TITLE: Reappointment Process

REFERENCE: TJC MS 06.0103, 06.01.05, 06.01.07, 06.01.09

POLICY:
It is the policy of the UC San Diego Health System (UCSDHS) to promote quality patient care by exercising due care in granting practitioners Medical Staff membership with clinical privileges. The Hospital and Medical Staff are committed to making every reasonable effort to collect and evaluate relevant information about applicants, and to make the credentialing decisions that follow reasonably from the information available.

DEFINITION:
Reappointment is the process of determining whether an applicant for reappointment to the Medical Staff is qualified for membership and the specific clinical privileges based on established professional criteria.

PROCEDURE:
All members shall be recredentialed for reappointment to the Medical Staff biennially not to exceed two (2) years. Medical Staff Administration shall maintain records of the appointment status and send a reappointment application to the practitioner at least 120 days prior to the expiration of his/her current appointment. The practitioner will indicate his/her desire for reappointment based on eligibility requirements outlined in the Medical Staff Bylaws.

1. DOCUMENTATION REQUIRED: To be complete, the applicant must provide all the information requested in the application for reappointment, including:
   A. Statement of acknowledgment of receipt of and agreement to comply with the Bylaws, Rules and Regulations;
   B. Explicit acknowledgment of that section of the Bylaws which provides for release and immunity from civil liability of the Medical Staff with respect to the performance of its performance improvement functions (see Article 10 of the Bylaws);
   C. Licensure and Drug Enforcement Administration registration status; Applicants requesting privileges must provide evidence of current Drug Enforcement Administration certification and appropriate schedules;
   D. Information as to whether the applicant’s licensure, membership status or clinical privileges have ever been revoked, suspended, reduced or not renewed by or voluntarily surrendered to or by any hospital or health care institution or governmental agency since completion of the last application form;
   E. Information on 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 to include a copy of the judgment entered and a copy of the final settlement. Information which is provided will be verified by UCSDMC Medical Staff Administration (MSA);
   F. Updated delineation of clinical privileges form with evidence that criteria to maintain privileges has been met;
   G. Statement regarding applicant’s physical and mental health and evidence of ability to perform privileges requested;
H. The names and addresses of two (2) peer references who can attest to the applicant’s current professional competence and health status with regard to privileges requested on the basis of personal knowledge within the prior 24 months period. A peer reference is a person with equal qualifications, training and the same professional discipline as the applicant with personal knowledge of the applicant’s ability to practice. Peers must also have full Attending (*or equivalent, i.e.; Active) privileges at a Joint Commission Accredited organization. UCSDMC MSA shall solicit written recommendations from the names provided;

I. Evidence of participation in continuing medical education since completion of the last application form;

J. Documentation of any changes to board certification status; letters regarding Maintenance of Certification.

K. Satisfaction of the proctoring requirements set forth in the Bylaws;

L. Consent of the applicant to the inspection of records and documents pertinent to his/her licensure, specific training experience, current competence and health status;

M. Medical Staff category selection

N. The names and addresses of all current medical staff affiliations. Please include a clinical activity sheet;

O. Application processing fee;

P. Documentation verifying compliance with MCP 611.3 Employee Physical Examination to include fit testing for protection against M tuberculosis and Tuberculosis Screening within the 12 months prior to the reappointment expiration date.

Q. Documentation of two (2) hours of approved Risk Management education. Education may be obtained from Risk Management lectures, *ELM* (Electronic Legal Medicine, on-line risk management education.), Current members of the Medical Risk Management Committee are exempt from this requirement. For more information on *ELM* see the UCSD Risk Management Website at: [http://riskmanagement.ucsd.edu/](http://riskmanagement.ucsd.edu/).

2. **REAPPOINTMENT PACKET PREPARATION:**

At least four (4) months prior to the expiration of the current Staff appointment, an online reapplication is launched and two emails are sent to the Medical Staff member.

A. The first email will provide an electronic link to the Practitioner Home page to access the application, and the second email will advise them of their personal password.

B. The Practitioner Homepage: Upon login, the practitioner will have access to the pre-populated application and appropriate delineation of privilege form(s).

3. Medical Staff Administration will:

A. Maintain a list of practitioners eligible for reappointment.

B. Send a list of names for which the reappointment process has begun to all clinical department contacts.

C. Send a list of names for which the reappointment process has begun to the following departments at least two (2) months prior to expiration of the current staff appointment requesting profiles or summaries for each practitioner. Medical Staff Administration shall keep a calendar listing dates of requests and deadlines.

D. Contact Health Information Management for a summary of medical record suspension days;

E. Contact Managed Care for available performance improvement practitioner profile;

F. Risk Management for claims profile

G. Gather available activity profile (OPPE) and peer review data.
4. RETURNED APPLICATION FOR REAPPOINTMENT
Upon receipt, the reappointment materials will be reviewed for verification of completeness. The reapplication will not be processed until received as “complete.” An email request will be sent for the applicant to provide any missing information as identified.

5. SECOND NOTICE
A. Six weeks following the mailing date, the department and the practitioner will be notified with a “Courtesy Notice.” A late fee will be assessed to all members who have not returned the reappointment materials with notification that continued lack of response will be deemed a voluntary resignation.
B. Six weeks after the mailing of the “Second and Final Notice,” all non-responses will be processed as voluntary resignations for failure to complete the reappointment process.

6. PRIMARY SOURCE VERIFICATION OF INFORMATION: All supplied information shall be verified with the primary source whenever feasible by Medical Staff Administration as outlined in MSP 006, Verification by Primary Source – Medical Staff.

7. Second requests are generated and sent within at least 3 weeks following original generation/mail date to all unanswered queries.

8. Third requests are generated and sent within 3 weeks following the date of the second mailing. Emails are sent to each practitioner with a copy to their department requesting assistance in obtaining outstanding responses. Both the practitioner and the department will be notified that if responses are not received by the due date indicated, the practitioner shall be deemed to have resigned membership in the Medical Staff.

9. Ultimate Responsibility - The applicant has the ultimate responsibility to ensure responses are received by Medical Staff Administration.

10. CONTINUING MEDICAL EDUCATION:
Evidence of continuing medical education (CME) for the past two years must be provided by the practitioner, in the form of specific documentation demonstrating each individual’s involvement and participation in educational activities or through the completion of a CME Attestation Statement. CME documentation will be considered in the decision about reappointment and/or renewal or revision of the individual’s clinical privileges, including whether the practitioner’s education relates, at least in part, to the privileges requested/granted. In the event a CME Attestation Statement is utilized, the physician may at any time be requested to submit documentation in support of the completed CME Attestation Statement.

11. ADDITIONAL FOLLOW-UP IS REQUIRED FOR:
A. Open or pending claims, settlements, arbitration awards and judgments;
B. Written explanation by the practitioner on questions requesting clarification.
C. Written explanation on practitioner discrepancies; the practitioner has the right to correct erroneous information.
D. Upon request, the practitioner has the right to be informed of the status of his/her reappointment application.
E. The practitioner has the right to review only the information that the practitioner submitted for reappointment or that was sent to the practitioner from Medical Staff Administration regarding his/her reappointment application (see Medical Staff Administration Department policy: Access to Credentials Files);
F. Adverse information report from the Medical Board or National Practitioner Data Bank;
G. Requests for new/additional privileges may require documentation of training and experience as outlined in competency based privileging criteria.

H. Proctoring requirements for new privileges to be determined.

I. The applicable department shall determine the documentation requirements to evaluate current clinical competency. Activity must have been during the practitioner’s prior reappointment cycle.

J. Documentation from another health care facility may include, but not be limited to:
   1) Documentation which provides the number and type of cases the practitioner has cared for at the facility;
   2) History and Physical; Progress note; Operative or Invasive Procedure Reports; or other Dictated Reports which demonstrates the care given to the patient;

K. Upon receipt, the privilege form will be reviewed for missing documentation to verify current clinical competence. A request will be sent to the applicant to provide within 21 days any missing information as identified.

12. PERFORMANCE IMPROVEMENT PRACTITIONER PROFILE ELEMENTS:
   Based upon availability, the practitioner profile shall contain the following elements as appropriate:
   A. Results of peer reviews;
   B. Risk-adjusted outcomes and benchmarking data;
   C. Aggregated data, including clinical activity (prior two years), relevant to privileges;
   D. Medical records accuracy, timeliness, and clinical pertinence review data;
   E. Mortality rate.

13. COMPLETED RECREDENTIALING REVIEW AND APPROVAL PROCESS:
   Upon completion of the re-credentialing process, the reapplication file is prepared for the department review. Medical Staff Administration shall analyze the file and prepare a summary of pertinent information, e.g. QI data, clinical activity, active affiliations and trends, and assure non-discriminatory practices were followed.

14. Department Review
   The department chair or designee in consultation with the division head, if appropriate, shall prepare a written evaluation of the staff member'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 department chair or designee shall submit the evaluation with a recommendation for reappointment or denial of reappointment to the Credentials Committee within twenty one (21) days of receipt of an application for reappointment from Medical Staff Administration.

15. Credentials Committee Review
   The Credentials Committee shall review and act on the Department’s recommendation at the next regularly scheduled meeting. The Committee may return the application to the department or applicant for additional information or justification in which case the period of review may be extended until the appropriate information has been submitted.
A. The Credentials Committee shall recommend to the Medical Staff Executive Committee whether to approve, modify or deny reappointment and requested clinical privileges.

B. The Credentials Committee, the Medical Staff Executive Committee and the CEO, UCSDHS, 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 result in a denial of reappointment.

16. Medical Staff Executive Committee Review

The Medical Staff Executive Committee (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 Governing Body, a written report and recommendation as to medical staff appointment and, if reappointment is recommended, as to membership category, department 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.

17. Governing Body, UCSD Medical Center

The Executive Governing Body shall act on the recommendation of the Medical Staff Executive Committee within sixty (60) days. 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 Article XII will be provided as applicable.

18. Medical Staff Administration

A. Update all delineation of privilege forms as needed and post on the Intranet.

B. Update the Medical Staff Administration and PCIS databases with the new reappointment dates, etc.

C. Reappointment files shall be incorporated into the electronic credential files.