges. The Hospital and Medical Staff are committed to making every reasonable effort to collect and evaluate relevant information about Practitioners, and to make the credentialing decisions that follow reasonably from the information available. An applicant for reappointment shall have the burden of producing information deemed adequate by the Medical Staff for the proper evaluation of competence, ethics, and other qualifications, and of resolving any doubts about such qualifications. Membership and/or privileges may be granted for periods not to exceed two (2) years.

DEFINITION:

Reappointment is the process of determining whether a Practitioner continues to be qualified for membership and/or the specific clinical privileges requested based on established professional and clinical criteria as outlined in the Medical Staff Bylaws, Credentials Policy, APP Policy, and specific Service Delineation of Privilege (DOP) forms. Reappointment will be performed at least once every two (2) years or more frequently based on the recommendation of the Medical Staff Executive Committee and approval of the Executive Governing Body.

PROCEDURE FOR APPLICATION:

Medical Staff Administration (MSA) shall maintain an electronic record of Practitioner appointment and/or privilege dates.

1. At least 4 months prior to the end of the Practitioner's current appointment period, MSA will initiate the electronic reappointment process to the Practitioner.
2. Practitioners will be notified that reappointment applications and all supporting documentation must be submitted electronically to MSA within 30 days.
3. Two (2) weeks after the initial launch of the reappointment process a courtesy reminder email will be sent to the Practitioner. The courtesy reminder will be copied to the Practitioner's identified credentialing contact (or APP Supervisor) and Division Chief.
4. MSA will email a final courtesy reminder to the Practitioner, identified credentialing contact (or APP Supervisor), Division Chief **and** Service Chief if an application has not been submitted by the initial 30 day deadline.
5. Reappointment applications received after the 30-day deadline will be assessed a $300 late fee.
6. One (1) 30-day extension will be permitted for the Practitioner to submit the reappointment application and all supporting documentation.
7. Practitioners who do not wish to apply for reappointment must notify MSA directly, provide a resignation date if the resignation is prior to the expiration of the current appointment period, and provide a personal email, if necessary, for future communications.
8. Failure by the Practitioner to return a completed reappointment application within 60 days shall be considered a voluntary resignation at the end of the current appointment period. A reappointment application will not be accepted for processing after the 60 day deadline.
9. A Practitioner who desires to maintain Membership may apply as a new applicant for Membership and/or Privileges based on the qualifications for Membership and/or Privileges in effect at the time of the new application.

10. Due to the volume of applications being processed, MSA cannot guarantee the new application can be processed prior to the Practitioner's current appointment expiration. Practitioners whose appointment expires will not be permitted to perform any clinical activity at UCSDH until the new application has been fully processed and approved by the MSEC and Executive Governing Body.

SUBMISSION OF APPLICATION:

To be considered complete and accepted for review, the application for reappointment must be completed in its entirety and accompanied by all supporting/required documentation. An incomplete application will not be processed.

1. Documentation that must be submitted with the application for reappointment is outlined in attached ***Exhibit A***.
2. Practitioners will be notified of any incomplete or missing items required to complete the application and afforded 30 days to return all missing or outstanding items.
3. If the Practitioner fails to adequately respond within 30 days, the application will be deemed incomplete, the request deemed voluntarily withdrawn, and the processing of the application will be discontinued.

REVIEW AND APPROVAL PROCESS:

All information provided on the application for reappointment shall be verified with the primary source whenever feasible by Medial Staff Administration as outlined in MSP 006, Verification by Primary Source – Medical Staff and Advanced Practice Professionals.

Upon completion of the primary source verification process, Medical Staff Administration shall analyze the reappointment file and prepare a summary of pertinent information, e.g. OPPE/QI data, clinical activity, active affiliations and trends.

The reappointment file will be assigned to the appropriate Division and/or Service Chief within the credentialing database's Administrative Review Module.

The Service Chief, in consultation with the division chief, if appropriate, shall prepare a written evaluation of the Practitioner's performance based on the following criteria: professional competence and judgment; effectiveness in clinical care as evidenced by quality improvement/peer review activities; clinical resource management; personal supervision or monitoring, if applicable; health status; participation in continuing medical education as applicable; maintenance of timely, complete, and accurate medical records; and satisfaction of the departmentally approved minimal clinical activity criteria for the admission and care of patients.

The Service Chief shall electronically submit an evaluation of the Practitioner's request for reappointment and redelineation of clinical privileges with a recommendation for reappointment or denial of reappointment to the Credentials Committee at least fourteen (14) days prior to the date of the Credentials

Committee meeting at which the reappointment application is scheduled for review (i.e. 2 months prior to expiration).

Credentials Committee Review

The Credentials Committee shall review and act on the Service Chief's recommendation at least two (2) months prior to the expiration of the Practitioner's current appointment period.

A. The Credentials Committee shall recommend to the MSEC whether to approve, modify or deny reappointment and requested clinical privileges.
B. The Credentials Committee, the MSEC and the CEO, UCSDH, shall have the authority to require the applicant to submit evidence of current health status, evidence of the ability to perform the privileges being requested, and privileging criteria for reappointment has been met. A failure to comply with such request shall deem the application incomplete and no further processing will be performed until the requested information has been provided.

Medical Staff Executive Committee Review

The MSEC shall review and act upon the Credentials Committee's report and recommendations at its next regularly scheduled meeting. The MSEC may request additional information, return the matter to the Credentials Committee for further investigation, and/or elect to interview the applicant.

The MSEC shall forward to the Executive Governing Body, a written report and recommendation as to medical staff appointment and, if reappointment is recommended, the length of the reappointment period, membership category, Service affiliation, clinical privileges to be granted, and any special conditions to be attached to the reappointment. The MSEC may also defer action on the application. The reasons for each recommendation shall be stated.

Governing Body, UCSD Medical Center

The Executive Governing Body may approve the recommendation of the MSEC as outlined in MSP 023 Expedited Credentialing or may defer the file for review, discussion, and recommendation at the next regularly scheduled Executive Governing Body meeting. The staff member shall be notified in writing of either:

A. Reappointment to the Medical Staff, including any change in clinical privileges, conditions or modifications imposed, or

B. Non-reappointment to the Medical Staff with a statement of the basis for this decision. An explanation of the appeal mechanism as set forth in the Medical Staff Fair Hearing Plan will be provided as applicable.

C. Approval or modification of Clinical Privileges

Medical Staff Administration

Upon the final recommendation of the Executive Governing Body, Medical Staff Administration will:

A. Update all delineation of privilege forms as needed.
B. Update Credentialing and databases with the new reappointment dates, etc. Notify Practitioners of completion of reappointment process with a Governing Body letter on behalf of the Chief Executive Officer.

MSP 002 Reappointment Process

Exhibit A

Required Documentation

In addition to answering all questions on the reappointment application, the following supporting documentation must accompany the reappointment application at the time of submission for an application to be considered complete. Additional or clarifying information may be requested as necessary once the reappointment application is processed.

A. Application processing fee including any assessed late fees;
B. Current CV with dates in MM/YYYY format for all training, hospital affiliations and work history. Gaps greater than 6 months require a written explanation;
C. Current copy of DEA Controlled Substance Registration Certificate (if not currently on file);
D. Current copy of CA Fluoroscopy Certificate when requesting Fluoroscopy privileges (if not currently on file);
E. Completion of the UC Learning Center Procedural Sedation Competency course (when requesting moderate sedation privileges);
F. Copies of ACLS/ART (when requesting moderate sedation privileges);
G. Executed, current Criminal Background Check Release;
H. Explanation of any malpractice or professional liability actions involving the applicant since completion of the last application form, including a consent to the release of information by the applicant's malpractice insurance carrier(s) and, as applicable, a copy of the judgment entered and/or a copy of the final settlement;
I. Delineation of clinical privileges form;
J. Evidence of participation in continuing medical education since completion of the last application form; In the event CME Attestation Statement is utilize, the Practitioner may at any time be requested to submit CME documentation;
K. Documentation of any changes to board certification status; letters regarding Maintenance of Certification, or qualification for examination;
L. Name of a Medical Staff member with equivalent privileges to the applicant who will provide coverage for patients in their absence (non-faculty only).
M. Completion of the Professionalism in Healthcare Course and Post Test with a passing score of at least 70%;
N. Evidence of current immunization records (i.e. Flu, Covid) (non-faculty)
O. Delineation of clinical privileges form;
P. Procedural/case logs from all hospital affiliations where clinical privileges are being exercised. Requests for new/additional privileges or maintenance of privileges may require documentation of training and experience as outlined in the competency based privileging criteria;
Q. Statement regarding applicant's physical and mental health and evidence of ability to perform requested privileges; including confirmation from a treating physician whenever questions arise regarding a practitioner's ability to safely exercise clinical privileges;