



Insights

NPDB Insights and Proctoring Arrangements

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Various healthcare providers use the National Practitioner Data Bank (NPDB) in connection with credentialing medical staff and reporting adverse corrective actions involving professional competence or conduct of practitioners.

On a monthly basis, NPDB publishes an online report – NPDB Insights – which provides important updates and answers common questions regarding NPDB policies and procedures.[1] In a recent issue of NPDB Insights, a helpful discussion on proctoring arrangements involving practitioners was published.[2]

As background, proctoring is often used by hospitals and other healthcare entities to provide supervision of individual practitioners who may have experienced professional competence or conduct challenges. A proctor (or often referred to as “mentor,” “monitor,” or “preceptor”) is typically another qualified practitioner who is assigned these types of supervisory responsibilities.

An important consideration in instituting any proctoring arrangement is whether it qualifies as adverse corrective action involving a practitioner’s clinical privileges that requires reporting to the NPDB. To determine any such reporting obligations, the following two questions are instructive:

1. Was the proctoring arrangement the result of an adverse corrective action to address an individual practitioner’s professional competence or conduct?
2. Does the proctoring arrangement incorporate any of the following limitations on the practitioner’s ability to perform his or her clinical privileges independently?
 - a. The proctor must approve a procedure before the practitioner may perform it.
 - b. The proctor provides concurrent consultation and the proctor and practitioner must agree on all procedures and other actions to be performed by the practitioner in advance.
 - c. The proctor must be physically present when the practitioner performs any procedure or other action or otherwise administers health care services.
 - d. The proctoring arrangement remains in effect for more than 30 days.

If the answer to both questions is “yes,” then the proctoring arrangement qualifies as an adverse corrective action for which a NPDB report is required.

Alternatively, if a proctoring arrangement only involves indirect supervision, monitoring or review, and does not limit the practitioner’s ability to make professional judgments and/or perform his or her clinical privileges independently, then no NPDB reporting obligations apply. These remedial measures represent non-adverse



actions because (1) the proctor does not need to provide concurrent consultation or pre-approve procedures, (2) the proctor is not required to be physically present when the practitioner performs a procedure or administers other health care services, or (3) the arrangement is completed within 30 days.

Hospitals and other healthcare entities involved in credentialing and corrective action procedures in accordance with their medical staff bylaws, rules and regulations should make regular use of these valuable NPDB resources – including the monthly NPDB Insights[3] – to remain current on applicable NPDB requirements.

For more information on proctoring arrangements and other aspects of medical staff credentialing and corrective action, please consult the NPDB Guidebook[4] or contact Susan E. Ziel with Integrity Health Strategies or Stacy Walton Long with Krieg DeVault LLP for additional assistance.

[1]<https://www.npdb.hrsa.gov/news/newsletter.jsp>

[2]<https://www.npdb.hrsa.gov/enews/May2019Insights.jsp>

[3] <https://www.npdb.hrsa.gov/news/newsletter.jsp>

[4] <https://www.npdb.hrsa.gov/guidebook/EClinicalPrivileges.jsp>