



Qualified or Just Breathing:

*Current Competency and Other Privileging Challenges
Created by the Demand for Healthcare Providers*

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Learning Objectives

- After completing this session, learners will be better able to:
 - **Describe** the current national trends related to workforce shortages and how they are impacting credentialing and privileging
 - **Identify** the unique challenges presented by practitioners who have a gap in patient care or in experience in specific procedures or services and how to address it
 - **Apply** credentialing and privileging processes to consistently and safely address applicants with special circumstances

Defining Terms

Reentry to Clinical Practice

- A return to clinical practice in the discipline in which one has been trained or certified following an extended period of clinical inactivity not resulting from discipline or impairment

Key Points

- Returning to the same specialty
- Left practice voluntarily (not due to disciplinary action)
- Extended period of time

Defining Terms

Precepting

- Process through which a practitioner gains experience and/or training on *new skills and knowledge*
- Preceptor instructs and trains

Proctoring

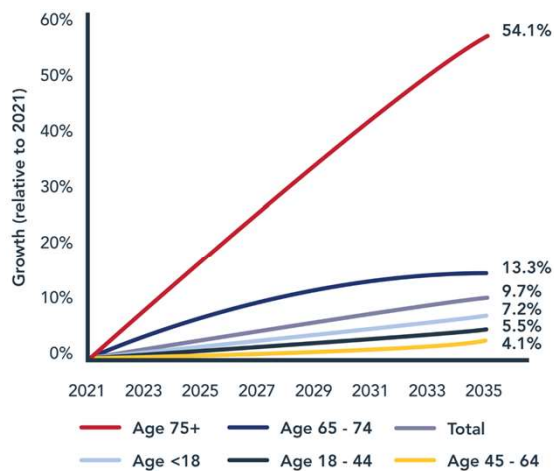
- Process through which a practitioner's skills and/or knowledge are *confirmed*
- Proctor observes and evaluates

Physician and Other Clinician Shortages



<https://www.wvlt.tv/2023/08/25/all-3-tenn-counties-are-health-care-shortage/> Accessed 3/18/2024

**EXPECTED POPULATION GROWTH IN TENNESSEE
BY AGE GROUP, 2021-2035**



<https://tha.com/workforce/> Accessed 3/18/2024



Report Finds Physician Shortage on the Rise as Burnout Continues to Drive Turnover

NEWS PROVIDED BY
 Association for Advancing Physician and Provider Recruitment →
 Oct 18, 2022, 09:00 ET

- Organizations are searching for more physicians than ever before and amid one of the largest shortages
- 33% of physicians cited burnout as the reason for leaving
- Every day a provider position remains open, is lost patient care and revenue
- It generally takes a year to fill open positions and complete credentialing, adding stress for the remaining physicians and continuing the cycle of burnout.

Would you let them in... or shut the door?



Physician with history of recent licensing board action; remediation completed

Surgeon in an administrative position for 5 years who wants to rejoin his practice group at your facility

Pediatrician left practice 4 years ago to raise family; just passed boards

OB/GYN needed at hospital; prior facility will not provide information and there are rumors that he was asked to leave due to disruptive behavior

An internist in outpatient practice for 3 years; new employer requires him to provide inpatient care

A small hospital desperately needs pediatric coverage; Internist was boarded in IM/Peds 25 years ago and offered to take his pediatric boards

New to You... Practicing but not perfect

Academic discipline
during recent
training

Medical Board
disciplinary action
or peer review
action

Large malpractice
case(s)

Unexplained
departure or
absence from
practice

Does not meet
threshold eligibility
criteria (not board
certified)

Unenthusiastic
peer references

Cannot provide
sufficient proof of
recent competence

Extended absence
from practice

Practitioners Returning to Practice ...



Family responsibilities ...



Changing practice scope...



Financial issues...



Other careers...



Extended illness...

Expanding Scope of Practice

Currently practicing practitioners who are requesting to resume privileges after years away from a practice area



Face the **same barriers** to resuming skills



Present the **same challenges** for credentialing



Must meet the **same criteria** for privileging

What the Research Says

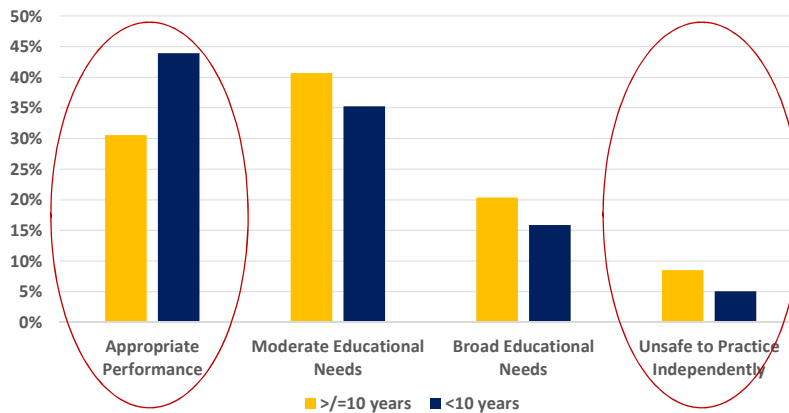
Time out of practice does impact skills

- Graduate Medical Council; UK; Skills Fade Review
- <http://www.gmc-uk.org/about/research/26013.asp>

The worst accuracy in self-assessment found among physicians who were the least skilled and those who were the most confident

- Accuracy of Physician Self-assessment Compared With Observed Measures of Competence,
- JAMA, Vol. 296 No. 9, September 6, 2006

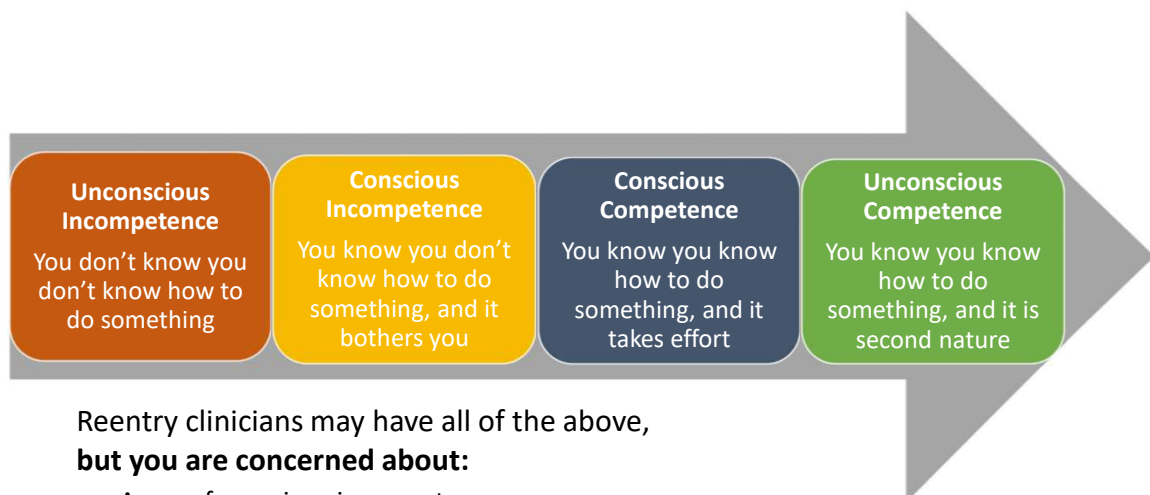
CPEP Reentry Evaluation Findings

**CPEP Findings:**

Many reentry physicians are not ready to “jump into” practice

Increasing age and time away from practice correlate with more educational needs

Educational Needs of Reentry Physicians



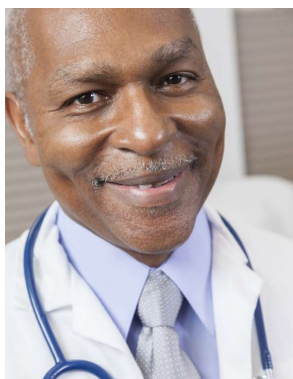
Reentry clinicians may have all of the above,
but you are concerned about:


- Areas of conscious incompetence
- Areas of unconscious incompetence

Case Studies



Case Study: Resumption of Privileges



-  Surgeon in active practice
-  Stopped performing robotic surgery 3 years ago
-  Requesting to resume robotic surgery practice

Case Study: New to You Rocky References



- 60-year-old endocrinologist
- Switching to a different practice group and will be seeing patients at a your hospital
- Well respected in community
- Peer references revealed some unexpected concerns

Case Study: Returning after an absence Family Obligations



- Pediatrician
- Left practice to raise young children (out 4 years)
- Recently passed boards
- Returning to part-time practice

Case Study: Returning after an absence Helping Hand



- 64-year-old family physician
- Retired 2 years ago
- Recruited by small hospital to oversee PAs on the weekends so other physicians can have a break
- Misses patient care and wants to help out

Case Study: New to You Left under a cloud



- Applicant underwent treatment for substance abuse and is in recovery
- Under monitoring agreement with state physician health program
- Asked to leave prior facility due to failure to disclose drug use while in practice
- Seeking to join your medical staff

Case Study: Returning to You Low Volume



- APN out of practice for 1 year to care for a family member
- Prior to leaving practice had low patient volume
- Does not meet specific clinical privileging requirements


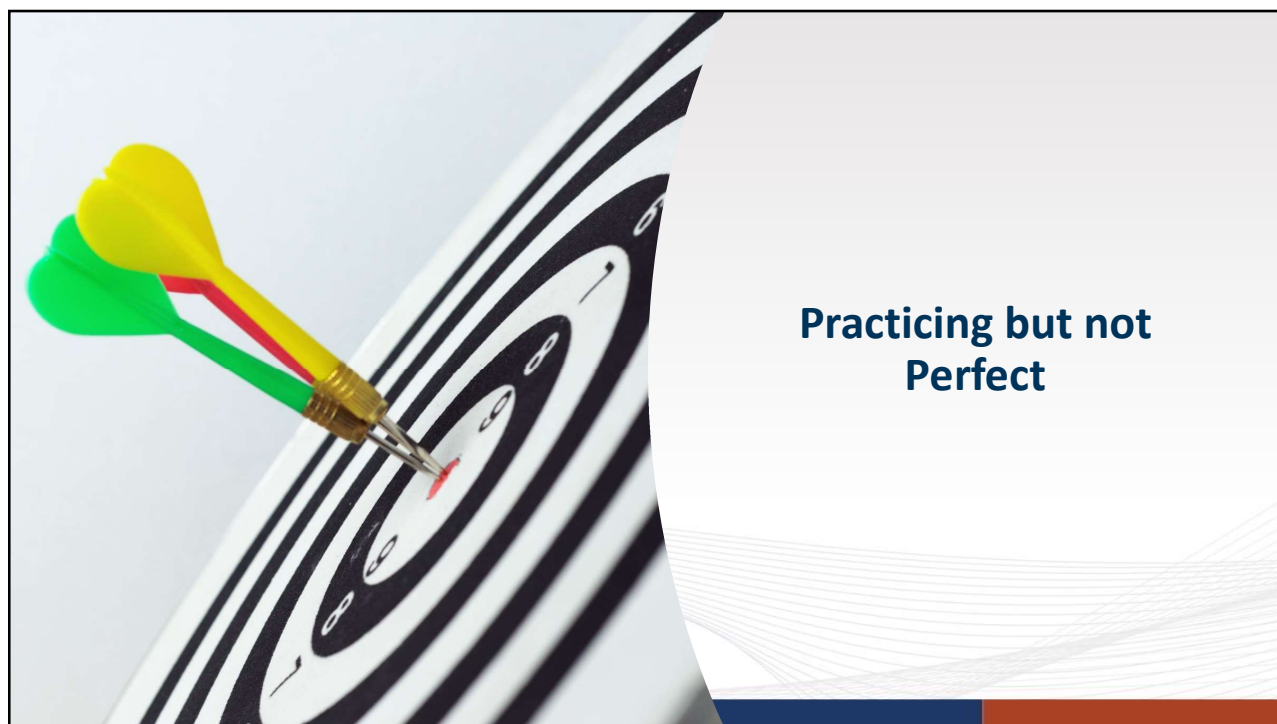


Whether reentering practice, resuming prior privileges or new to you

The MSP's role is to promote patient safety through consistently applied processes as you support the medical staff in its evaluation of the candidates for membership and privileges.

If your organization **does not require or desire clinicians with special circumstances**,
send a letter to the applicant that they are welcome to apply when they meet your established criteria for current clinical competency.

If your organization's culture will consider
clinicians with special circumstances,
determine how to move forward in a manner that protects
the clinician, the patient, and the organization
AND
document, *document*, document



New to You
When flags arise in
credentialing process

- Ask questions and gather information
 - Ask applicant for additional information
 - Send follow-up questions to appropriate entities (e.g., residency, peer review committee, peer evaluators)
- Analyze application for threshold eligibility – is there anything else?
- Determine if the applicant is needed and consider waiver process
 - Use waiver process appropriately and consistently
- Identify ways to support the applicant as they come on staff
- Don't hesitate to speak up when necessary

Returning after an Absence

It can be done!

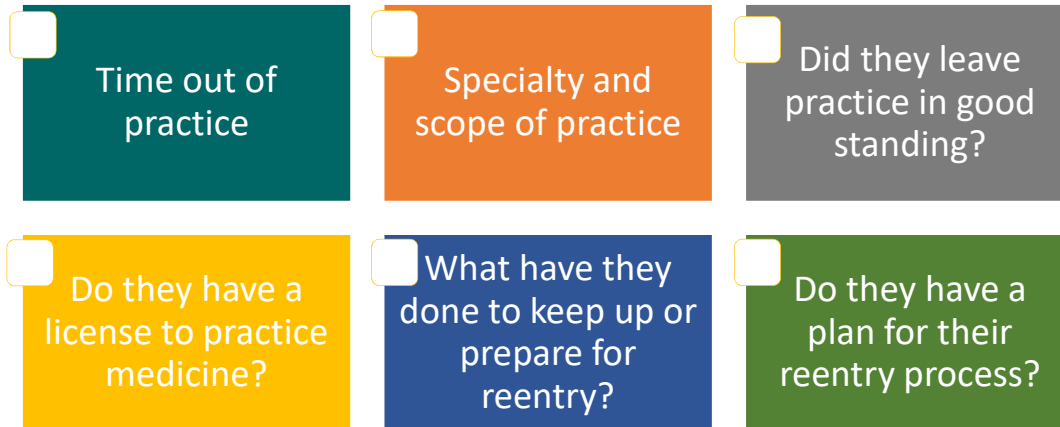
Coach Your Practitioners to Plan Ahead!

Best Advice: Don't stop practicing completely!

Maintain board
certification – don't let it
lapse

Understand hospital bylaws
& state licensure
requirements

Factors to Consider



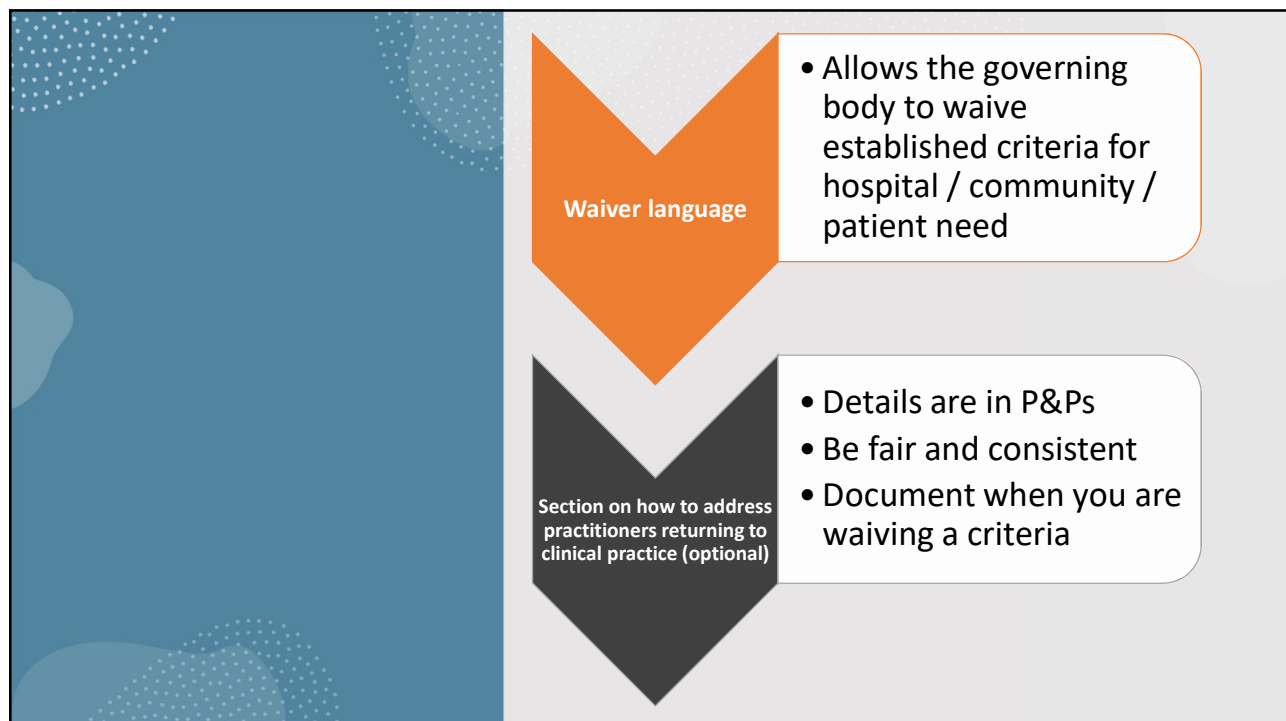
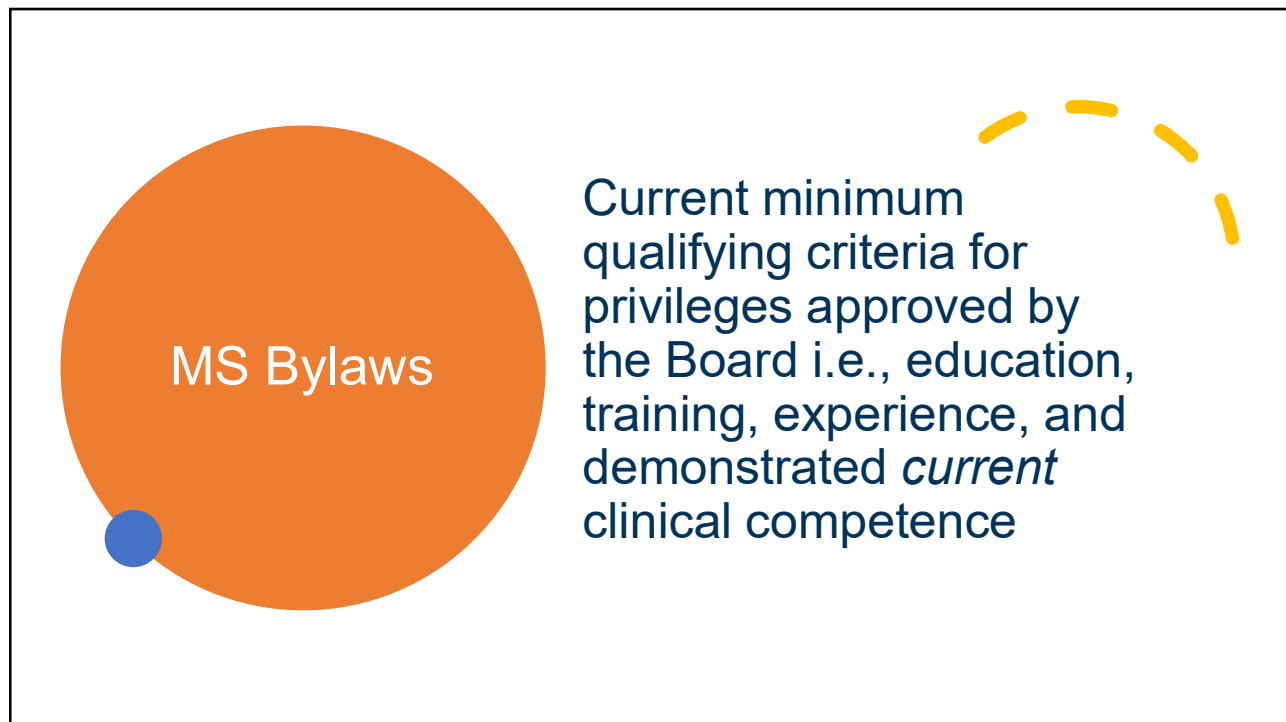
The Competency Equation

CURRENT COMPETENCY =

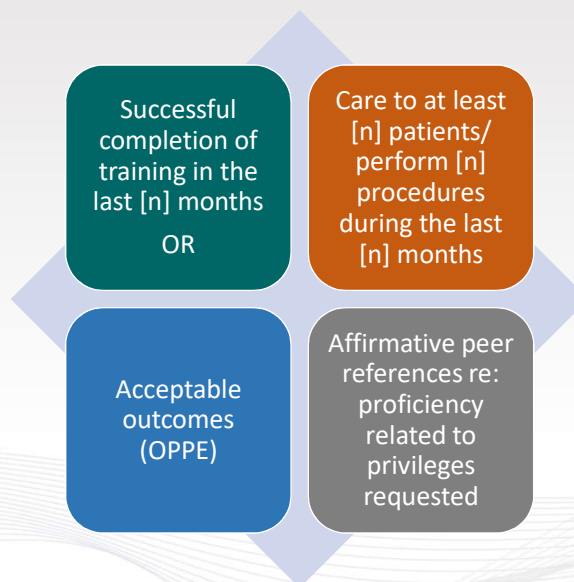
Evidence you've done it recently

+

Evidence that when you did it, you did it well



Example of Competency Criteria: *Initial Privileges*



Demonstration of Current Competence

Alternate methods to address current competence question:

- Preceptorship and/or proctoring (internal or external)
- Reentry program educational needs assessment
- Other

Physician Health Policy

Ability to perform
requested
privileges

Hospital still needs
to look at clinical
competence

Should still determine if
the practitioner needs
to demonstrate current
competence after an
absence

Treating physician is
evaluating health –
not attesting to
clinical competence

Leave of Absence Policy

Request for leave

- Time-limited
- Administrative suspension

Request for reinstatement

- Timely
- Summary of activities
- Fitness for work if applicable
- Process (Reapplication? Voluntary resignation?)

Reentry Policy

Define route(s) for practitioners who have been away from practice to return to practice safely

- Create the policy before dealing with a specific individual's situation
- Identify who in the department is responsible for creating the plan
- Describe process for approving reentry plan
 - Department chair, credentials committee, MEC
- Specify who will be involved in the plan
- Outline how the plan will be tracked and documented
 - Medical Staff Director/Manager *must* be informed of every phase of the process and document it

Pathways to Reentry



Pathways to Reentry

Reentry Program

- Provides expertise to evaluate current competence, design plan and oversee process
- Several reentry programs in U.S.; processes vary



Self-Guided Process

- Designed and overseen by Hospital

Reentry Program

Step 1: Educational needs assessment

- Provides objective evaluation of medical knowledge and clinical reasoning
- Means to demonstrate competence and assess readiness to resume practice
- Provides direction for educational efforts and privileging
- Overcomes lack of insight inherent in practitioner's self-assessment
- Provides detailed reentry plan

Step 2: Practice-Based Education

- Completed in clinician's local community
- Educational experts oversee participant activities
- Program determines successful achievement of learning goals
- Program provides reports on progress and successful completion

Reentry Plan Components

- Reentry Plan components may include
 - CME: online; home study; in-person classes
 - Shadowing in clinical setting
 - Hands-on clinical experience in an academic or community-based setting
- Reentry Plan often includes work with an on-site preceptor
 - Observation or supervision of patient care
 - Chart reviews and discussions
 - Gradually increase levels of independence

CPEP Reentry to Clinical Practice Program

Preceptorship Considerations

- Defined
- Identify the individuals involved and responsibilities
- Define the scope of privileges and methods of supervision
- Anticipated length
- Competency measurements
- Method of notifying patient and obtaining patient consent as needed



FPPE and Reentry

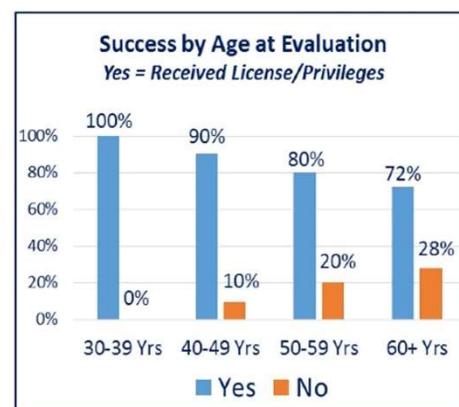
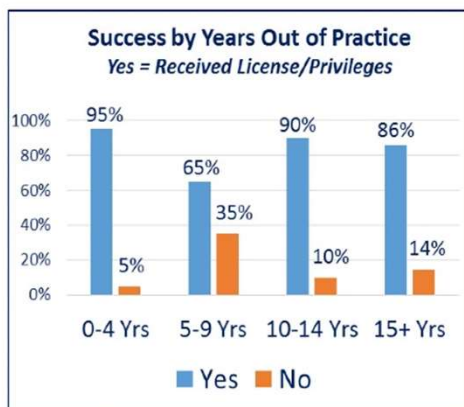
Conduct reentry training under extended FPPE process

- MSP guides medical staff regarding why this is the right thing to do and confirms process is being followed

Once reentry process is done

- Preceptor or Reentry Program document that clinician is practicing *at the level expected*
- Clinician then applies for independent privileges
- Undergoes *another* FPPE process with an independent proctor to confirm competency

CPEP Reentry Program Participant Outcomes 2015 - 2017



Case Study: Resumption of Privileges

Robotic Surgery



Hospital-approved self-guided plan

- ✓ Completed intensive training course with device maker
- ✓ Completed simulation experience
- ✓ Requested temporary privileges to conduct 4 cases with proctor

OUTCOME:
Received full privileges

Case Study: Returning after an absence

Pediatrician returning to practice



Evaluation findings from Reentry Program

- ✓ Knowledge gaps
- ✓ Judgement marred by lack of confidence

Reentry education plan

- ✓ Participated in structured education, including initial supervision

OUTCOME:
Successfully resumed practice

Case Study: New to You Rocky References



- Asked peer references for additional information
- Physician didn't seem as sharp in discussions
- Hospital asked for evaluation by physician health program
- Identified significant cognitive decline

OUTCOME:
Retired

Case Study: Helping Hand *Family Physician – Returning to Practice*



Reentry Program Evaluation Findings

- ✓ Inadequate knowledge/judgment
- ✓ Would ask PAs and pharmacists if he wasn't sure what to do
- ✓ Did not demonstrate ability to practice with skill and safety

OUTCOME:
Withdrew

Case Study: New to You Prior substance abuse



- Medical staff office asked additional questions of physician and prior practice
- She was honest and forthright in responses
- Shee was given a conditional one-year appointment
- Required to enter an agreement to meet with and be monitored by medical staff wellness committee

OUTCOME:

Successfully completed monitoring and gained full privileges

Case Study: Returning to You Low Volume



Focused evaluation by reentry program

- ✓ 1 clinical interview
- ✓ High-fidelity obstetric simulation test of deliveries
- ✓ Fetal monitor strip (FMS) interpretation exercise

Educational recommendations

- ✓ Complete FMS review course
- ✓ Proctoring on high risk deliveries

OUTCOME:

Successfully resumed practice



Summary


- With extra support, clinicians with special circumstances can be successful members of your medical staff
- Set clear policies – **follow them!**
- Reliance on practitioner self-assessment may be problematic
- Structured reentry programs can help
- Effective credentialing requires balancing of practitioner success, hospital success, and good patient care

Resources

- AAP Reentering Clinical Practice
<https://www.aap.org/en/career-resources/making-career-transitions/reentering-clinical-practice/>
- FSMB Special Committee Report on Reentry to Practice
www.fsmb.org/Media/Default/PDF/FSMB/Advocacy/pub-sp-cmt-reentry.pdf
- AMA Resources for Physicians Returning to Clinical Practice
<https://www.ama-assn.org/practice-management/career-development/resources-physicians-returning-clinical-practice>

Resources

- CPEP Roadmap to Reentry
<http://www.cpepdoc.org/wp-content/uploads/2016/11/CPEP-Resource-The-Roadmap-to-Reentry.pdf>
- Coalition for Physician Enhancement
<https://www.cpehq.org/organizationalmembers>



Thank You!

Feel free to contact us if you have any questions!

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